** PUBLIC DISCLOSURE COPY **

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047
2019

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For th	e 2019 calendar year, or tax year beginning and e	ending							
В	Check if applicat	C Name of organization		D Employer identific	cation number					
	Addr	cia officers memorial foundation								
	Nam			52-23604	63					
	Initia returi		Room/suite	E Telephone number						
	Final	2251 COPPORTE DARK DETTE	RD FL							
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,930,926.					
	Amer	HERNDON, VA ZOI/I		H(a) Is this a group re						
	Appli tion pend	F Name and address of principal officer: GERALD KOMISAR		for subordinates	? Yes X No					
		SAME AS C ABOVE		H(b) Are all subordinates in	reluded? Yes No					
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527	1	list. (see instructions)					
		te: HTTP: //WWW.CIAMEMORIALFOUNDATION.ORG/		H(c) Group exemption						
		forganization: X Corporation Trust Association Other	L Year	of formation: 2001 N	State of legal domicile: DE					
	art I	Summary	TTN OF	ETCEDC MEMO	DTXT					
Ce	1	Briefly describe the organization's mission or most significant activities: THE C FOUNDATION CONTINUES TO HAVE THE EXCLUSIV	TH WIC	CICERS MEMO	KIAL					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose								
Ver	3		13							
G	4	Number of independent voting members of the governing body (Part VI, line 1b)		3	13					
8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			7					
vitie	6	Total number of volunteers (estimate if necessary)			45					
cţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	• • • • • • • • • • • • • • • • • • • •	7a	0.					
4		Net unrelated business taxable income from Form 990-T, line 39			0.					
				Prior Year	Current Year					
ō	8	Contributions and grants (Part VIII, line 1h)		3,381,570.	4,656,095.					
enc	9	Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,107,500.	603,564.					
Notice	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,489,070.	5,259,659. 1,284,891.					
	13		d similar amounts paid (Part IX, column (A), lines 1-3)							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0					
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		432,362.	462,972					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	7.2	0.	0.					
EXP		Total fundraising expenses (Part IX, column (D), line 25) 148, 17		211,541.	150 617					
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,658,023.	158,617. 1,906,480.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,831,047.	3,353,179.					
or		nevertue less expenses. Subtract line to front line 12		ginning of Current Year	End of Year					
ets (20	Total assets (Part X, line 16)		20,861,134.	27,217,441.					
ASS	21	Total liabilities (Part X, line 26)		57,448.	14,172.					
Net Assets o Fund Balance	22	Net assets or fund balances. Subtract line 21 from line 20		20,803,686.	27,203,269.					
	art II	Signature Block								
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is					
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	ich preparer	has any knowledge.						
Sig	n	Signature of officer DECTRES ON AUSTRALIA		Date	11/2					
Hei	re	GERALD ROMESAR, PRESIDENT		0/0	21/20					
	***********	Type or print name and title) of a						
Da:	d	Print/Type preparer's name Preparer's signature		Date Check L	PTIN					
Pai		SUBRINA WOOD, CPA Sulrum L. Wood Firm's name CALIBRE CPA GROUP PLLC		8/21/20 If self-employe	P00365899					
	parer Only	Firm's name CALIBRE CPA GROUP PLLC Firm's address 7501 WISCONSIN AVENUE, SUITE 120	00 WE		47-0900880					
Uat	Only	BETHESDA, MD 20814	O WE		2-331-9880					
Mar	v the I	RS discuss this return with the preparer shown above? (see instructions)		[Filotie ilo. 20	X Yes No					

Form	990 (2019) CIA OFFICERS MEMORIAL FOUNDATION	52-2360463	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	·····	
'	THE CIA OFFICERS MEMORIAL FOUNDATION CONTINUES TO HAVE	עדפוווסצע עעה י	F
	MISSION OF PROVIDING SCHOLARSHIPS AND OTHER FINANCIAL		
			<u> </u>
	FAMILIES OF THE CIA OFFICERS WHO DIE WHILE ON ACTIVE D		
	ADDITION, THE FOUNDATION OFFERS SIMILAR SUPPORT TO THE		THE
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	es? Yes	X No
•	If "Yes," describe these changes on Schedule O.	, — : s s	
4	Describe the organization's program service accomplishments for each of its three largest program services.	as massured by expanse	
4		•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	otners, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,579,636 • including grants of \$1,284,891 •) (Re)
	TO PROVIDE EDUCATIONAL AND OTHER FINANCIAL ASSISTANCE		
	OF CIA OFFICERS WHO LOST THEIR LIVES WHILE ON ACTIVE D	OUTY WITH THE	CIA.
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	1
70	(Code) (Expenses \$	venue \$	
4c	(Code:) (Expenses \$) (Re	evenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,579,636.		
		Form 9	90 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٠,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 41

932003 01-20-20

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1.10
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?// "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		X
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Щ.
	E		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
U	(gambling) winnings to prize winners?	1c	х	
	·- ·· · · · · · · · · · · · · · · · · ·			

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			.,
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	36		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	_	000	(00.15)
		⊢∩rm	990	フロコロリ

