* *	PUBLIC	DISCLOS	URE COPY	* *

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.



Intern		nue Service	Go to www.irs.gov	Form990 for instructions and	d the latest	information.		Inspection
AF	or the	2021 calend	ar year, or tax year beginning	and	ending			
B C ap	heck if oplicable	e: C Name o	forganization			D Employer id	dentific	ation number
	Addres	CIA	OFFICERS MEMORIAL I	FOUNDATION				
]Name]change	Doing b	usiness as			52-23	6046	53
	Initial		and street (or P.O. box if mail is not de		Room/suite	E Telephone r		
	Final return/ termin-		CORPORATE PARK DR	IVE	3RD FL	703-6	38-5	
	ated Amenc	City or t	own, state or province, country, and	ZIP or foreign postal code		G Gross receipts		14,604,674.
_	Applica	LUCUN	DON, VA 20171		debler a the property of the low energy of the photoe space of	H(a) Is this a g		
L	tion	I F Name a	nd address of principal officer: JOH	N EDWARDS				? Yes X No
	·		AS C ABOVE X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527			list. See instructions
			://WWW.CIAMEMORIAL		0[52]	H(c) Group exe		
			ana ang ang ang ang ang ang ang ang ang	sociation Other	I Year			State of legal domicile; DE
	rt I	Summary					0 -1 10	Clate of legal dominient, 22
	1		be the organization's mission or most	significant activities: THE	CIA OF	FICERS M	EMOR	IAL
Governance			ION CONTINUES TO HA					
rnal	2	Check this bo	x ▶	ntinued its operations or dispo	sed of more	than 25% of its	net ass	ets.
ove	3	Number of vo	ting members of the governing body	(Part VI, line 1a)			3	17
Č X			dependent voting members of the gov					17
Activities &			of individuals employed in calendar y					8
iviti	6	Total number	of volunteers (estimate if necessary)			,	6	5
Act			d business revenue from Part VIII, co					0.
-	b	Net unrelated	business taxable income from Form	990-T, Part I, line 11			7b	0.
		Oomtuikustiono			-	Prior Year 2,541,5	20	Current Year 11, 148, 484.
en						2, 341, 3	0.	11,140,404.
Revenue	2 · · · · · · · · · · · · · · · · · · ·		come (Part VIII, column (A), lines 3, 4,	and 7d)		445,9		1,772,344.
Re	1		e (Part VIII, column (A), lines 5, 6d, 8c			-5,2		-5,743.
			- add lines 8 through 11 (must equal			2,982,2		12,915,085.
			milar amounts paid (Part IX, column (1,354,4		1,125,403.
	1		to or for members (Part IX, column (A				0.	0.
S	15	Salaries, othe	r compensation, employee benefits (F			464,5	56.	564,207.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), I	ine 11e)			0.	0.
adx	b	Total fundrais	ing expenses (Part IX, column (D), line	e 25) 🕨 <u>188,9</u>	78.			
ш	11		es (Part IX, column (A), lines 11a-11d	,		203,3		255,981.
	1		es. Add lines 13-17 (must equal Part I			2,022,3		1,945,591.
		Revenue less	expenses. Subtract line 18 from line	12		959,8		10,969,494.
ts or	00	T - 1 - 1 1 - 1			Be	ginning of Current 31,163,0		End of Year 44,152,518.
Asse Bala	20	•	Part X, line 16) s (Part X, line 26)		······	23,2		<u>44,152,518.</u> 5,145.
Net Assets or Fund Balances	21 22		fund balances. Subtract line 21 from	line 20	······	31,139,7		44,147,373.
Pa	art II	Signatur				51,155,1	27.01	
Unanyonistan	NACIONAL STATES		I declare that I have examined this return,	including accompanying schedule	s and statem	ents, and to the be	st of my	knowledge and belief, it is
			Declaration of preparer (other than office				-	
-			Ser-			9 K	1/22	
Sigr	n	Signatur	e of officer			Date		
Her			EDWARDS, PRESIDEN'	<u>r</u>		ny mangana ang kanang kang kang kang kang ka		
		Print/Type pre		Preparer's signature		Date	Check	PTIN
Paid		ERIN CR		Pin Cranmer		9/19/22	f self-employe	P01712644

Pald	ERIN CRANMER	Tun hanne	1	9/19/22 self-employed	PU1/12044		
Preparer	Firm's name CALIBRE CPA	GROUP, PLLČ		Firm's EIN 🕨 47	/-0900880		
Use Only	Firm's address 7501 WISCONS	SIN AVENUE, SUITE	1200 WEST	1			
	BETHESDA, MI	D 20814		Phone no.202-	-331-9880		
May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	32001 12:09-21 HA For Paperwork Reduction Act Notice see the separate instructions Form 990 (2021)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments [X] Deck 5 schwda C contains a regence or note to any line in the Part III [X] 1 Bieldy describe the organizations mission: [X] THE C1A OFFICERS MEMORIAL FOUNDATION CONTINUES TO HAVE THE EXCLUSIVE MISSION OF PROVIDING SCHOLARSHIPS AND OTHER FINANCIAL SUPPORT TO THE FAMILIES OF THE ICL OFFICERS WHO DIE WHILE ON ACTIVE DUTY. IN ADDITION, THE FOUNDATION OFFERS SIMILAR SUPPORT TO THE FAMILIES OF THE ICL OFFICERS WHO DIE Value was when was ender on the proof cont 600 or 600-627 [X] ves [] wes [] wes [] wes [] wes [] wes [] wes when was not listed on the proof cont 600 or 600-627 [] Wes []		990 (2021) CIA OFFICERS MEMORIAL FOUNDATION	52-2360463	Page 2
Berly describe the organization's mission: THE CIA OFFICERS MEMORIAL FOUNDATION CONTINUES TO HAVE THE EXCLUSIVE MISSION OF PROVIDING 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 2 DD the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these orways any significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(0) organizations are required to report the anount of parts and allocations to others, the total sepanses, and terement, into the signed and the significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(0) organizations are required to report the anount of parts and allocations to others, the total sepanses, and terement, into, in such program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(0) organizations are required to report the anount of parts and allocations to others, the total sepanses, and terement, into, in such program service, second bitter organizations to others, the total sepanses, and terement, into, in such program service, second bitter organizations to other, the total sepanses, and terement, into, in such parts and allocations to other, the total sepanses, and t	Par			T
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Form 990 (2021)			FOUNDATION
Part IV Che	ecklist of Require	d 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
~	Schedule D, Part III	8		
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?			х
10	If "Yes," complete Schedule D, Part IV	9		<u></u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,		- 11	
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	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		х
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
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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. See instructions	17		X
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	X	
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		<u> </u>
	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
132003	12-09-21	Form	330	(2021)

