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Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** 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. Go to www.irs.gov/Form990 for instructions and the latest information.



A For the 2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number В Check if applicable Address change CIA OFFICERS MEMORIAL FOUNDATION Name change 52-2360463 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 2251 CORPORATE PARK DRIVE 3RD FI 703-638-5378 16,841,789. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended HERNDON, VA 20171 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JOHN EDWARDS Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions HTTP://WWW.CIAMEMORIALFOUNDATION.ORG/ J Website: H(c) Group exemption number K Form of organization: X Corporation Year of formation: 2001 M State of legal domicile: DE Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: THE CIA OFFICERS MEMORIAL 1 Activities & Governance FOUNDATION CONTINUES TO HAVE THE EXCLUSIVE MISSION OF PROVIDING 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 3 Number of voting members of the governing body (Part VI, line 1a) 3 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 10 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 30 6 6 Ο. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 5,243,882. 10,657,834. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0 9 Program service revenue (Part VIII, line 2g) 1,093,759. 1,481,531. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -190,691. -462,334. 11 6,146,950. 11 ,677,031. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,350,502. 1,731,651. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 709,696. 824,824. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 228,936. **b** Total fundraising expenses (Part IX, column (D), line 25) 265,663. 278,859. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 2,325,861. 2,835,334. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 3,821,089. 8,841,697. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 40,783,799. 53,573,910. 20 Total assets (Part X, line 16) 41,001. 70,256. 21 Total liabilities (Part X, line 26) let 40 742,798. 503,654 Net assets or fund balances. Subtract line 21 from line 20 53, 22 Part II | Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date	
Here	JOHN EDWARDS, PRESIDENT			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	ERIN CRANMER	ERIN CRANMER	08/28/24 self-employ	ed P01712644
Preparer	Firm's name CALIBRE CPA GROUP	, PLLC	Firm's EIN 4	7-0900880
Use Only	Firm's address 7501 WISCONSIN AV	ENUE, SUITE 1200 WES	ST	
	BETHESDA, MD 2081	4	Phone no. 20	2-331-9880
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
LHA For	Paperwork Beduction Act Notice see the sena	rate instructions 332001 12-21-23		Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	m 990 (2023) CIA OFFICERS MEMORIAL FOUNDATION	52-2360463 Page 2
Par	art III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u> </u>
•	THE CIA OFFICERS MEMORIAL FOUNDATION CONTINUES T	O HAVE THE EXCLUSIVE
	MISSION OF PROVIDING SCHOLARSHIPS AND OTHER FINA	
	FAMILIES OF THE CIA OFFICERS WHO DIE WHILE ON AC	
	ADDITION, THE FOUNDATION CONSIDERS SIMILAR SUPPO	
2	Did the organization undertake any significant program services during the year which were not prior Form 990 or 990-EZ?	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any pro	gram services? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest progr	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	ocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,362,445. including grants of \$ 1,731, 1	651.) (Revenue \$)
та	TO PROVIDE EDUCATIONAL AND OTHER FINANCIAL ASSIS	
	OF CIA OFFICERS WHO LOST THEIR LIVES WHILE ON AC	TIVE DUTY WITH THE CIA.
4b	(Code:) (Expenses \$ including grants of \$	
-15) (nevenue 4)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenu	e \$
4e		
		Form 990 (2023)
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Form 990 (20			FOUNDATION
Part IV 0	Checklist 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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	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,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		77	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	<u></u>	
IZa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII	12a	<u></u>	
b		106		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	126		X
тэ 14а		13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>і</u> та		
5	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		х
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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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
	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 noncash 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	t V Statements Regarding Other IRS Filings and Tax Compliance			
	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	
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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0		8		
9	Sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.		1	

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CIA OFFICERS MEMORIAL FOUNDATION

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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b be	low. and for a '	"No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruct				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	14			
	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 O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth	ıer			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct super				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	2	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?	Γ	6		X
7a	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?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	E E E			
	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow				
а	The governing body?	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	F	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?	Γ	13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	dent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
_	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
	Lat the states with which a copy of this Form 900 is required to be filled $\mathbf{D}\mathbf{F}$ VA				

17	
18	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 only) available
	for 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)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records
	JEANNINE K. VAZQUEZ, CFO - 703-638-5378
	2251 CORPORATE PARK DRIVE, 3RD FL, HERNDON, VA 20171