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

						Λ
Sec	tion A. Governing Body and Management			_		
		1 1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other				
	officer, director, trustee, or key employee?		2	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		3	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			1		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			5		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		···			
	more members of the governing body?		7	a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		··· ├	_		
_	persons other than the governing body?		7	h		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		··· •			
а	The governing body?	,	8	a	х	
b			١ ۾	-	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		··· ├³	+		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		و ا	,		Х
800	tion B. Policies (This Section B requests information about policies not required by the Internal R		3	,		
366	tion B. Folicies (This Section B requests information about policies not required by the internal h	evenue Code.)		Τ,	V = 1	Na
100	Did the expenientian have level shorters branches or offiliates?		10		Yes	No X
	Did the organization have local chapters, branches, or affiliates?		··· ├"	Ла		- 21
D	If "Yes," did the organization have written policies and procedures governing the activities of such c		1.			
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?			-	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	before filing the form	′ [1	la	^	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			.	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc		12	2b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		١.,		~	
	in Schedule O how this was done		··· ⊢	2c	X	
13	Did the organization have a written whistleblower policy?			-	X	
14	Did the organization have a written document retention and destruction policy?		1	4	^	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			5a	X	
b	Other officers or key employees of the organization		15	5b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
	taxable entity during the year?		16	3a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's				
	exempt status with respect to such arrangements?		16	3b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ DE , VA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501)	c)(3)s c	nly)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain	on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy	, and fi	nano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records				
	JEANNINE K. VAZQUEZ, CFO - 703-638-5378					
		171				

932006 01-20-20

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	officer Officer		Highest compensated highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JEFFREY L. SMITH, ESQ.	2.00	x		, .				0.	0	0.
CHAIRMAN	2.00	^		Х				0.	0.	0.
(2) DAVID W. CAREY	2.00	X		x				0.	0.	0.
TREASURER/VICE CHAIR (3) JOANNE ISHAM	2.00	^		^				0.	0.	<u> </u>
SECRETARY (THROUGH SEPTEMBER 2019)	2.00	X		x				0.	0.	0.
(4) MARK CHADASON	2.00			<u> </u>				0.	0.	<u></u>
DIRECTOR	2.00	x						0.	0.	0.
(5) ROSS P. CHARKATZ	2.00									
DIRECTOR		x						0.	0.	0.
(6) MARY-MARGARET GRAHAM	2.00	 						•		
DIRECTOR		х						0.	0.	0.
(7) ROBERT GRENIER	2.00									
DIRECTOR		Х						0.	0.	0.
(8) WILLIAM HARLOW	2.00									
DIRECTOR		Х						0.	0.	0.
(9) THOMAS HIGGINS	2.00									
DIRECTOR (THROUGH JUNE 2019)		Х						0.	0.	0.
(10) JOSHUA LOBEL	2.00									
DIRECTOR		Х						0.	0.	0.
(11) KENT LUCKEN	2.00									
DIRECTOR		Х						0.	0.	0.
(12) STEPHANIE O'SULLIVAN	2.00									
DIRECTOR		Х						0.	0.	0.
(13) STEPHEN PRESTON	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(14) MICHAEL SULICK	2.00									_
DIRECTOR		Х						0.	0.	0.
(15) SCOTT D. WHITE	2.00									_
DIRECTOR	40.00	Х						0.	0.	0.
(16) GERALD KOMISAR	40.00	-		,,				010 000	_	1 17 1
PRESIDENT/OFFICER	1 22 00	<u> </u>	_	Х		<u> </u>	_	210,000.	0.	171.
(17) MARGARET MULDERRY	23.00	-		\ _V				E2 220	0.	2.5
CFO (THROUGH AUGUST 2019)	1			Х				52,338.	0.	25. Form 990 (2019)

932007 01-20-20

Part V	Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) (E Name and title Aver hours we (list hours rela			not c , unle cer ar	Position not check more th: unless person is to the and a director/to ability		e than one is both an or/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d is	an com fr	(F) stimate nount of other pensa- om the anizati	of tion e
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				1	d relate anizatio	
	EANNINE VAZQUEZ EPTEMBER 2019 - PRESENT)	25.00			х				52,544.		0.			37.
									214 002					
	ibtotal ital from continuation sheets to Part V ital (add lines 1b and 1c)	II, Section A						>	314,882. 0. 314,882.		0. 0.			33. 0. 33.
2 To	tal number of individuals (including but r mpensation from the organization							10 r	eceived more than \$100	0,000 of reportab	le		Yes	1 No
	d the organization list any former officer, e 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>								ghest compensated emp			3	res	X
an	r any individual listed on line 1a, is the sidder related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edul	e J i	for such individual			4	х	
rer	d any person listed on line 1a receive or indered to the organization? If "Yes," con in B. Independent Contractors					-		elat	ed organization or indiv	idual for services	i 	5		Х
	omplete this table for your five highest co e organization. Report compensation for								n the organization's tax		npens			
	(A) Name and business	address	N	INC	E				(B) Description of s	ervices		(C Compe		<u>1</u>
2 To	tal number of independent contractors (including but n	not li	mite	d to		_	stec	d above) who received n	nore than				
\$1	00,000 of compensation from the organi	zation >					0						000 /	