132003 12-09-21

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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			
	Schedule J	23	Х	
24a	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
b	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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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
b	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 line 28a or 28b? If			
	"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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
132004	↓ 12-09-21	Form	990	(2021)
	4			

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Statements	s Regardi	ng Other IRS	Filings and Ta	ax 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	8	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	s				
3a				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					v
Ŀ.	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	<u>4a</u>		X
a	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?	-		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	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 ser	vices	provided to the payor?	7a	Х	
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	ıs req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		xt?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
9	sponsoring organization have excess business holdings at any time during the year?			8		
э а	Did the end of the end of the sector bus black is the sector of the sector (0000)			9a		
b						
10	Section 501(c)(7) organizations. Enter:			9b		
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.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	1			
~	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	130		-		
		· · · · ·	•	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				0000	
132005	12-09-21 5			Form	990	(2021)

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Form 990 (2021)

Part V

3 □ 6 □ 7 a □ 9 □ 1 s	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or nore members of the governing body? wre any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	2 3 4 5 6 7a		X X X X X
0 4 C 5 C 6 C 7a C 7a C 7a C 9 Is	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Wre any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	4 5 6 7a		X X X
4 □ 5 □ 6 □ 7a □ 7a □ 7a □ 7a □ 7a □ 7a □ 7a □ 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? We any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	4 5 6 7a		X X X
5 D 6 D 7a D b A b A b D b E 9 Is	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6 7a		X X
6 C 7a C m b A p B D a T b E 9 Is	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or nore members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	6 7a		X
7a D m b A p 3 D a T b E 9 Is	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or nore members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a		
m b A p B D a T b E 9 Is	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or nore members of the governing body? we any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
b A p B D a T b E 9 Is	are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body?			X
p B D a T b E 9 Is	persons other than the governing body?			
8 D a T b E 9 Is		7b		X
a ⊤ b E 9 Is				
b ⊟ 9 ls	he governing body?	8a	Х	
) Is	ach committee with authority to act on behalf of the governing body?	8b	Х	
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
С	rganization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(mis dealar b requests mornation about policies net required by the memorine deale.)		Yes	No
аг	Did the organization have local chapters, branches, or affiliates?	10a		X
	"Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	nd branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	las the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		<u> </u>
		12c	х	
	n Schedule O how this was done	13	X	
	Did the organization have a written whistleblower policy?	14	X	-
	Did the organization have a written document retention and destruction policy?	14	Δ	
	Did the process for determining compensation of the following persons include a review and approval by independent			
	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45 -	Х	
	he organization's CEO, Executive Director, or top management official	15a	X	-
	Other officers or key employees of the organization	15b	A	
	"Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		x
	axable entity during the year?	16a		
	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	101		
	xempt status with respect to such arrangements?	16b		<u> </u>
	ist the states with which a copy of this Form 990 is required to be filed \blacktriangleright DE , VA			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	s only) a	availal	JIE
	or public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	tatements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JEANNINE K. VAZQUEZ, CFO - 703-638-5378			
	251 CORPORATE PARK DRIVE, 3RD FL, HERNDON, VA 20171		000	10
2006 1	2-09-21 6	Form	990	(202

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, p				

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

Form 990 (2021) CIA OFFICERS MEMORIAL FOUNDATION

Section A. Governing Body and Management

17

1a Enter the number of voting members of the governing body at the end of the tax year

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

X

Yes No

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17

17

1a

1b

Form 990 (2	2021) CIA OFFICERS MEMORIAL FOUNDATION	52-2360463	Page 7						
Part VII	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with o	r within the organization's	s tax year.						
● List a	Il of the organization's current officers, directors, trustees (whether individuals or organizations), regardles	ss of amount of compens	ation.						

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1039-1120)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GERALD KOMISAR	40.00		_							
PRESIDENT/OFFICER (THROUGH 11/21)		1		х				203,634.	0.	194.
(2) JEANNINE VAZQUEZ	25.00									
CFO		1		х				75,500.	Ο.	72.
(3) JOHN EDWARDS	40.00									
PRESIDENT/OFFICER (START 12/21)		1		х				15,417.	Ο.	15.
(4) JEFFREY L. SMITH, ESQ.	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(5) DAVID W. CAREY	2.00									
TREASURER/VICE CHAIR		Х		Х				0.	0.	0.
(6) V. SUE BROMLEY	2.00									
DIRECTOR		Х						0.	0.	0.
(7) ROSS P. CHARKATZ	2.00									
DIRECTOR		Х						0.	0.	0.
(8) HENRY "HANK" CRUMPTON	2.00									
DIRECTOR		Х						0.	0.	0.
(9) CHRISTOPHER DARBY	2.00									
DIRECTOR		Х						0.	0.	0.
(10) ANTONIO DELGADO JR.	2.00									
DIRECTOR		Х						0.	0.	0.
(11) MELVIN GAMBLE	2.00									
DIRECTOR		Х						0.	0.	0.
(12) MARY-MARGARET GRAHAM	2.00									-
DIRECTOR		Х						0.	0.	0.
(13) WILLIAM HARLOW	2.00									-
DIRECTOR (THROUGH 2/21)		Х						0.	0.	0.
(14) JOSHUA LOBEL	2.00									-
DIRECTOR		Х						0.	0.	0.
(15) KENT LUCKEN	2.00									-
DIRECTOR		Х						0.	0.	0.
(16) CHRISTOPHER MURRAY	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(17) STEPHANIE O'SULLIVAN	2.00								•	<u>^</u>
DIRECTOR		Х						0.	0.	0.
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Form **990** (2021)