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Form **990** (2023)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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, box 6 of 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	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			uau		l/iius		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or (stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	im per		1099-NEC)		and related
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	lest co	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) JOHN EDWARDS	40.00									
PRESIDENT				Х				212,750.	0.	153.
(2) JEANNINE VAZQUEZ	30.00									
CFO				Х				104,500.	0.	89.
(3) GINA HASPEL	2.00									
CHAIR		Х		Х				0.	0.	0.
(4) V. SUE BROMLEY	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) KEVIN PHILLIPS	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) ROSS P. CHARKATZ	2.00									
DIRECTOR (THRU 6/30/2023)		Х						0.	0.	0.
(7) HENRY "HANK" CRUMPTON	2.00									
DIRECTOR		Х						0.	0.	0.
(8) CHRISTOPHER DARBY	2.00									
DIRECTOR		Х						0.	0.	0.
(9) ANTONIO DELGADO JR.	2.00									
DIRECTOR		Х						0.	0.	0.
(10) MELVIN GAMBLE	2.00									-
DIRECTOR		Х						0.	0.	0.
(11) JOSHUA LOBEL	2.00									-
DIRECTOR		Х						0.	0.	0.
(12) KENT LUCKEN	2.00									•
DIRECTOR		Х						0.	0.	0.
(13) SUZANNE MATTHEWS	2.00								•	•
DIRECTOR	0.00	X						0.	0.	0.
(14) CHRISTOPHER MURRAY	2.00								0	0
DIRECTOR		Х						0.	0.	0.
(15) STEPHANIE O'SULLIVAN	2.00								•	•
DIRECTOR (THRU 6/30/2023)		Х						0.	0.	0.
(16) STEPHEN PRESTON	2.00								•	•
DIRECTOR		X						0.	0.	0.
(17) JEANNE TISINGER	2.00								•	<u> </u>
DIRECTOR		Х						0.	0.	0.
332007 12-21-23				-	-					Form 990 (2023)

15350829 712177 71461

	990 (2023) CIA OFFIC									52-23	3604	163	Pa	ge 8
Par			oloy	ees,			ghes	t C		, ,				
	(A) Name and title	(B) Average hours per week	erage Position (do not check more than one box, unless person is both an					an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line; line) hours for buildent combensations below lines for line build for li			Highest compensated employee	Former	the organizations organization (W-2/1099-MIS (W-2/1099-MISC/ 1099-NEC) 1099-NEC)		SC/	compensation from the organization and related organizations		on d		
(18)	GREGORY VOGLE	2.00	Inc	Ins	Off	Key	Higen	Foi						
DIRE	CTOR		Х						0.		0.			0.
								-+						
	Subtotal								317,250.		0.	242.		
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.	0.		
2	Total number of individuals (including but n									000 of reportable				
	compensation from the organization												res	2 No
3	Did the organization list any former officer,			•	•	-		Ŭ			ſ			
4	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	
5	Did any person listed on line 1a receive or a	•							•			-		х
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or su	<u>ch r</u>	bers	on .				<u></u>	5		<u>л</u>
1	Complete this table for your five highest co	•	•							•	oensat	ion fror	n	
	the organization. Report compensation for t	the calendar ye	ear e	nain	g w		or wi		the organization s tax y	ear.		(C)		
Name and business address NONE Description of services									C	ompens	sation			
								+						
2	Total number of independent contractors (ii	ncluding but p	nt lin	nited	l to t	thos	e lie	ted	above) who received m	ore than				
-	\$100,000 of compensation from the organiz	•				C)							

Form **990** (2023)

332008 12-21-23

Form					CERS	MEMORIAL	FOUNDATION	J	52-2360	463 Page 9
Par	τV	/111	Statement of Rev	venue						
			Check if Schedule O o	contains a	response	or note to any lin				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŝ	1	а	Federated campaigns		1a	16,013.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b	,				
ng G			Fundraising events		1c	7,281,586.				
iifts ar A			Related organizations		1d					
s, G mila			Government grants (contri		1e					
r Si		f	All other contributions, gifts,	grants, and						
the			similar amounts not included	above	1f	3,360,235.				
dutr		g	Noncash contributions included in	lines 1a-1f	1g \$	76,604.				
ရှိပို		h	Total. Add lines 1a-1f			1	10,657,834.			
						Business Code				
e	2	а								
erv		b								
n S /eni		С								
Bev		d								
Program Service Revenue		e 4								
-			All other program service Total. Add lines 2a-2f							
	3		Investment income (includ							
	Ŭ						1,429,559.			1429559.
	4		Income from investment o							
	5		Royalties							
			-	() Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory	7a ⁴ ,	535,326	•				
			Less: cost or other basis							
venue			and sales expenses		583,354.					
A)			Gain or (loss)	7c	51,972.		51 072			51 972
sr Re			Net gain or (loss) Gross income from fundraisin				51,972.			51,972.
Other	0		including \$ 7,2							
0			contributions reported on							
			Part IV, line 18			119,070.				
			Less: direct expenses							
			Net income or (loss) from				-462,334.			-462,334.
			Gross income from gamin							
			Part IV, line 19			1				
			Less: direct expenses		9k					
		с	Net income or (loss) from	gaming ac	tivities					
	10	а	Gross sales of inventory, I							
			and allowances							
			Less: cost of goods sold							
-+		С	Net income or (loss) from	sales of in	ventory .					
ns		-				Business Code				
Miscellaneous Revenue	11									
scellaneo <u>Revenue</u>		b c								
Be			All other revenue							
Σ			Total. Add lines 11a-11d							
1	12		Total revenue. See instruction				11,677,031.	0.	0.	1019197.
		21-2							•	Form 990 (2023)