Pa	rt V	<u> </u>	Statement of Rev	enue						
			Check if Schedule O co	ontains	a respons	e or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
ıts ts	1	а	Federated campaigns		1a	37,896.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			·				
s, G Am			Fundraising events			3,155,559.				
Sift lar,			Related organizations							
is, (Government grants (contrib							
tior S		f	All other contributions, gifts, gr	ants, an	d					
ibu.			similar amounts not included al	bove	1f	1,462,640.				
d C		g	Noncash contributions included in lin	nes 1a-1f	1g \$	25,991.				
<u>8 0</u>		h	Total. Add lines 1a-1f				4,656,095.			
						Business Code				
<u>ice</u>	2	а								
erv ue		b								
m S		С								
gra		d								
Program Service Revenue		e	All II							
_			All other program service re							
	3	g	Total. Add lines 2a-2f Investment income (including)							
			other similar amounts)	•			665,819.			665,819.
	4		Income from investment of			i	,			,
	5		Royalties		•	' '				
			Γ		(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		С	Rental income or (loss)	6c						
		d	Net rental income or (loss)_							
	7	а	Gross amount from sales of	.,,	Securities	 ''				
			´ ⊢	7a 6	,072,050					
ø.		b	Less: cost or other basis			.				
ž					,134,305					
Revenue			_		-62,255	•	62.255			62.255
е			Net gain or (loss)			············ P	-62,255.			-62,255.
oth	8	а		55,559	I					
			contributions reported on lin							
			Part IV, line 18			536,962.				
		b	Less: direct expenses							
			Net income or (loss) from fu				0.			
			Gross income from gaming		_					
			Part IV, line 19		9	а				
		b	Less: direct expenses			b				
		С	Net income or (loss) from ga	aming a	activities_	>				
	10	а	Gross sales of inventory, les	ss retui	ns					
			and allowances)a				
			Less: cost of goods sold							
		С	Net income or (loss) from sa	ales of	inventory					
Miscellaneous Revenue						Business Code				
neo Iue	11									
ella Ven		b								-
isce Re		q	All other revenue							
Σ			Total. Add lines 11a-11d							
	12		Total revenue. See instructions			·····	5,259,659.	0.	0.	603,564.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do r	Check if Schedule O contains a response to include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	1 204 001	1 204 001		
	individuals. See Part IV, line 22	1,284,891.	1,284,891.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	200 115	05 516	105 003	00 506
	trustees, and key employees	290,115.	85,516.	105,003.	99,596
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 4 4 1 4 7	110 600	2 770	20 760
7	Other salaries and wages	144,147.	110,600.	2,779.	30,768
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	234.	143.	37.	F 4
9	Other employee benefits	28,476.			54
10	Payroll taxes	20,4/0.	12,862.	7,067.	8,547
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	92 046	01 025	1 001	
f	Investment management fees	82,946.	81,025.	1,921.	
g	Other. (If line 11g amount exceeds 10% of line 25,	22 021		21 220	1 501
	column (A) amount, list line 11g expenses on Sch O.)	32,831.		31,330.	1,501
12	Advertising and promotion	21,270.	3,060.	11,551.	6 650
13	Office expenses	7,262.	3,000.	7,262.	6,659
14	Information technology	1,202.		1,202.	
15	Royalties				
16	Occupancy	394.	64.	266.	64
17	Travel	394.	04.	200.	04
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40.		40.	
20	Interest	40.		40.	
21	Payments to affiliates	1,162.	523.	290.	349
22	Depreciation, depletion, and amortization	2,115.	952.	528.	635
23	Other expanses, Itamiza expanses not severed	4,113.	334.	J20 •	033
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)	10,597.		10,597.	
a	OTHER	10,097.		10,331.	
b					
C					
d	All other average				
	All other expenses Add lines 1 through 24e	1,906,480.	1,579,636.	178,671.	148,173
25 26	Total functional expenses. Add lines 1 through 24e	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,313,030.	110,011•	140,173
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

Pai	LA	Dalance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			3,228,238.	2	3,972,615.
	3	Pledges and grants receivable, net			188,565.	3	325,273.
	4	Accounts receivable, net			50,900.	4	81,474.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	these per	sons		5	
	6	Loans and other receivables from other disquared	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descr		6			
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			56,440.	9	17,685.
	10a	Land, buildings, and equipment: cost or other		1			
		basis. Complete Part VI of Schedule D	10a	8,401.			
	b	Less: accumulated depreciation			1,023.	10c	4,528.
	11	Investments - publicly traded securities			16,865,190.	11	22,288,299.
	12	Investments - other securities. See Part IV, lin	ne 11		470,778.	12	527,567.
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			20,861,134.	16	27,217,441.
	17	Accounts payable and accrued expenses			34,608.	17	6,956.
	18	Grants payable		18			
	19	Deferred revenue		22,840.	19	7,216.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part I\	of Schedule D		21	
S	22	Loans and other payables to any current or f	ormer off	icer, director,			
Ě		trustee, key employee, creator or founder, su	ubstantia	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	these per	sons		22	
_	23	Secured mortgages and notes payable to un	related tl	nird parties		23	
	24	Unsecured notes and loans payable to unrel	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payable	s to related third			
		parties, and other liabilities not included on li	nes 17-2	1). Complete Part X			
		of Schedule D			F	25	14 150
	26	Total liabilities. Add lines 17 through 25			57,448.	26	14,172.
ý		Organizations that follow FASB ASC 958,	check he	re ▶ X			
၁င		and complete lines 27, 28, 32, and 33.			00 440 506		06 050 405
alai	27				20,443,526.	27	26,979,485.
B	28	Net assets with donor restrictions			360,160.	28	223,784.
Š		Organizations that do not follow FASB AS	C 958, cl	eck here 🕨 📖			
F		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current fur				29	
SSe	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			00 000 606	31	07 000 000
Š	32	Total net assets or fund balances			20,803,686.	32	27,203,269.
	33	Total liabilities and net assets/fund balances			20,861,134.	33	27,217,441.