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	<u>990 (2021)</u> CIA OFFIC	CERS MEM	IOR	IA	L	FC	DUN	[DA	ATION	52-236	<u>504</u>	163	Pa	age 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employees	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	(do box	(C) Position (do not check more than o box, unless person is both officer and a director/trust			than o than o is both pr/trus	one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC, 1099-NEC)	/	Esti amo o comp fro orga	(F) imate ount o other oensat om the nizati relate	of tion e on
		below line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgar		
(18) DIREC	KEVIN PHILLIPS TOR	2.00	x						0.	C).			0.
(19) DIREC	STEPHEN PRESTON TOR	2.00	x						0.	C).			0.
(20)	MICHAEL SULICK	2.00												
	TOR (THROUGH 2/21) JEANNE TISINGER	2.00	Х						0.	().			0.
DIREC			х						0.	().			0.
(22) DIREC	GREGORY VOGLE TOR	2.00	x						0.	C).			Ο.
											+			
											+			
1b	Subtotal								294,551.).		28	31.
	Total from continuation sheets to Part VI								0. 294,551.).		28	$\frac{0.}{31.}$
	Total (add lines 1b and 1c) Total number of individuals (including but n							io re	· · · ·		•			
	compensation from the organization											,	Yes	<u>1</u> No
3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	loye	e, or	[.] hig	hest compensated emplo	oyee on	ſ		103	110
	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su										.	3		X
	and related organizations greater than \$150											4	x	
	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." corr					-			-	ual for services		5		х
	on B. Independent Contractors		- 5 10	<u>JI 50</u>		JEIS	011				<u> </u>		1	
	Complete this table for your five highest co the organization. Report compensation for the organization for the or	-	-								າsat	ion fror	n	
	(A)						51 001		(B)			(C)		
	Name and business	address	NC	ONE	5			_	Description of se	ervices	C	ompen	satior	ו
	Total number of independent contractors (in \$100,000 of compensation from the organian \$100,000 of compensation \$100,000 of \$100,000 of compensation \$100,000 of compensation \$100,000 of \$100,000\$		ot lin	nited	to '	thos (ted	above) who received mo	re than				
	· · · · · · · · · · · · · · · · · · ·	F										Form 9	90 (2	2021)

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				CERS	MEMORIAL	FOUNDATION	V	52-2360	463 Page 9
Par	rt VII								
		Check if Schedule O c	contains a r	response	or note to any lin		(5)	(0)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
6 6	1 0	Federated campaigns		1a	9,196.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		1b	,				
<u>n</u> g		Fundraising events		10 1c	121,227.				
fts,		Related organizations		1d	,				
, Gi nila		Government grants (contri		1e					
Sir		All other contributions, gifts, g	-						
her		similar amounts not included		1f	11,018,061.				
ġ	g	Noncash contributions included in I		1g \$	5,712,331.				
anc	-	Total. Add lines 1a-1f				11,148,484.			
					Business Code				
e	2 a								
e vio	b								
Se	с								
am	d								
Program Service Revenue	е								
۲ ۲		All other program service r							
	g	Total. Add lines 2a-2f							
	3	Investment income (includ							
		other similar amounts)				912,402.			912,402.
	4	Income from investment o							
	5	Royalties		Real					
	-	a		Real	(ii) Personal				
			6a						
	b		6b						
	c		6c						
		Net rental income or (loss) Gross amount from sales of		ecurities	(ii) Other				
	<i>i</i> a	assets other than inventory		23,860.					
	h	Less: cost or other basis	7a -,-	,					
e	D	and sales expenses	7b 1,6	63,918.					
venue	c			59,942.					
0		Net gain or (loss)	· · · · ·			859,942.			859,942.
Other R		Gross income from fundraisin				,			,
Ę	•	including \$1							
_		contributions reported on							
		Part IV, line 18		8a	19,928.				
	b	Less: direct expenses			25,671.				
	с	Net income or (loss) from f	fundraising	events	►	-5,743.			-5,743.
	9 a	Gross income from gaming	g activities	. See					
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from g			🕨				
	10 a	Gross sales of inventory, le							
		and allowances							
		Less: cost of goods sold							
-+	с	Net income or (loss) from s	sales of inv	entory	Business Code				
sn	44 -				Dusiliess Code				
neo Ue	11 a b								
Miscellaneous Revenue	u o								
Be	с А	All other revenue							
Σ	ц Б	Total. Add lines 11a-11d							
	12	Total revenue. See instructio				12,915,085.	0.	0.	1766601.
-		-21							Form 990 (2021)

CIA OFFICERS MEMORIAL FOUNDATION Part IX Statement of Functional Expenses

103,465.

3,923.

179.

7,483.

2,168.

30,798.

8,518.

6,908.

23.

312.

640.

11,167.

175,584.

99,690.

192,927.

489.

20,392.

132,863.

450.

1,978.

4,171.

874.

1,792.

1,581,029.

expenses

91,396.

35,228.

8,824.

211.

960.

8,599.

41,500.

374.

768.

1,118.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 1,125,403. 1,125,403.

294,551.

232,078.

879.

36,699.

135,031.

32,208.

19,095.

6,908.

4,194.

41,500.

1,560.

3,200.

- individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16
- Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and
- persons described in section 4958(c)(3)(B) Other salaries and wages 7
- 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)
- Other employee benefits 9 10 Payroll taxes
- 11 Fees for services (nonemployees): Management а b Legal С Accounting
- Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses _____ 13
- Information technology 14 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19
- 20 Interest Payments to affiliates 21
- Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 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.) LICENSES/FEES а b
 - 12,285. All other expenses 1,945,591.
- Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2021)

188,978.

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CIA	OFFICERS	MEMORIAL	FOUNDATION

52-2360463 Page 11

		Check if Schedule O contains a response or no	te to any	/ 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	3,300,115.	2	4,886,894.		
	3	Pledges and grants receivable, net	887,443.	3	2,431,966. 51,025.		
	4	Accounts receivable, net			47,031.	4	51,025.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe		6			
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Duran side some some som stade forma stade some s			25,326.	9	20,578.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	8,401.			
	b	Less: accumulated depreciation	10b	8,401. 7,468.	2,493.	10c	933.
	11	Investments - publicly traded securities		2,493. 26,285,635.	11	36,761,122.	
	12	Investments - other securities. See Part IV, line			615,029.	12	0.
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	F		14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			31,163,072.	16	44,152,518.
	17	Accounts payable and accrued expenses			19,745.	17	44,152,518. 5,145.
	18	Grants payable			18		
	19	Deferred revenue			3,530.	19	0.
	20				•	20	
	21	Escrow or custodial account liability. Complete		Г		21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
ilidi		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		of Schedule D	,			25	
	26	To be U.S. B. William And Microsoft AT the second AT			23,275.	26	5,145.
		Organizations that follow FASB ASC 958, che					
es		and complete lines 27, 28, 32, and 33.		-			
anc	27				30,285,827.	27	43,285,373.
Bal	28	Net assets with donor restrictions			853,970.	28	862,000.
l pu		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
P	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			31,139,797.	32	44,147,373.
z	33	Total liabilities and net assets/fund balances			31,163,072.	33	44,152,518.
	1.00				3=,=00,0,20	00	Earm 990 (2021