CIA OFFICERS MEMORIAL FOUNDATION Part IX Statement of Functional Expenses

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. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 1,731,651. 1,731,651. 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, 105,707. 317,492. 126,624. 85,161. 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) 450,229. 322,710. 25,998. 101,521. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 678. 441. 80. 157. Other employee benefits 9 56,425. 31,469. 11,222. 13,734. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 19,500. 19,500. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 158,244. 158,244. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 29,593. 2,500. 25,863. 1,230. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 32,734. 4,779. 9,650. 18,305. Office expenses 13 9,678. 9,678. Information technology 14 15 Royalties 16 Occupancy 3,789. 2,722. 1,067. 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 21 438. 249. 84. 105. Depreciation, depletion, and amortization 22 3,383. 1,928. 643. 812. 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.) 18,090. 11,246. 6,844. LICENSES/FEES а BANK FEES AND OTHER 3,410. 45. 3,365. b С d All other expenses е 2,835,334. 2,362,445. 243,953. 228,936. 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.

10

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

332010 12-21-23

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

15350829 712177 71461

33

Total liabilities and net assets/fund balances

40,783,799.

33

53,573,910.

Form 990 (2023)

CIA OFFICERS MEMORIAL FOUNDATION

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 1 Cash - non-interest-bearing 4,920,224. 8,757,638. 2 Savings and temporary cash investments 2 1,773,867. 1,287,736. 3 3 Pledges and grants receivable, net 53,981. 45,871. 4 4 Accounts receivable, net 5 Loans and other receivables from 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 5 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 3,088. 9,867. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 11,026. basis. Complete Part VI of Schedule D _____ 10a 8,839. 2,187. 0. b Less: accumulated depreciation 10b 10c 37,904,910. 29,948,831. Investments - publicly traded securities 11 11 4,083,808. 5,565,701. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 40,783,799. 53,573,910. **Total assets.** Add lines 1 through 15 (must equal line 33) 16 16 40,001. 70,256. Accounts payable and accrued expenses 17 17 18 18 Grants payable 1,000. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 41,001. 70,256. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 40,561,298. 53,403,654. 27 27 Net assets without donor restrictions Net assets with donor restrictions 181,500. 100,000. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 40,742,798. 53,503,654. Total net assets or fund balances 32 32

52-2360463 Page 11

Form 990 (2023)
Part X Balance Sheet

	1 990 (2023) CIA OFFICERS MEMORIAL FOUNDATION	52-2	2360463	Pa	_{ige} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,67		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,83		
3	Revenue less expenses. Subtract line 2 from line 1	3	8,84		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,74		
5	Net unrealized gains (losses) on investments	5	3,91	.9,1	59.
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	53,50	3,6	54.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			1	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?		<u>2</u> a		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?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				<u>-</u> -
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		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		3b		(0000)

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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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
2023
Open to Public Inspection