Га	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 25					
2	Total expenses (must equal Part IX, column (A), line 25)	2		,90					
3	Revenue less expenses. Subtract line 2 from line 1	3		3,353,1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	27	,20	3,2	69.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit							
	Act and OMB Circular A-133?	-		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

				EMORIAL FOUN					2-2360463
Pa	rt I	Reason for Public	Charity Status (All organizations must co	mplete th	is part.) Se	ee instructions	i.	
The	organ	ization is not a private found							
1		A church, convention of ch							
2	一	A school described in sect	•				•//-//•		
	Ħ	A hospital or a cooperative		•			::\		
3	H	·					•	/:::\	#la a la a a mi#all'a mana
4		A medical research organiz	ation operated in co	njunction with a nospital	described	ın sectio	n 170(b)(1)(A)	(III). Enter	the nospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental u	nit descrik	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ally receives a substa	antial part of its support f	rom a gov	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe		(1)(A)(vi). (Complete Part	: 11.)				
9		An agricultural research org				ed in coniu	ınction with a	land-grant	college
•		or university or a non-land-							
		university:	grant conege or agno	ditare (see instructions).	Litter the	riarric, oit	y, and state of	ti ic concg	C OI
40				there 00 1/00/ of its over		الله و حاليها حرج ح		h: f	
10		An organization that norma							
		activities related to its exen							
		income and unrelated busin		e (less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Co							
11	Щ	An organization organized	and operated exclus	sively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized	and operated exclus	sively for the benefit of, to	perform t	the functio	ons of, or to ca	irry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 5	09(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and	l 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving
		the supported organization							
		organization. You must o			, ,				0
b		Type II. A supporting org			tion with it	s sunnort	ed organizatio	n(s) by ha	vina
		control or management of							
					arric perse	ons that of	ontrol of mana	ge the sup	ported
_		organization(s). You mus				. حادثان مادنا		l !	مالان، . الم
С		☐ Type III functionally inte						ly integrat	ed with,
		its supported organizatio							
d								-	
		that is not functionally int						an attent	iveness
	_	requirement (see instruct	tions). You must co n	nplete Part IV, Sections	A and D,	and Part	V.		
е		☐ Check this box if the orga					a Type I, Type	II, Type III	
	functionally integrated, or Type III non-functionally integrated supporting organization.								
f	Enter the number of supported organizations								
g	Prov	vide the following information	n about the supporte	ed organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
				abovo (oco motraotiono))					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1465620.	3391452.	1979698.	3381570.	4676393.	14894733.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1465620.	3391452.	1979698.	3381570.	4676393.	14894733.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3331538.
_6	Public support. Subtract line 5 from line 4.						11563195.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1465620.	3391452.	1979698.	3381570.	4676393.	14894733.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	402,001.	385,344.	430,486.	639,916.	665,819.	2523566.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						17418299.
12	Gross receipts from related activities,						,863,716.
13	First five years. If the Form 990 is for	-	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u>C</u>	organization, check this box and stor						>
	ction C. Computation of Publ						66 30
	Public support percentage for 2019 (14	66.39 % 71.64 %
15	Public support percentage from 2018					15	
16a	33 1/3% support test - 2019. If the c	•		•		•	
	stop here. The organization qualifies as a publicly supported organization						
D	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
170	and stop here. The organization qualifies as a publicly supported organization						
17 a	7a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
h	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
O		ū				•	
	more, and if the organization meets the organization meets the "facts-and-circ		•				
10	Private foundation. If the organization						
10	riivate iouiiuation. II trie organizatio	in did flot check a	DOX OIT III IE TO, TO	a, 100, 17a, 01 1/L	, oneck this box a	ina see instruction	lo

Schedule A (Form 990 or 990-EZ) 2019

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siew, piedee cerri	piete i uit ii.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	. , ,	, ,	, ,		, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		, ,				,,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
							>
	ction C. Computation of Publi						
15	Public support percentage for 2019 (li					15	%
16						16	%
	ction D. Computation of Inves					11	
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2019. If the						17 is not
	more than 33 1/3%, check this box ar						.
b	33 1/3% support tests - 2018. If the	· ·			•	•	
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	a old not check a	DOX OD IDE 14 19	a origo checkt	rus dox and see in	STRUCTIONS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
00		
9a		
9b		
00		
9c		
10a		
iva		
10b		

Pa	rt IV Supporting Organizations (continued)			igo o
	Confinded)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OL		
9	activities but for the organization's involvement. Perent of Supported Organizations, Answer (a) and (b) holow	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		Ja		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Гуре III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - D	istributions		<u> </u>	Current Year
1	Amount				
2	Amount				
	organiza	ations, in excess of income from activity			
3	Adminis	trative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amount	s paid to acquire exempt-use assets			
5	Qualifie	d set-aside amounts (prior IRS approval required)			
6	Other d	istributions (describe in Part VI). See instructions.			
7	Total ar	nnual distributions. Add lines 1 through 6.			
8	Distribu	tions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide	e details in Part VI). See instructions.			
9	Distribu	table amount for 2019 from Section C, line 6			
10	Line 8 a	mount divided by line 9 amount			
Secti	ion E - D	istribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distribu	table amount for 2019 from Section C, line 6			
2	Underdi	stributions, if any, for years prior to 2019 (reason-			
	able cau	use required- explain in Part VI). See instructions.			
3	Excess	distributions carryover, if any, to 2019			
а	From 20				
b	From 20				
С	From 20				
d	From 20	017			
е	From 20	018			
f	Total of	lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	to 2019 distributable amount			
i	Carryov	er from 2014 not applied (see instructions)			
j	Remain	der. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribu	tions for 2019 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	to 2019 distributable amount			
С	Remain	der. Subtract lines 4a and 4b from 4.			
5	Remain	ing underdistributions for years prior to 2019, if			
	any. Su	btract lines 3g and 4a from line 2. For result greater			
	than zer	ro, explain in Part VI. See instructions.			
6	Remain	ing underdistributions for 2019. Subtract lines 3h			
	and 4b	from line 1. For result greater than zero, explain in			
	Part VI.	See instructions.			
7	Excess	distributions carryover to 2020. Add lines 3j			
	and 4c.				
8	Breakdo	own of line 7:			
		from 2015			
b	Excess	from 2016			
		from 2017			
		from 2018			
		from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Fair IV, Section A, Inies 1, 2, 5), 5d, 64, 65, 56, 59, 90, 90, 15, 110, and 11c, Part IV, Section B, Inies 1 and 2; Part IV, Section II, inies 1, Part IV, Section II, inies 2, 63, 64, 65, 65, 65, 66, 66, 66, 66, 66, 66, 66	Part VI	Sunniemental Information Deside the evaluations required by Dart II line 10: Dart II line 17: or 17b; Dart III line 10:
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.	I dit VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.		Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
Section 0, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
See Instructions.)		Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
		(See instructions.)
	•	
	-	
	_	
	-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization Employer identification number