Form 990 (2021)

Form 990 (2021) CIA

	990 (2021) CIA OFFICERS MEMORIAL FOUNDATION	52-2	2360463	Pag	_{ge} 12
Pa	t 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	12,915		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,945	5,59	<u>91.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	10,969),49	94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,139),7 <u>9</u>	97.
5	Net unrealized gains (losses) on investments	5	2,038	3,08	82.
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	44,147	7,3'	73.
Pa	t 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 on Schedule	О.			
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 reviewed	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L
			— • • • • • •	uuni	(0001)

Form **990** (2021)

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Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Name	e of t	the organization							identification number				
		CIA	OFFICERS M	EMORIAL FOUN	OATIO	1			2-2360463				
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The c	rgan	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)							
1 [A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1)(A)(i).						
2 [A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)								
3		A hospital or a cooperative				(b)(1)(A)(ii	i).						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:	Ī	, , ,				(<i>)</i> -	,				
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in				
•		section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
	X												
<i>•</i> 1	21			Initial part of its support if	on a yove			le general j					
o [section 170(b)(1)(A)(vi). (C		(1)(A)(ui) (Complete Der	• 11 \								
8 [A community trust describe											
9 [An agricultural research org	-			-		-	-				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or				
40 [_	university:		11 00 1 (00)	6								
10		An organization that norma											
		activities related to its exem		-					-				
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acquii	red by the org	anization a	ifter June 30, 1975.				
[See section 509(a)(2). (Con											
11 [An organization organized a	-		•				_				
12		An organization organized a	-	-	-			•					
		more publicly supported or	-						Check the box on				
		lines 12a through 12d that	• •			-		-					
а		Type I. A supporting orga	-	-	• • •	-							
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	ipporting				
		_ organization. You must o	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	d organizatior	n(s), by hav	ving				
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported				
		_ organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	ly integrate	ed with,				
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g		vide the following informatior											
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the organized in your govern	anization listed ng document?	(v) Amount of	,	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
Total													

Schedule A (Form 990) 2021

CIA OFFICERS MEMORIAL FOUNDATION

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	1979698.	3381570.	4676393.	2541580.	11148484.	23727725.
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	1979698.	3381570.	4676393.	2541580.	11148484.	23727725.
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)						7249297.
	Public support. Subtract line 5 from line 4.						16478428.
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e)2021 11148484.	(f) Total
	Amounts from line 4	1979698.	3381570.	4676393.	2541580.	11148484.	23/2//23.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	120 106	639,916.	665,819.	480,585.	912,402.	3129208.
•	and income from similar sources	430,486.	039,910.	005,019.	400,505.	912,402.	5129200.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						26856933.
	Gross receipts from related activities,	etc. (see instructio	ns)				,026,525.
	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	ear as a section 5		,,
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	61.36 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	66.96 %
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				► 🛛
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 160, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2021

CIA OFFICERS MEMORIAL FOUNDATION 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.)

Section	on A. Public Support	-					
Calenda	ar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gi	ifts, grants, contributions, and						
m	embership fees received. (Do not						
in	clude any "unusual grants.")						
m fo ar	ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in ny activity that is related to the ganization's tax-exempt purpose						
3 Gi	ross receipts from activities that						
	e not an unrelated trade or bus- ess under section 513						
	ax revenues levied for the organ-						
	ation's benefit and either paid to						
	r expended on its behalf						
	ne value of services or facilities						
	rnished by a governmental unit to						
	e organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and						
	received from disqualified persons						
b Am fro exe	nounts included on lines 2 and 3 received m other than disqualified persons that ceed the greater of \$5,000 or 1% of the nount on line 13 for the year						
	dd lines 7a and 7b						
	ublic support. (Subtract line 7c from line 6.)						
	on B. Total Support						
Calenda	ar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Ar	mounts from line 6						
10a Gi di se	ross income from interest, vidends, payments received on ecurities loans, rents, royalties, nd income from similar sources						
	nrelated business taxable income						
(le	ess section 511 taxes) from businesses						
ac	quired after June 30, 1975						
c Ad	dd lines 10a and 10b						
11 Ne ac wl	et income from unrelated business ctivities not included on line 10b, hether or not the business is gularly carried on						
or	ther income. Do not include gain loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)						
	rst 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third.	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
		0					
	on C. Computation of Publi						
15 Pi	ublic support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	ublic support percentage from 2020		•			16	%
	on D. Computation of Inves					• •	
17 In	vestment income percentage for 20		nn (f), divided by li	ine 13. column (f))		17	%
	vestment income percentage from a					18	%
	3 1/3% support tests - 2021. If the					·	
	ore than 33 1/3%, check this box ar						$\mathbf{P}_{\mathbf{n}}$
	3 1/3% support tests - 2020. If the						and
	ne 18 is not more than 33 1/3%, che	-					
	rivate foundation. If the organization						
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			15				, , , , , , , , , , , , , , , , , , ,

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Schedule A (Form 990) 2021

CIA OFFICERS MEMORIAL FOUNDATION

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Yes No

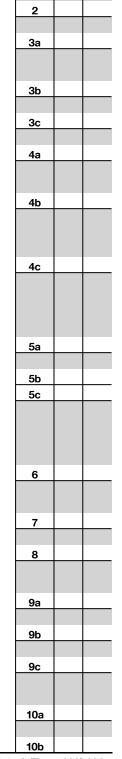
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 CIA OFFICERS MEMORIAL FOUNDATION

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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).		
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		
	(i) a series of the France OOO the base of the series of the state of series and (ii) as size of the		

	5 1 5 5 5 5 5		
	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 on line 2, above, 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. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	sfy the Integral Part Test during the year (see instruc	tions)
	Check the box next to the method that the organization used to satis	sty the Integral Part Test during the year (see	Instruct

a 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.
---	--	--	------------------------

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).).
------------	--	---	---	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

3

2a

2b

3a

Yes No

17130919 712177 71461

Schedule A (Form 990) 202 ⁻
--

Schedule A (Form 990) 2021 CIA OFFICERS MEMORIAL FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	1
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 0.015 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 0.035.	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 0.85 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

CIA OFFICERS MEMORIAL FOUNDATION

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.	0		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				

Schedule A (Form 990) 2021

132027 01-04-22

<u>Schedule A</u>	(Form 990) 2021				FOUNDATION	52-2360463 Page
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	1, 2, 3b, 3c , lines 2 an	, 4b, 4c, 5a, 6, 9a d 3; Part IV, Sect	a, 9b, 9c, 11a, 11b ion E, lines 1c, 2a,	o, and 11c; Part IV, Sect , 2b, 3a, and 3b; Part V,	II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V, or any additional information.
	(See instructions.)					
132028 01-04-2	2			20		Schedule A (Form 990) 20

Schedule B

(Form 990)

Organization

Filers of:

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

52-2360463

iyanizatic	,,,,				
	CIA	OFFICERS	MEMORIAL	FOUNDATION	
type (che	ck one):	:			
	S	ection:			

Form 990 or 990-EZ	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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on 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, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

244,800.