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

Name of	the organization	000000000000000000000000000000000000000			-			identification number
Dert			EMORIAL FOUN					2-2360463
Part I	Reason for Public (ee instruction	S.	
- Č	nization is not a private found		e .		,			
	A church, convention of ch				on 170(b)(1)(A)(i).		
2	A school described in sect							
3	A hospital or a cooperative							41 1 ¹ - 11
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:							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
• 🗆	section 170(b)(1)(A)(iv). (C				70/L-\/.4\/.A\	()		
6 🗔 7 X	A federal, state, or local go	-						
	An organization that norma	•	mai part of its support i	ion a gove	ernmental	unit or from th	le general p	Jublic described in
8	section 170(b)(1)(A)(vi). (C		(1)(A)(vi) (Complete Der	+ 11 \				
9	A community trust describe An agricultural research or				nd in coniu	notion with a	land grant	collogo
<i>y</i>	or university or a non-land-	-			-		-	-
	university:	grant concyc or agric			name, eny		the conege	
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ns. membershi	ip fees, and	d aross receipts from
	activities related to its exen	•						-
	income and unrelated busir		-					-
	See section 509(a)(2). (Co		, , , , , , , , , , , , , , , , , , ,		•	, 0		,
11	An organization organized a		ively to test for public sa	fety. See	section 50)9(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section 5	509(a)(3). (Check the box on
	lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to reg	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 organization	n(s), by hav	ring
	control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported
	organization(s). You mus	•						
c 🗌	_ Type III functionally inte						ly integrate	d with,
. –	its supported organization					-		
d	_ Type III non-functionally that is not functionally						-	
	that is not functionally int			•		-	an attentiv	/eness
•	requirement (see instruct Check this box if the orga							
e	functionally integrated, or					турет, турет	i, iype iii	
f Ent	er the number of supported of	organizations	, , , , , , , , , , , , , , , , , , , ,	ng organiz	ation.			
	vide the following information	•	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total								

Schedule A (Form 990) 2023 Part II Support Sch

CIA OFFICERS MEMORIAL FOUNDATION

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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4676393.	2541580.	11148484.	5243882.	10657834.	34268173.	
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	4676393.	2541580.	11148484.	5243882.	10657834.	34268173.	
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)						13935270.	
6	Public support. Subtract line 5 from line 4.						20332903.	
	tion B. Total Support			•		•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	4676393.		11148484.	5243882.	10657834.	34268173.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	665,819.	480,585.	912,402.	1099985.	1429559.	4588350.	
9	 Net income from unrelated business		•	-				
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						38856523.	
	Gross receipts from related activities,	etc. (see instructio	ns)			12	821,200.	
	First 5 years. If the Form 990 is for th	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth. or fifth tax v	vear as a section 5	01(c)(3)		
	organization, check this box and stop							
Sec	ction C. Computation of Publi							
14	Public support percentage for 2023 (li	ine 6, column (f), di	vided by line 11, o	column (f))		14	52.33 %	
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	58.84 %	
	33 1/3% support test - 2023. If the c					ore, check this bo	k and	
	stop here. The organization qualifies						37	
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts							
	meets the facts-and-circumstances te			-	-			
b	10% -facts-and-circumstances test	-		• • • •				
	more, and if the organization meets th							
	organization meets the facts-and-circu							
18	Private foundation. If the organizatio							
	<u> </u>		,					

Schedule A (Form 990) 2023

332022 12-21-23

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.)

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
4	iness under section 513 Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	-			•		
Sor	check this box and stop here	c Support Per	contago				
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	<u> </u>
	ction D. Computation of Invest						///
17	Investment income percentage for 20	023 (line 10c, colur	mn (f), divided by li			17 18	%
	Investment income percentage from 33 1/3% support tests - 2023. If the						ine 17 is not
198	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2022. If the						
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23		,				ule A (Form 990) 2023
			15				-

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CIA OFFICERS MEMORIAL FOUNDATION

Yes No

Part IV Supporting Organizations

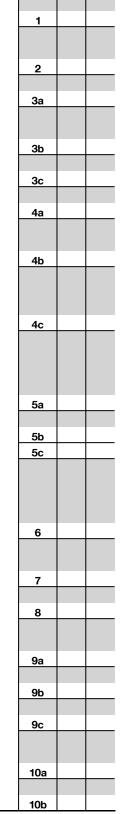
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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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332024 12-21-23



Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 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?	11a		
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.	11c		
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		-	
			Yes	No
				1

			100	110
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

С		The organization supported a g	governmental entity.	Describe in Part VI how	you supported a gove	ernmental entity (see instruct	ion <u>s)</u> .
---	--	--------------------------------	----------------------	-------------------------	----------------------	--------------------------------	-----------------

- 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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

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Schedule A (Form 990) 2023 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 qualifyir			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus		(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	tion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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		
Section 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		

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

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023 CIA OFFICERS MEMORIAL FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

	Type in ten runetionally integrated cool	u/(e) oupporting orgu		iea)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	5	З		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		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.		8		
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	(i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Underdistri Pre-20				(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023				FOUNDATION	52-2360463 Page
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	1, 2, 3b, 3c , lines 2 an	;, 4b, 4c, 5a, 6, 9; 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; ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V, r any additional information.
332028 12-21-2	3					Schedule A (Form 990) 20
302020 12-21-2	~			20		

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

CIA OFFICERS MEMORIAL FOUNDATION

52-2360463

Filers of:	Section:
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 for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts u

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).