CIA OFFICERS MEMORIAL FOUNDATION

52-2360463

Organization type (check one):						
Filers of	:	Section:				
Form 990	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See ins	tructions.			
General	Rule					
	· ·	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or one contributor. Complete Parts I and II. See instructions for determining a contributor's total con	` •			
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions of is checked, enter he purpose. Don't com	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one consecutively for religious, charitable, etc., purposes, but no such contributions totaled more than \$100 mere the total contributions that were received during the year for an exclusively religious, charitable mplete any of the parts unless the General Rule applies to this organization because it received not e, etc., contributions totaling \$5,000 or more during the year	1,000. If this box e, etc., onexclusively			
but it mu	ıst answer "No" on l	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 9 I Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	* **			

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

CIA OFFICERS MEMORIAL FOUNDATION

52-2360463

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$ <u>1,026,500</u> .	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$ 750,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$ 260,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

CIA OFFICERS MEMORIAL FOUNDATION

52-2360463

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	

Employer identification number

Name of organization

52-2360463 CIA OFFICERS MEMORIAL FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CIA OFFICERS MEMORIAL FOUNDATION

Employer identification number 52-2360463

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
•	organization answered "Yes" on Form 990, Part IV, line 6.						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?		Yes No				
Pai							
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically important land area				
	Protection of natural habitat	Preservation of	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re						
	year ▶						
4	Number of states where property subject to conservation ea	sement is located >					
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements i	it holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year				
							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year				
	▶ \$						
8	Does each conservation easement reported on line 2(d) above	•					
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement and				
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	nents that describes the				
	organization's accounting for conservation easements.						
Pai	t III Organizations Maintaining Collections o		other Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95	•					
	of art, historical treasures, or other similar assets held for pul	,	·				
	service, provide in Part XIII the text of the footnote to its fina						
b	If the organization elected, as permitted under FASB ASC 95	· · · · · · · · · · · ·					
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		·				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre		al gain, provide				
	the following amounts required to be reported under FASB A						
	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X		🕨 \$				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply): a Public exhibition	Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	r Other	Similar As	sets(continued)
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an apart, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an apart, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is 1'Yes, 'explain the arrangement in Part XIII and complete the following table: Amount C Beginning balance	3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make sigi	nificant use of	its
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection?		collection items (check all that apply):						
c	а	Public exhibition	d	Loan or excl	hange prograr	m		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves	b	Scholarly research	е	Other				
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be self to traise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9. Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an appear, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is It the organization and the provided of the organization of the intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: I	С	Preservation for future generations						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be self to traise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9. Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an appear, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is It the organization and the provided of the organization of the intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: I	4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizatio	n's exemp	ot purpose in l	Part XIII.
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Individual organization and agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X Individual organization and agent in Part XIII and complete the following table: C	5							
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1e		to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "\	Yes" on Fo	orm 990, Part	IV, line 9, or
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance 17,039,676, 17,983,330, 14,666,287, 13,295,663, 12,920,093, b Contributions 17,039,676, 17,983,330, 14,666,287, 13,295,663, 12,920,093, b Contributions 18,000,000,000, 600,740, 1,528,923, 975,982, 736,758, c Net investment earnings, gains, and losses 3,468,417, -1,413,433, 1,932,156, 537,071, -216,396, d Grants or scholarships 0 Other expenditures for facilities and programs 82,626, 130,961, 114,936, 141,829, 145,392, 146,66,287, 13,295,663, 12,920,093, grid of year balance 100,000,96 End of year balance 22,425,467, 17,039,678, 17,983,330, 14,666,287, 13,295,663, 145,392, 146,392,		reported an amount on Form 990, Par	t X, line 21.					
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other ass	ets not in	cluded	
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		on Form 990, Part X?						Yes No
C Beginning balance 1	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:				
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 110. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 110. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 110. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See								Amount
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 110. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 110. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 110. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See	С	Beginning balance					1c	
E Distributions during the year 1							1d	
Finding balance 11							1e	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_						1f	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years years	2a						?	Yes No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 17,039,676. 17,983,330. 14,666,287. 13,295,063. 12,920,09	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on F	Part XIII		