\$

Name of organization

Schedule B (Form 990) (2021)

Employer identification number

Page 2

X

X

X

X

X

X

CIA OFFICERS MEMORIAL FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 1,750,942. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 Person Payroll 5,136,050. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Person Payroll 750,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person Payroll Noncash 500,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person Payroll 400,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 Person Payroll

X

Noncash

(Complete Part II for

123452 11-11-21

17130919 712177 71461

52-2360463

Schedule B (Form 990) (2021)

Name of organization

Schedule B (Form 990) (2021)

CIA OFFICERS MEMORIAL FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 Person Payroll 244,800. Noncash Х (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

123452 11-11-21

17130919 712177 71461

Employer identification number

52-2360463

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	205,000 SHARES OF PALANTIR TECHNOLOGIES		
		\$5,086,050.	03/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	10,000 SHARES OF PALANTIR TECHNOLOGIES		
		\$244,800.	03/02/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	10,000 SHARES OF PALANTIR TECHNOLOGIES		
		\$244,800.	_03/02/21_
(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
123453 11-1	1-21	\$	Schedule B (Form 990) (2021

25

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

CIA OFFICERS MEMORIAL FOUNDATION

Name of organization

Part II

52-2360463

Schedule B (Form 990) (2021)

17130919 712177 71461

Schedule I	B (Form 990) (2021)		Page ²
Name of o	rganization		Employer identification number
CIA OI	FFICERS MEMORIAL FOUNDAT	TION	52-2360463
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in s	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) *
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, ar	nd 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 gi	ift
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(a) Transfer of si	
		(e) Transfer of gi	int int
-	Transferee's name, address, ar	nd ZI P + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<u> </u>
		(e) Transfer of gi	ift
	Transferee's name, address, ar	od 7IP + 4	Relationship of transferor to transferee
ŀ			
123454 11-11			Schedule B (Form 990) (2021)

17130919 712177 71461

SCHEDU	LE D
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9 0)

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.



Department of the Treasury Internal Revenue Service Name of the organization

CIA OFFICERS MEMORIAL FOUNDATION

Employer identification number 52 - 2360463

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acco	ounts. Cor	mplete if the	-
	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
		(a) Donor advised funds	(b)	Funds and o	ther account	S
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 v	-		_	_	
	are the organization's property, subject to the organization's				Yes	No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o			· _	-	
Par		repiration approved "Vec" on Form 000 F			Yes	No
			Part IV, III	le 7.		
1	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recrea		a historia	ally importan	t land area	
	Protection of natural habitat	Preservation of				
	Preservation of open space		accrime			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conse	ervation ease	ment on the	last
-	day of the tax year.				he End of the	
а	Total number of conservation easements			2a		
b				2b		
с	Number of conservation easements on a certified historic stru			2c		
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organizat	tion during th	e tax	
	year ►					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per			_	_	
	violations, and enforcement of the conservation easements it				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation e	easements du	iring the yea	r
_						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easer	ments during	the year	
0	\$ Does each conservation easement reported on line 2(d) abov	a action the requirements of acation 170/h				
8				Г	Yes	No
9	In Part XIII, describe how the organization reports conservation	on essements in its revenue and expenses	statemen	∟ ntand	165	
5	balance sheet, and include, if applicable, the text of the footr	•				
	organization's accounting for conservation easements.		into that t			
Par		Art, Historical Treasures, or Otl	her Sim	nilar Asset	s.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balanc	ce sheet work	S	
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in fu	rtherance	e of public		
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	S.			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sł	heet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	f public servic	æ,	
	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		gain, pro	ovide		
	the following amounts required to be reported under FASB A	•				
a L	Revenue included on Form 990, Part VIII, line 1			► \$		
	Assets included in Form 990, Part X			► \$ Schedul	e D (Form 9	00) 2024
	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 330.		Schedul	е и (гопп 9	50) 2021
132031	10-28-21	27				

Sche		ICERS MEMOR				52-23			age 2		
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar	· Assets	(contin	ued)			
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant u	use of its					
	collection items (check all that apply):		-	-	-						
а	Public exhibition	d	Loan or exc	hange program							
b											
c											
4											
5											
5	to be sold to raise funds rather than to be ma			•			Yes		No		
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par		te il the organizatio	IT all sweled Tes C	011101111 990	, raitiv, i	ine 9, 0i				
10			on for contribution	a ar athar agasta na	tipoludod						
Ia	Is the organization an agent, trustee, custodi						7 ¥ • •		.		
	on Form 990, Part X?					L	Yes		No		
D	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:				Amount				
							Amount				
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo					L	Yes		No		
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i								<u> </u>		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y		. ,	-			
1a	Beginning of year balance	26,384,140.	22,425,467.	17,039,676.	. 17,9	83,330.	14,	566,	287.		
b	Contributions	7,065,000.	750,000.	2,000,000.	. 6	00,740.	1,	528,	923.		
С	Net investment earnings, gains, and losses	4,031,036.	3,299,660.	3,468,417.	-1,4	13,433.	1,	932,	156.		
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	134,537.	90,987.	82,626.	. 1	30,961.		144,	036.		
f	Administrative expenses										
g	End of year balance	37,345,639.	26,384,140.	22,425,467.	. 17,0	39,676.	17,	983,	330.		
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:							
а	Board designated or quasi-endowment	100	%	,							
b	Permanent endowment	%									
с		<u></u> * %									
-	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse		tion that are held an	nd administered for	the organiza	ation					
ou	by:	oolori or the organiza			and organize		Г	Yes	No		
	(i) Unrelated organizations						3a(i)		Х		
	(ii) Related organizations						3a(ii)		X		
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as require	d on Schedule R?				3b				
1	Describe in Part XIII the intended uses of the						50				
Par	t VI Land, Buildings, and Equipm		inent lunus.								
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part)	(line 10						
						-					
	Description of property	(a) Cost or ot basis (investm	()		Accumulate lepreciation	a	(d) Book	value	е		
	Land	· · · · ·	Dasis		cpreciation						
	Land										
	Buildings										
	Leasehold improvements			0 401				~ ~ ~	<u></u>		
	Equipment			8,401.	7,40	<u>, , , , , , , , , , , , , , , , , , , </u>		9.	33.		
	Other							_			
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part ⟩	(<u>, column (B), line 1</u>	0c.)					33.		
					:	Schedule	D (Form	990)	2021		