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

Schedule B (Form 990) (2023)

Name of organization

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 1 X Person Payroll 1,645,752. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 2 X Person Payroll 250,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 5,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 215,000. \$ (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** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

52-2360463

323452 12-26-23

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		\$	
(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
		\$	
(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
		\$	
323453 12-26-23	24		Schedule B (Form 990) (2023)

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

(b)

Description of noncash property given

CIA OFFICERS MEMORIAL FOUNDATION

Name of organization

Part II

(a)

No.

from

Part I

Employer identification number

(d)

Date received

52-2360463

(c)

FMV (or estimate)

(See instructions.)

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	B (Form 990) (2023)		Page 4
Name of c	organization		Employer identification number
CIA O	FFICERS MEMORIAL FOUNDA	LION	52-2360463
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in sec through (e) and the following line entr tharitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, a	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
		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
323454 12-2	6-23		Schedule B (Form 990) (2023)

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SCHEDU	JLE D
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(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	CIA OFFICERS MEMOR	IAL FOUNDATION		52-2360463
Par			or Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			
	-	(a) Donor advised funds	(b) Fi	inds and other accounts
1	Total number at and of year		()	
-	Total number at end of year Aggregate value of contributions to (during year)			
2				
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		d for all	
5	Did the organization inform all donors and donor advisors in	-		
6	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 of			
		, , , , , ,	0	
Par		anization annuared "Vec" on Form 000 D		
	•		art IV, line	/
1	Purpose(s) of conservation easements held by the organizati	· · · · ·		
	Preservation of land for public use (for example, recrea			y important land area
	Protection of natural habitat	Preservation of a	a certified h	nistoric structure
_	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conserv	Held at the End of the Tax Year
	day of the tax year.			
b				
C	Number of conservation easements on a certified historic str		<u>2</u> c	
d	Number of conservation easements included on line 2c acqu	- · · · · ·		
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organizatio	n during the tax
	year			
4	Number of states where property subject to conservation ear			
5	Does the organization have a written policy regarding the pe			
•	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation eas	sements during the year
7	Amount of evenences incurred in monitoring increating, here	dling of violations, and enforcing concernation	~~ ~~~~~	nto duving the year
'	Amount of expenses incurred in monitoring, inspecting, hand	and enorcing conservations, and enorcing conservation	on easeme	his during the year
8	Does each conservation easement reported on line 2d above	a satisfy the requirements of section $170(h)$	(4)(B)(i)	
Ū				Yes No
9	In Part XIII, describe how the organization reports conservati	on essements in its revenue and evoence s		
5	balance sheet, and include, if applicable, the text of the footi			
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	ner Simil	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95		d balance	sheet works
	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			et works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			de
_	the following amounts required to be reported under FASB A		J, P. 07N	
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2023
	09-28-23			· · · · · · · · · · · · · · · · · · ·

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Sche		ICERS MEMOR						52-23			age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historica	al Tre	asures, or	Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any o	of the f	ollowing that	make sig	nificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	🗌 Loan	or excl	hange progra	m					
b	Scholarly research	е	Other								
с	Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organizatio	n's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements Complet	te if the orgar	ization	answered "Y	es" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contr	ibution	s or other ass	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:								
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrov	v or cu	istodial accou	unt liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if								() F		<u> </u>
		(a) Current year	(b) Prior y		(c) Two year			ears back			
1a	Beginning of year balance	34,317,852.	37,345	-	26,384	<i>'</i>		25,467.	,		676.
b	Contributions	4,470,000.	2,550					50,000.			000.
С	Net investment earnings, gains, and losses	5,222,601.	-5,426	,438.	4,031	,036.	3,2	99,660.	3,	468,	417.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs		151	,349.	134	,537.		90,987.		82,	626.
f	Administrative expenses										
g	End of year balance	43,849,044.				,639.	26,3	84,140.	22,	425,	467.
2	Provide the estimated percentage of the curr		e (line 1g, colu	ımn (a)) held as:						
а	Board designated or quasi-endowment	100	_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are I	neld an	nd administere	ed for the)		г		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		X
									3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza			ile R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.								
Far	t VI Land, Buildings, and Equipm Complete if the organization answere		Dout IV line	110 0	aa Farm 000	Devt V I	ina 10				
									()))		
	Description of property	(a) Cost or of basis (investm	-		or other (other)	• •	cumulate reciation	d	(d) Bool	valu	е
4-	Land			50313		uep	colation				
	Land										
b	Buildings										
	Leasehold improvements				6,851.		6,8	51			0.
	Equipment				4,175.		$\frac{0,8}{1,9}$		~	> 1	87.
-	Other				, ,						<u>87.</u>
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part)	<u>x, line 10c. c</u>	olumn	(<u>B))</u>			Schedule		-	
								ocheuule		330)	2023