1a Beginning of year balance 17,039,676. 17,983,330. 14,666,287. 13,295,063. 12,920,093. b Contributions 2,000,000. 600,740. 1,528,923. 975,982. 736,758. c Net investment earnings, gains, and losses of Grants or scholarships 3,468,417. -1,413,433. 1,932,156. 537,071. -216,396. e Other expenditures for facilities and programs 82,626. 130,961. 144,036. 141,829. 145,392. f Administrative expenses 9 End of year balance 22,425,467. 17,039,676. 17,983,330. 14,666,287. 13,295,063. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 100.00 % b Permanent endowment ►	Pai	t V Endowment Funds. Complete it	f the organization an	swered "Yes" on Fo	rm 990, Part I	IV, line 10.		
b Contributions		·	(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years ba	ack (e) Four years back
b Contributions	1a	Beginning of year balance	17,039,676.	17,983,330.	14,666			
to Net investment earnings, gains, and losses dispars (Grants or scholarships) e Other expenditures for facilities and programs f Administrative expenses g End of year balance 22,425,467. 17,039,676. 17,983,330. 14,666,287. 13,295,063. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 9/6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 5 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 6 Equipment 6 Equipment 7 c 1, 413, 433. 1, 932, 156. 537,071. −216,396. 144,036. 141,829. 145,392. 145,392. 145,392. 145,392. 145,392. 145,392. 145,392. 145,392. 14,666,287. 13,295,063. 14,666,287. 13,295,063. 14,666,287. 13,295,063. 14,666,287. 13,295,063. 14,666,287. 13,295,063. 14,666,287. 13,295,063. 14,666,287. 13,295,063. 14,666,287. 13,295,063. 14,666,287. 13,295,063. 14,666,287. 13,295,063. 14,666,287. 13,295,063. 14,666,287. 13,295,063. 14,666,287. 13,295,063. 14,666,287. 13,295,063. 14,666,287. 13,295,063. 14,566,287. 145,392. 14,566,287. 145,392. 14,566,287. 145,392. 14,566,287. 145,392. 14,566,287. 145,392. 14,566,287. 145,392. 14,566,287. 145,392. 14,566,287. 145,392. 14,566,287. 145,392. 14,666,287. 145,392. 14,666,287. 13,295,063. 14,666,287. 145,392. 14,666,287. 145,392. 14,666,287. 145,392. 14,566,287. 145,392. 14,566,287. 145,392. 14,566,287. 145,392. 14,566,287. 145,392. 14,566,2		To the state of th	2,000,000.	600,740.	1,528	,923.	975,98	32. 736,758.
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 22,425,467. 17,039,676. 17,983,330. 14,666,287. 13,295,063. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ 6 c Term endowment ▶ 7 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations 5 tif "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 8 4, 401 3, 873 4, 528 6 Cther			3,468,417.	-1,413,433.			537,07	71216,396.
e Other expenditures for facilities and programs and programs f Administrative expenses g End of year balance 22,425,467. 17,039,676. 17,983,330. 14,666,287. 13,295,063. 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment 100.00						-	•	
and programs		ī						
## Administrative expenses ## Bind of year balance ## 22,425,467, 17,039,676, 17,983,330, 14,666,287, 13,295,063. ## Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: ## Board designated or quasi-endowment ## 100.00 % ## Permanent endowment ## 100.00 % ## Permanent endowment ## 100.00 % ## The percentages on lines 2a, 2b, and 2c should equal 100%. ## The percentages on lines 2a, 2b, and 2c should equal 100%. ## Are there endowment funds not in the possession of the organization that are held and administered for the organization by: ## (i) Unrelated organizations ## If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ## Describe in Part XIII the intended uses of the organization's endowment funds. ## Part VI Land, Buildings, and Equipment. **Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. ## Description of property ## (a) Cost or other basis (investment)			82,626.	130,961.	144	,036.	141,82	145,392.
g End of year balance	f	. •	,	,			,	, , , , , , , , , , , , , , , , , , ,
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100 ⋅ 00		ı	22,425,467.	17,039,676.	17,983	,330.	14,666,28	37. 13,295,063.
a Board designated or quasi-endowment ▶	_	•				·		<u> </u>
b Permanent endowment ▶			•		,,			
c Term endowment ▶		-						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iv) If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 8,401. 3,873. 4,528. e Other								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 8,401. 3,873. 4,528. e Other	•		· -					
by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations	За		•	ation that are held a	nd administer	ed for the	organization	
(ii) Unrelated organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii		· ·	esion or and organiza				o. gaa	Yes No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		-						
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other								····· (-/-
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) C) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	b							
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	_							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other								
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other depreciation (h) Cost or other basis (other) (h) Accumulated depreciation (h) Book value (h) Book value (h) Book value (h) Cost or other basis (other) (h) Accumulated depreciation (h) Book value). Part IV. line 11a. S	See Form 990.	Part X. lin	ie 10.	
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		·	1	· · · · · · · · · · · · · · · · · · ·				(d) Book value
ta Land b Buildings c Leasehold improvements d Equipment 8,401. 3,873. 4,528. e Other		becompation of property		' '				(a) Book value
b Buildings c Leasehold improvements d Equipment 8,401. 3,873. 4,528. e Other		Land	,	,	. ,			
c Leasehold improvements d Equipment 8,401. 3,873. 4,528. e Other								
d Equipment 8,401. 3,873. 4,528. e Other				1				
e Other				1	8,401.		3,873.	4,528.
4 = 4 = 4				1	, , , , , ,		,	-,
				X. column (B). line 1	0c.)		•	4,528.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 CIA OFFICER	S MEMORIAL FO	OUNDATION 52	2-2360463 _{Page}
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of en	u-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests		<u> </u>	
(3) Other		<u> </u>	
(A)		<u> </u>	
(B)		<u> </u>	
(C)		<u> </u>	
(D)		<u> </u>	
(E)		<u> </u>	
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 B . N. II		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or en	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of en	u-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)		<u> </u>	
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	on Form 000 Dort IV line	a 11d Can Form 000 Dort V line 15	
Complete if the organization answered "Yes"	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<i>)</i> 15.)		
	on Form 000 Dort IV line	- 11 11f Can Farm 000 Port V line 0	F
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	e TTe or TTf. See Form 990, Part X, line 2	(b) Book value
<u> </u>			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