Complete if the organization ans	swered res on	Form 990, Part IV, line	FID. SEE FUITI 330, Fait A, IIIE 12	
(a) Description of security or category (including na	ame of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
Financial derivatives				
Closely held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
II. (Col. (b) must equal Form 990, Part X, col. (I	B) line 12.) 🕨			
art VIII Investments - Program F	Related.			
Complete if the organization ans	swered "Yes" on	Form 990, Part IV, line	11c. See Form 990, Part X, line 13	
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
1)				
2)				
3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) al. (Col. (b) must equal Form 990, Part X, col. (l	B) line 13.) >			
II. (Col. (b) must equal Form 990, Part X, col. (l art IX Other Assets.	swered "Yes" on		11d. See Form 990, Part X, line 15	
II. (Col. (b) must equal Form 990, Part X, col. (l art IX Other Assets. Complete if the organization ans	swered "Yes" on	Form 990, Part IV, line scription	11d. See Form 990, Part X, line 15	. (b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (I art IX Other Assets. Complete if the organization ans	swered "Yes" on		11d. See Form 990, Part X, line 15	
(I. (Col. (b) must equal Form 990, Part X, col. (I art IX Other Assets. Complete if the organization ans (1) (2)	swered "Yes" on		11d. See Form 990, Part X, line 15	
 (Col. (b) must equal Form 990, Part X, col. (I art IX Other Assets. Complete if the organization ans (1) (2) (3) 	swered "Yes" on		11d. See Form 990, Part X, line 15	
 (I. (Col. (b) must equal Form 990, Part X, col. (for art IX) Other Assets. Complete if the organization ans (1) (2) (3) (4) 	swered "Yes" on		11d. See Form 990, Part X, line 15	
 (Col. (b) must equal Form 990, Part X, col. (fart IX) Other Assets. Complete if the organization ans (1) (2) (3) (4) (5) 	swered "Yes" on		11d. See Form 990, Part X, line 15	
 (Col. (b) must equal Form 990, Part X, col. (fart IX) Other Assets. Complete if the organization ans (1) (2) (3) (4) (5) (6) 	swered "Yes" on		11d. See Form 990, Part X, line 15	
 (1. (Col. (b) must equal Form 990, Part X, col. (fart IX) Other Assets. Complete if the organization ans (1) (2) (3) (4) (5) (6) (7) 	swered "Yes" on		11d. See Form 990, Part X, line 15	
I. (Col. (b) must equal Form 990, Part X, col. (I art IX Other Assets. Complete if the organization ans (1) (2) (3) (4) (5) (6) (7) (8)	swered "Yes" on		11d. See Form 990, Part X, line 15	
1. (Col. (b) must equal Form 990, Part X, col. (form 100) (for the organization and complete if the	swered "Yes" on (a) De	scription		(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (formation of the second seco	swered "Yes" on (a) De	scription		(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (form 100) (for the organization and form 11) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part and form 100 (form 100) (for the organization and form 100) (for the organization and for the organization and fo	swered "Yes" on (a) De (a) De	scription		(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (lint IX) Other Assets. Complete if the organization ans 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part Int X Other Liabilities. Complete if the organization ans (a) Description of	swered "Yes" on (a) De (a) De	scription		(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (formation of the second seco	swered "Yes" on (a) De (a) De	scription		(b) Book value
	swered "Yes" on (a) De (a) De	scription		(b) Book value
 (Col. (b) must equal Form 990, Part X, col. (fart IX) Other Assets. Complete if the organization ans (1) (2) (3) (4) (5) (6) (7) (8) (9) (a) (Column (b) must equal Form 990, Part art X) Other Liabilities. Complete if the organization ans (a) Description of (1) (b) Federal income taxes (2) (3) 	swered "Yes" on (a) De (a) De	scription		(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (fart IX Other Assets. Complete if the organization ans (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part art X Other Liabilities. Complete if the organization ans (a) Description of	swered "Yes" on (a) De (a) De	scription		(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (form 100, Part IX) Other Assets. Complete if the organization and (1) (2) (3) (4) (5) (6) (7) (8) (9) (a). (Column (b) must equal Form 990, Part art X) Other Liabilities. Complete if the organization and (a) Description of (1) Federal income taxes (2) (3) (4) (5)	swered "Yes" on (a) De (a) De	scription		(b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (form 100) Other Assets. Complete if the organization and (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part Amount of the organization and the org	swered "Yes" on (a) De (a) De	scription		(b) Book value
 (Col. (b) must equal Form 990, Part X, col. (fart IX) Other Assets. Complete if the organization ans (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part art X) Other Liabilities. Complete if the organization ans (a) Description of (1) (1) Federal income taxes (2) (3) (4) 	swered "Yes" on (a) De (a) De	scription		(b) Book value
i. (Col. (b) must equal Form 990, Part X, col. (i art IX Other Assets. Complete if the organization ans (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part art X Other Liabilities. Complete if the organization ans (a) Description of 1 (1) Federal income taxes (2) (3) (4) (5) (6) (7)	swered "Yes" on (a) De (a) De	scription		(b) Book value

CIA OFFICERS MEMORIAL FOUNDATION

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021

	edule D (Form 990) 2021 CIA OFFICERS MEMORIAL FOUN			2360463 Page 4			
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.					
1	Total revenue, gains, and other support per audited financial statements			1	14,955,687.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	. 2a	2,038,082.				
b	Donated services and use of facilities	. 2b	109,592.				
с	Recoveries of prior year grants	. 2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d			2e	2,147,674. 12,808,013.		
3	Subtract line 2e from line 1			3	12,808,013.		
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	132,743.				
b	Other (Describe in Part XIII.)	. 4b	-25,671.				
с	Add lines 4a and 4b			4c	<u>107,072.</u> 12,915,085.		
		5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,915,085.		
5 Pa		ents Wi	th Expenses per F		<u>12,915,085.</u> n.		
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Wi	th Expenses per I		n.		
5 Ра 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i>	ients Wi a.	th Expenses per F		12,915,085. n. 1,948,111.		
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ients Wi a.	th Expenses per F	Retur	n.		
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	a.	th Expenses per F	Retur	n.		
1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses per F	Retur	n.		
1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wi	th Expenses per F	Retur	n.		
1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	th Expenses per F	Retur	n.		
1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	th Expenses per F 109,592. 25,671.	Retur	n. <u>1,948,111.</u> 135,263.		
1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per F	Retur	n.		
1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F	1 2e	n. <u>1,948,111.</u> 135,263.		
1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Expenses per F	1 2e	n. <u>1,948,111.</u> 135,263.		
1 2 3 4 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Expenses per F	1 2e	n. <u>1,948,111.</u> <u>135,263.</u> 1,812,848.		
1 2 3 4 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other losses Other losses through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 	th Expenses per F	1 2e	n. <u>1,948,111.</u> <u>135,263.</u> <u>1,812,848.</u> <u>132,743.</u>		
1 2 d e 3 4 b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	th Expenses per F	l 1 2e 3	n. <u>1,948,111.</u> <u>135,263.</u> 1,812,848.		