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Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b See Form 000 Part X line 12	
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1) Financial derivatives			
(3) Other			
(A) LIMITED			
(B) PARTNERSHIPS/PRIVATE			
(C) EQUITY	3,218,880.	END-OF-YEAR MARKE	T VALUE
(D) HEDGE FUNDS	1,146,821.	END-OF-YEAR MARKE	
(E) CLOSED-END INVESTMENT	_//		
(F) FUND	1,200,000.	END-OF-YEAR MARKE	T VALUE
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	5,565,701.		
Part VIII Investments - Program Related.	•,•••,••=•		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Optimum (5) must a surel Farma 2020, Dart V, line 15, and			
Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities	. (B))		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11e or 11f See Form 990 Part X line	25
(a) Description of lightlity			(b) Book value
1. (a) Description of hability			
(1) Enderel income toxee			
(1) Federal income taxes			
(2)			
(<u>2</u>) (<u>3</u>)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7)	((0))		

CIA OFFICERS MEMORIAL FOUNDATION

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Schedule D (Form 990) 2023

	dule D (Form 990) 2023 CIA OFFICERS MEMORIAL FOUN				2360463 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Re	turn	
	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	16,406,728.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	3,919,159.		
b	Donated services and use of facilities	. 2b	387,378.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	<u>4,306,537.</u> 12,100,191.
3	Subtract line 2e from line 1			3	12,100,191.
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	158,244.		
b	Other (Describe in Part XIII.)	4b	-581,404.		
~	Add lines 4a and 4b			4c	-423,160.
C					
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	11,677,031.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		th Expenses per I		
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	ents Wi	th Expenses per I		n
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents Wi	th Expenses per I		
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	th Expenses per I	Retur	n
5 Ра 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>) t 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	ients Wi	th Expenses per I	Retur	n
5 Pa 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 I	Retur	n
5 Pa 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 a. 2a 2b	387,378.	Retur	n
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t 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: Donated services and use of facilities Prior year adjustments	2a 2b 2c	th Expenses per I	Retur	n 3,645,872.
5 Pa 1 2 a 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 387,378. 581,404.	Retur	n 3,645,872. 968,782.
5 Pa 1 2 a 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 3,645,872.
5 Pa 1 2 a 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.) Other (Describe in Part XIII.)	2a 2b 2c 2d	387,378. 581,404.	1 2e	n 3,645,872. 968,782.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t 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: 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	ents Wi	th Expenses per F	1 2e	n 3,645,872. 968,782.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t 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: 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	387,378. 581,404.	1 2e	n 3,645,872. 968,782. 2,677,090.
5 Pa 1 2 a b c d e 3 4 a	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: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	th Expenses per F	1 2e	n 3,645,872. 968,782. 2,677,090. 158,244.
5 Pa 1 2 a b c d e 3 4 a b c 5	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: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	th Expenses per F	Retur	n 3,645,872. 968,782. 2,677,090.

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, 2023 AND 2022, 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, 2023, THE STATUTE OF
LIMITATIONS FOR TAX YEARS 2020 THROUGH 2022 REMAINS OPEN WITH THE U.S.
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Schedule D (Form 990) 2023 CIA OFFICERS MEMORIAL FOUNDATION	52-2360463 Page 5
Part XIII Supplemental Information (continued)	
FEDERAL JURISDICTION AND THE VARIOUS STATES AND LOCAL JU	RISDICTIONS IN
WHICH THE FOUNDATION FILES RETURNS.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	-581,404.
	·
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	581,404.
FUNDRAISING EVENT EXPENSES	561,404.
	Schedule D (Form 990) 2023