(6) (7) (8)

1,906,480.

1,906,480.

4c

Part XI	Recond	ciliation	of Revenue	per Audited	Financial	Statements	With	Revenue	per Return

			•		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	8,991,326.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,046,404.		
b	Donated services and use of facilities	2b	148,301.		
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	3,194,705.
3	Subtract line 2e from line 1			3	5,796,621.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	-536,962.		
С	Add lines 4a and 4b			4c	-536,962.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,259,659.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ients V	With Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	2,591,743.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	148,301.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	536,962.		
е	Add lines 2a through 2d			2e	685,263.

Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Subtract line 2e from line 1

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2019, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2016 THROUGH 2018 REMAINS OPEN WITH THE U.S.

Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)
FEDERAL JURISDICTION AND THE VARIOUS STATES AND LOCAL JURISDICTIONS IN
WHICH THE FOUNDATION FILES RETURNS.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES -536,962.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES REPORTED ON PART VIII 536,962.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2019

name of the organization CIA OFF	ICERS MEMORIAL FOU	NDA	TIO	N		52-2360	163
Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	'es" or	n Form 990, Part IV,	line 1	7. Form 990-EZ	I filers are not
Indicate whether the organization rais	sed funds through any of the following and solicitate and solicitate and solicitate art VII) or entity in connection with providuals or entities (fundraisers) pursured	ion of ion of fundra (inclue	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
⁻ otal			•				
List all states in which the organization or licensing.			utions	s or has been notified	d it is	exempt from re	egistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2019 CIA OFFICERS MEMORIAL FOUNDATION 52-2360463 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ANNUAL LOS ANGELES (add col. (a) through 6 DINNER REGIONAL EVE col. (c)) (event type) (event type) (total number) 3,692,521. 1,037,598. 1,687,719. 967,204. 1 Gross receipts 800,931. 1,411,278. 943,350. 3,155,559. 2 Less: Contributions 236,667. 276,441. 23,854. 536,962. **3** Gross income (line 1 minus line 2) 4 Cash prizes 2,869 264. 2,258. 5,391. 5 Noncash prizes Direct Expense 184,868. 14,310. 403,626. 204,448. 6 Rent/facility costs 0. 24. 52. 76. 7 Food and beverages 917. 1,242. 264 61 8 Entertainment 7,173. 28,433. 91,021. 126,627. 9 Other direct expenses 536,962. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) **8** Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2019

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2019 CIA OFFICERS MEMORIAL FOUNDATION 52-2	236046.	3 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	∟∟ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
			
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	e If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Description of services provided >		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	
L	organization's own exempt activities during the tax year > \$		
Da	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ort III. linge C	0h 10h
Га		irt III, III les s	, 90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	CIA OFFICERS	MEMORIAL	FOUNDATION	52-2360463	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)				-
	• • • • • • • • • • • • • • • • • • • •	(
_						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of	Name of the organization CIA OFFICERS MEMORIAL FOUNDATION									
Part I	General Information on Grants a	and Assistance								
cr	nes the organization maintain records iteria used to award the grants or assi escribe in Part IV the organization's pr	stance?								
Part II						anization answered "\	Yes" on Form 990. Part	t IV. line 21. for any		
	recipient that received more than	_					,	, , ,		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
	nter total number of section 501(c)(3) a							>		

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	82	1,165,624.	0.		
PAMILY SUPPORT BENEFIT	27	56,000.	0.		
DAYCARE PROGRAM	4	46,299.	0.		
COUNSELING	3	14,620.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION MAINTAINS A DETAILED ACCOUNTING FOR EACH SCHOLARSHIP AND

DAYCARE AWARD RECIPIENT OF FUNDS GRANTED AND SUBSEQUENTLY SPENT FOR EACH

RECIPIENT. SCHOLARSHIP, DAYCARE AND COUNSELING FUNDS ARE RELEASED ONLY AS

A DEPENDENT INCURS VALID EXPENSES AND PROVIDES PROPER DOCUMENTATION TO

SUBSTANTIATE EACH EXPENSE. FAMILY SUPPORT BENEFITS ARE PROVIDED ON A CASE

BY CASE BASIS WITH WRITTEN DOCUMENTATION TO SUPPORT EACH PAYMENT.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

CIA OFFICERS MEMORIAL FOUNDATION

Employer identification number 52-2360463

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	60		Х
d	The organization? Any related organization?	6a 6b		X
Ь	Any related organization?	OD		21
7	If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
J	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•		9		
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) GERALD KOMISAR	(i)	185,000.	25,000.	0.	0.	171.	210,171.	0.
PRESIDENT/OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
A 2018 BONUS WAS PAID TO THE PRESIDENT IN THE SECOND QUARTER OF 2019. THE
BONUS HAS HISTORICALLY BEEN GROSSED UP BUT WAS NOT IN THIS CASE.
PART I, LINE 1B:
A WRITTEN POLICY IS NOT IN PLACE FOR 2019, BUT THE ABOVE EXPENSES ARE NOT
ALLOWED OR REIMBURSABLE, WITH THE EXCEPTION OF THE 'GROSS-UP' BONUS WHEN
APPROVED BY THE BOARD OF DIRECTORS.
PART I, LINE 7:
A 2018 BONUS WAS PAID TO THE PRESIDENT IN 2019.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization CIA OFFICERS MEMORIAL FOUNDATION Employer identification number 52-2360463