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, 2021 AND 2020, 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, 2021, THE STATUTE OF
LIMITATIONS FOR TAX YEARS 2018 THROUGH 2020 REMAINS OPEN WITH THE U.S.
132054 10-28-21 Schedule D (Form 990) 2021
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Schedule D (Form 990) 2021 CIA OFFICERS MEMORIAL FOUNDATION Part XIII Supplemental Information (continued)	52-2360463	Page 5
FEDERAL JURISDICTION AND THE VARIOUS STATES AND LOCAL JURIS	DICTIONS IN	
WHICH THE FOUNDATION FILES RETURNS.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
FUNDRAISING EVENT EXPENSES	-25,6	571.
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EVENT EXPENSES	25,6	571.
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
INVESTMENT EXPENSES	132,5	743.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	(Form 990) 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.							
Department of the Treasury		Attach to Form 990			,			2021 Open to Public
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection
Name of the organization		ICERS MEMORIAL FOU	NDA		N		Employer ide	entification number 463
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	I filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
		I						
		n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z.		Schedul	e G (Form 990) 2021

132081 10-21-21

CIA OFFICERS MEMORIAL FOUNDATION

Part II 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.

		of fundraising event contributions and gro		· · · · · · · · · · · · · · · · · · ·		ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF OUTING (event type)	(event type)	(total number)	col. (c))
Ine					(total hambol)	
Revenue	1	Gross receipts	141,155.			141,155.
	2	Less: Contributions	121,227.			121,227.
_	3	Gross income (line 1 minus line 2)	19,928.			19,928.
	4	Cash prizes				
	5	Noncash prizes	3,470.			3,470.
penses	6	Rent/facility costs	20,224.			20,224.
Direct Expenses	7	Food and beverages	1,977.			1,977.
Ē	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through				25,671.
	<u>11</u> rt I	Net income summary. Subtract line 10 from li				-5,745
a		II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
æ	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from lin <u>e 1, col</u> umn (d)	<u></u>		
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming a				Yes No
b	lf "I	No," explain:				
_						
		re any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
					<u> </u>	
	2 10	-21-21			Sche	edule G (Form 990) 202

Schedule G (Form 990) 2021	CIA OFFICERS	MEMORIAL	FOUNDATION	52-2	360463 Page	3
11 Does the organization conduct g	aming activities with nonmer	nbers?			Yes N	lo
12 Is the organization a grantor, ber						
to administer charitable gaming?					Yes N	lo
13 Indicate the percentage of gamir						~ /
a The organization's facility					13a 13b	<u>%</u> %
b An outside facility14 Enter the name and address of t						70
	ne person who prepares the	organization s ga	ming/special events book			
Name 🕨						
Address 🕨						
15a Does the organization have a co	ntract with a third party from	whom the organ	ization receives gaming re	venue?	Yes N	lo
b If "Yes," enter the amount of gar	ming revenue received by the	organization 🕨	\$	and the amount		
of gaming revenue retained by th						
c If "Yes," enter name and address	s of the third party:					
Namo						
Name 🕨						
Address 🕨						
16 Gaming manager information:						
Name						—
Gaming manager compensation	▶ \$					
Description of services provided	▶					
Director/officer	Employee		ent contractor			
		·				
17 Mandatory distributions:						
a Is the organization required under	er state law to make charitabl	e distributions fro	om the gaming proceeds t	0		
retain the state gaming license?					└── Yes └── N	0
b Enter the amount of distributions organization's own exempt activ	•		other exempt organization	is or spent in the		
	rmation. Provide the expla		by Part I, line 2b, column	s (iii) and (v); and Pa	t III, lines 9, 9b, 10b,	,
 15b, 15c, 16, and 17b, a	as applicable. Also provide an	y additional infor	mation. See instructions.			
132083 10-21-21				Sched	ule G (Form 990) 20	21
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Part IV	Supplemental Information (continued)
	Schedule G (Form 990)

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Part I General Information on Grants a	Go Compl CERS MEMOR and Assistance	IAL FOUNDAT	nd Individua n answered "Yes" ▶ Attach to For rs.gov/Form990 fo ION	Is in the Uni on Form 990, Pa m 990. or the latest inforn	ted States rt IV, line 21 or 22. nation.		OMB No. 1545-0047 2021 Open to Public Inspection Employer identification number $52 - 2360463$
1 Does the organization maintain records criteria used to award the grants or assi					-		
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	l States.			_
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	is listed in the line 1	I table					

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

Schedule I (Form 990) 2021

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.
 (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

	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	()
SCHOLARSHIPS	75	1,043,818.	0.		
FAMILY SUPPORT BENEFIT	16	24,000.	0.		
DAYCARE PROGRAM	7	36,214.	0.		
COUNSELING	8	20,719.	0.		
Part IV Supplemental Information Provide the information	I equired in Part L lir	l 2. Part III. column	(b): and any other ac	l Iditional information	1

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. 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.