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on				r 19, c	or if the	2023
5 <i></i>	C	organization entered more than \$15 Attach to Form 990 o						LULU Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc				ı.		Inspection
Name of the organization					_			entification number
Part I Fundrais		ICERS MEMORIAL FOUL					52-2360	
	complete this part	Complete if the organization answe t.	red "Y	es" or	1 Form 990, Part IV, II	ine 17	. Form 990-E2	filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr	tion of tion of fundra (includ	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
b If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursua organization	ant to	agreer	ments under which th	ne fun	draiser is to b	e
(i) Name and addres or entity (func	s of individual	(ii) Activity	(iii) fundr have co or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
T . 1 . 1								
Total 3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	xempt from re	gistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		2023 HELMS			(add col. (a) through
		DINNER	LA GALA	1	col. (c)
		(event type)	(event type)	(total number)	
	1 Gross receipts	1,542,333.	5,747,223.	111,100.	7,400,656
2	2 Less: Contributions	1,465,829.	5,723,425.	92,332.	7,281,586
3	3 Gross income (line 1 minus line 2)	76,504.	23,798.	18,768.	119,070
4	4 Cash prizes				
	5 Noncash prizes	202.	308.	3,900.	4,410
	6 Rent/facility costs		10,000.	15,640.	25,640
e 7	7 Food and beverages	161,574.	151,253.	3,245.	316,072
	8 Entertainment				
	9 Other direct expenses		170,563.	1,909.	235,282
10	0 Direct expense summary. Add lines 4 through				581,404
1					-462,334
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 Gross revenue			(c) Other gaming	
	Gross revenue Gross prizes			(c) Other gaming	
2				(c) Other gaming	
2	2 Cash prizes			(c) Other gaming	
:	2 Cash prizes 3 Noncash prizes			(c) Other gaming	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 	(a) Bingo		(c) Other gaming	
2	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 2 Valueteer labor 	Yes%	bingo/progressive bingo	Yes %	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 	Yes% No	bingo/progressive bingo	□ Yes% □ No	
2 2 1 1 1	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 	Yes%%%	bingo/progressive bingo	Yes%	(d) Total gaming (ad col. (a) through col. (
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 	Yes% No from line 1, column (d)	bingo/progressive bingo	Yes%	col. (a) through col. (
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 	Yes% No for a 5 in column (d) from line 1, column (d)	bingo/progressive bingo	Yes%	col. (a) through col. (
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 inter the state(s) in which the organization conduct the organization licensed to conduct gaming additional prices. 	Yes% No for a 5 in column (d) from line 1, column (d)	bingo/progressive bingo	Yes%	col. (a) through col. (
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 inter the state(s) in which the organization conduct the organization licensed to conduct gaming additional prices. 	Yes% No from line 1, column (d)	bingo/progressive bingo	Yes%	Col. (a) through col. (

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Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	CIA	OFFICERS	MEMORIAL	FOUNDATION	52-2	2360463	Page 3
11	Does the organization conduct ga	aming act	tivities with nonme	embers?			Yes	No
12	Is the organization a grantor, ben	eficiary o	r trustee of a trust	, or a member of a	a partnership or other entity f	formed		
	to administer charitable gaming?						Yes	No
13	Indicate the percentage of gamin							
а	The organization's facility						13a	%
	An outside facility						13b	%
	Enter the name and address of th							
	Name							
	Address							
						_		—
15a	Does the organization have a con	itract with	n a third party fron	n whom the organi	ization receives gaming reve	nue?	🛄 Yes	└── No
l.					¢			
D	If "Yes," enter the amount of gam				\$ a	nd the amount		
_	of gaming revenue retained by the							
c	If "Yes," enter name and address	or the th	nu party:					
	Name							
	110/11C							
	Address							
16	Gaming manager information:							
	daming manager mermateri							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	En En	nployee	Independe	ent contractor			
17								
a	Is the organization required under	r state lav	w to make charital	ole distributions fro	om the gaming proceeds to			
	retain the state gaming license?						Ves	└── No
b	Enter the amount of distributions	•			other exempt organizations	or spent in the		
Da	organization's own exempt activit			\$				
Fa					by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicat	ole. Also provide a	ny additional infor	mation. See instructions.			
_								
_								
_								
3320	83 09-13-23					Sched	ule G (Form	990) 2023
				33				

Scl	he	d	ule	G	(Form	990)
)			13.0		-		1

Part IV	Supplemental Information (continued)
	Schedule G (Form 990)

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.										
Name of the organization CIA OFFICERS MEMORIAL FOUNDATION Employer id											
CIA OFFICERS MEMORIAL FOUNDATION 52 Part I General Information on Grants and Assistance											
 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 											
· .	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 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)										

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

52-2360463

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	85	1,581,515.	0.		
AMILY SUPPORT BENEFIT	11	23,000.	0.		
DAYCARE PROGRAM	11	63,676.	0.		
COUNSELING/TUTORING	22	58,554.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE FOUNDATION MAINTAINS A DETAIL	ED ACCOUNT	ING FOR EA	CH SCHOLAR	SHIP AND	
AYCARE AWARD RECIPIENT OF FUNDS	GRANTED AN	ID SUBSEQUE	NTLY SPENT	FOR EACH	
RECIPIENT. FUNDS ARE RELEASED ONL	Y AS A DEP	ENDENT INC	CURS VALID	EXPENSES AND	
	~				

PROVIDES PROPER DOCUMENTATION TO SUBSTANTIATE EACH EXPENSE. FAMILY SUPPORT

AND OTHER BENEFITS ARE PROVIDED ON A CASE BY CASE BASIS WITH WRITTEN

DOCUMENTATION TO SUPPORT EACH PAYMENT.