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	2	24,841.	MARKET VALUE		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						,
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (MATERIALS FOR)	X	1	1,150.	RECEIPTS FRO	M PUR	CHA
26	Other • ()						
27	Other • ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for o	contributions			
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement 29			
					_	Yes	No
30a	During the year, did the organization receive by	/ contribution	on any property rep	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?	·			<u>L</u>	30a	X
b	If "Yes," describe the arrangement in Part II.						X
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash			
	contributions?				<u>L</u> :	32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) 2019

932142 09-27-19

Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CIA OFFICERS MEMORIAL FOUNDATION

Employer identification number 52-2360463

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SCHOLARSHIPS AND OTHER FINANCIAL SUPPORT TO THE FAMILIES OF THE CIA OFFICERS WHO DIE WHILE ON ACTIVE DUTY. IN ADDITION. THE FOUNDATION OFFERS SIMILAR SUPPORT TO THE FAMILIES OF THE CIA OFFICERS WHO ARE SEVERELY WOUNDED WHILE SERVING IN WAR ZONE ASSIGNMENTS ABROAD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CIA OFFICERS WHO ARE SEVERELY WOUNDED WHILE SERVING IN WAR ZONE ASSIGNMENTS ABROAD.

FORM 990, PART VI, SECTION A, LINE 2:

TWO MEMBERS OF THE BOARD OF DIRECTORS, SCOTT D. WHITE AND ROSS P. CHARKATZ, ARE FAMILY RELATED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS DISTRIBUTED, VIA EMAIL, FOR REVIEW AND APPROVAL BY THE APPROPRIATE BOARD MEMBERS AND ITS LEGAL COUNSEL BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY IS RENEWED ANNUALLY, GENERALLY AT ONE OF THE BOARD MEETINGS, VIA EMAIL IF NECESSARY.

FORM 990, PART VI, SECTION B, LINE 15:

CFO AND BOARD MEMBERS REVIEWED COMPARABLE NON-PROFIT EXECUTIVE COMPENSATION

PRIOR TO DECISION TO OFFER PRESIDENT A RAISE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization CIA OFFICERS MEMORIAL FOUNDATION	Employer identification number 52-2360463		
COMPENSATION FOR OTHER OFFICERS IS APPROVED BY THE EXECUT	IVE COMMITTEE OF		
THE BOARD OF DIRECTORS.			
FORM 990, PART VI, SECTION C, LINE 19:			
THE ORGANIZATION MAKES AVAILABLE THE PRIVACY POLICY, ANNU	AL 990S, AND AS OF		
NOVEMBER 2019 THE MOST CURRENT AUDITED FINANCIAL STATEMEN	TS ON ITS WEBSITE.		
ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.			
PART XII, LINE 2C EXPLANATION			
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.			

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of	this form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-r	non-profits.				
Autor	natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
All corp	orations required to file an income tax return other than Fe	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts		
-	e Form 7004 to request an extension of time to file incom			,	,		
Type or	or Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)			
print					F2 22C04C2		
File by the	CIA OFFICERS MEMORIAL FOUNDATION				52-2360463		
due date f filing your	Number, street, and room or suite no. If a P.O. box, see instructions.						
return. Sei							
IIISII UCIIOI	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HERNDON, VA 20171						
Enter th	e Return Code for the return that this application is for (fil	e a senara	ate application for each return)			011	
Applica		Return	Application		• • • • • • • • • • • • • • • • • • • •	Return	
Is For		Code	Is For			Code	
	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99		02	Form 1041-A			08	
	720 (individual)	03	Form 4720 (other than individual)				
Form 99		04	Form 5227			10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	90-T (trust other than above)	06				12	
	JEANNINE K. VA						
	books are in the care of 2251 CORPORATE	PARK	DRIVE, 3RD FL - H	ERNDO	N, VA 2017	<u>′1 </u>	
	phone No. ► 703-638-5378		Fax No.				
	e organization does not have an office or place of business						
	s is for a Group Return, enter the organization's four digit	7					
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and TINs o	f all memb	ers the extension is	tor.	
4 1		NOVE	MBER 16, 2020 , to file	. Als a		6	
	request an automatic 6-month extension of time until ne organization named above. The extension is for the org		<u>.</u>	e trie exeri	ipt organization rett	irri ior	
	► X calendar year 2019 or	anization	s return for.				
	tax year beginning	. an	nd ending				
		,			<u> </u>		
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	'n		
[Change in accounting period						
3a If	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less						
<u>a</u>	ny nonrefundable credits. See instructions.	3a	\$	0.			
b If	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					•	
_	stimated tax payments made. Include any prior year overp			3b	\$	0.	
						^	
	using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for					0.	
instruct		(direct de	bit) with this Form 8868, see Form 8	3453-EO ai	na Form 8879-EO fo	r payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)