SC	HEDULE J	Compensa	ation Information	1	OMB No. 1	545-004	17		
(Fo	rm 990)	-	s, Trustees, Key Employees, and Highest	_	00	1			
•		Compe	nsated Employees		20	Z			
Dene	treast of the Treasury		swered "Yes" on Form 990, Part IV, line 23. ch to Form 990.		Open to	Publi	ic		
	tment of the Treasury al Revenue Service		for instructions and the latest information.		Inspe				
Nam	e of the organization				entification number				
		CIA OFFICERS MEMORI	AL FOUNDATION	52-2	36046	3			
Pa	rt I Questions	Regarding Compensation							
						Yes	No		
1a		() 0 1 ,	the following to or for a person listed on Form	990,					
		ne 1a. Complete Part III to provide any releva							
	First-class or cl		Housing allowance or residence for person						
	Travel for comp		Payments for business use of personal res						
		ation and gross-up payments	Health or social club dues or initiation fees						
	Discretionary s	pending account	Personal services (such as maid, chauffeu	r, chet)					
ь.	If any of the base	n line to are abacted, did the superior (
D	-	n line 1a are checked, did the organization fo			41		x		
•		ovision of all of the expenses described above			<u>1b</u>				
2	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	х				
	trustees, and officer	s, including the CEO/Executive Director, rega	Irding the items checked on line 12?		Z	<u>_</u>			
3	Indicato which if an	, of the following the organization used to as	stablish the compensation of the organization's						
5			poxes for methods used by a related organization						
		tion of the CEO/Executive Director, but expla							
	Compensation		X Written employment contract						
		ompensation consultant	X Compensation survey or study						
	X Form 990 of ot		X Approval by the board or compensation c	ommittee					
		ler organizations		ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Sect	ion A. line 1a, with respect to the filing						
	organization or a rel								
а	-	payment or change-of-control payment?			4a		х		
b		eive payment from a supplemental nonqualifie	ed retirement plan?		4b		х		
с		eive payment from an equity-based compensation					Х		
		es 4a-c, list the persons and provide the appli							
	Only section 501(c)	(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.						
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did th	ne organization pay or accrue any compensatio	n					
	contingent on the re	venues of:							
а	The organization?				. 5 a		X		
b	Any related organiza	tion?			. 5 b		x		
		5b, describe in Part III.							
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did th	ne organization pay or accrue any compensatio	n					
	contingent on the net earnings of:								
	a The organization?						X		
b					6b		X		
_		6b, describe in Part III.							
7			ne organization provide any nonfixed payments				77		
~					7		X		
8			ed pursuant to a contract that was subject to th	е			77		
~		otion described in Regulations section 53.495			8		X		
9		d the organization also follow the rebuttable p							
	Regulations section					000			
LHA	For Paperwork Re	duction Act Notice, see the Instructions fo	r Form 990.	Schedu	ule J (Forn	n 990)	2021		

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GERALD KOMISAR	(i)	169,583.	34,051.	0.	0.	194.	203,828.	0.
PRESIDENT/OFFICER (THROUGH 11/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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 2021 BONUS AND GROSS-UP WAS PAID TO THE PRESIDENT IN 2021. A 2020 BONUS

WAS PAID TO THE PRESIDENT IN THE FIRST QUARTER OF 2021. THIS BONUS WAS NOT

GROSSED UP.

PART I, LINE 1B:

A WRITTEN POLICY IS NOT IN PLACE FOR 2021, BUT THE ABOVE EXPENSES ARE NOT

ALLOWED OR REIMBURSEABLE, WITH THE EXCEPTION OF THE 'GROSS-UP' BONUS WHEN

APPROVED BY THE BOARD OF DIRECTORS.

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

Employer identification number 52-2360463

ſ ZUZ

CIA OFFICERS MEMORIAL FOUNDATION Part I Types of Property

га		Type	surruperty				-			
				(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 de noncash contribu		•	3
1	Art -	Works of	art							
2			treasures							
3			l interests							
4			blications							
5			nousehold goods							
6			r vehicles							
7			nes							
8			operty							
9			Iblicly traded	x	10	5,712,331,	MARKET VALU	E		
10			osely held stock			0,,12,002		_		
11			artnership, LLC, or							
		t interests								
12			scellaneous							
13			servation contribution -							
	Hist	oric struct	ures							
14	Qua	lified cons	servation contribution - Other							
15	Rea	l estate - F	Residential							
16	Rea	l estate - C	Commercial							
17										
18	Coll	ectibles								
19	Foo	d inventor	у							
20	Drug	gs and me	dical supplies							
21	Taxi	dermy								
22			acts							
23			cimens							
24	Arch	neological	artifacts							
25	Othe	er 🕨	()							
26	Othe	er 🕨	()							
27	Othe	er 🕨	()							
28	Othe		()			<u> </u>				
29			rms 8283 received by the organiz	-						
	for v	vhich the	organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
									Yes	No
30a			ar, did the organization receive by		• • • • •		-			
			at least three years from the date		l contribution, and	which isn't required to be u	ised for			37
			ses for the entire holding period?	?				30a		X
			ribe the arrangement in Part II.		an inca the survey is		ti0	a :	v	
31			nization have a gift acceptance p					31	X	
32a		•	nization hire or use third parties o		•			00-		v
h		tributions?	ribe in Part II.					32a		X
			ition didn't report an amount in c	olumn (c) for	a type of property	(for which column (a) is cho	ocked			
33		e organiza cribe in Pa			a type of property	nor which column (a) is che	UNEU,			
	453		u . n.							

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132141 11-17-21

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I

SCHEDULE M, PART I (B) REPORTS THE NUMBER OF CONTRIBUTIONS

Schedule M (Form 990) 2021

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ.

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

2021 Open to Public Inspection

OMB No. 1545-0047

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. THE FOUNDATION ADDED A DAYCARE SUPPORT PROGRAM TO

ITS PROGRAM SERVICES IN 2019 AND A CAREER SERVICES PROGRAM IN 2021.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE FOUNDATION CREATED A CAREER SERVICES PROGRAM IN 2021 TO ASSIST

STUDENTS IN FINDING INTERNSHIP AND FULL-TIME EMPLOYMENT OPPORTUNITIES.

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, OR VIA EMAIL IF NECESSARY.

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

 THE PRESIDENT'S BASE SALARY, WHICH THE BOARD DETERMINED TO BE COMPARABLE TO

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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 42

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Schedule O (Form 990) 2	021	Page 2
Name of the organization	CIA OFFICERS MEMORIAL FOUNDATION	Employer identification number 52-2360463
THAT OF OTHER	NON-PROFIT EXECUTIVES, DID NOT CHANGE IN 202	1. A

COMPENSATION ANALYSIS WAS ALSO DONE PRIOR TO THE HIRING OF THE FOUNDATION'S

NEW PRESIDENT IN DECEMBER 2021.

COMPENSATION FOR OTHER OFFICERS IS APPROVED BY THE EXECUTIVE COMMITTEE OF

THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES AVAILABLE THE PRIVACY POLICY, ANNUAL 990S, AND THE

MOST CURRENT AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE. ALL OTHER

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

132212 11-11-21