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47		
		For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Compensated Employees		20	ZJ)		
Dono	tmont of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23 Attach to Form 990.	•	Open to Public				
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nam	e of the organization	n		identificati		mber		
		CIA OFFICERS MEMORIAL FOUNDATION	52-	236046	3			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on For	m 990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	X First-class or c		sonal use					
	Travel for com							
		cation and gross-up payments Health or social club dues or initiation for	ees					
	Discretionary	spending account Personal services (such as maid, chauf	eur, chef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
_		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		X		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			37			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X			
~			,					
3	,	ny, of the following the organization used to establish the compensation of the organization						
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO/Fuendation Directory but eveloping a part like	ation to					
		ation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee							
		compensation consultant X Compensation survey or study	aammittaa					
	X Form 990 of other organizations X Approval by the board or compensation committee							
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re							
а	-			4a		x		
h		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?				X		
c	-	eive payment from an equity-based compensation arrangement?				X		
•		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	tion					
	contingent on the r							
а	-			5a		X		
		ation?				X		
		or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	tion					
	contingent on the net earnings of:							
а						X		
	b Any related organization?					X		
		or 6b, describe in Part III.						
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
	not described on lines 5 and 6? If "Yes," describe in Part III							
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III							
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in						
		n 53.4958-6(c)?		9				
For	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Sche	dule J (Forr	n 990) 2023		

LHA 332111 11-06-23

52-2360463

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN EDWARDS	(i)	185,000.	27,750.	0.	0.	153.	212,903.	0.
PRESIDENT	(ii)		0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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 1B:

THE FOUNDATION DOES NOT HAVE A WRITTEN POLICY FOR FIRST-CLASS TRAVEL

SPECIFIC TO BOARD MEMBERS. GENERALLY, THESE INSTANCES ARE LIMITED AND ARE

HANDLED ON A CASE-BY-CASE BASIS.

PART I, LINE 7:

THE PRESIDENT OF THE FOUNDATION WAS AWARDED A DISCRETIONARY BONUS DURING

2023, AS APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS.

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

ſ 23 **/**U **Open to Public** Inspection

Employer identification number

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

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

Name of the organization

CIA OFFICERS MEMORIAL FOUNDATION

	CIA OFFICERS	MEMOR	IAL FOUND	ATION	52-	2360	463	
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		0	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4	45,212.	MARKET VAL	JUE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \ldots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FOOD, BEVERAGE)	X	6		MARKET VAL			
26	Other (SOFTWARE LICENS)	X	1		MARKET VAL			
27	Other (SUPPLIES)	X	1	228.	MARKET VAL	JUE		
28	Other ()							
29	Number of Forms 8283 received by the organized	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used t	or			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribut	ions?	. 31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23 **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) 2023

332142 09-11-23

SCHEDULE	0
(Form 990)	

Department of the Treasury

Name of the organization

Internal Revenue Service

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.



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

CONSIDERS PROVIDING DIRECT SUPPORT AS NEEDED TO OFFICERS SEVERELY

WOUNDED WHILE ON ASSIGNMENT IN DESIGNATED WAR ZONES AND OFFERS

SCHOLARSHIP ASSISTANCE TO THEIR DEPENDENTS AS WELL. 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 1, DESCRIPTION OF ORGANIZATION MISSION:

THE 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 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:

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

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

THAT OF OTHER NON-PROFIT EXECUTIVES, DID NOT CHANGE IN 2023. A

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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Schedule O (Form 990) 20		Page 2							
Name of the organization CIA OFFICERS MEMORIAL FOUNDATION							Employer identification number 52-2360463		
COMPENSATION	ANALYSIS	WAS AL	SO DONE	PRIOR	то т	HE HIR	ING 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.

332212 11-14-23

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom-	e tax returi	ns.			
Part I - Ic	lentification					
Type or	Name of exempt organization, employer, or other filer	Taxpayer identification number (TIN)				
Print						
Elle hardha	CIA OFFICERS MEMORIAL FOUND	52-2360463				
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 2251 CORPORATE PARK DRIVE,					
return. See instructions.	City, town or post office, state, and ZIP code. For a for HERNDON, VA 20171					
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applicati	on Is For	Return	Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			13
Form 104		08				14
	ou enter your Return Code, complete either Part II or Par		including signature, is applicable of	nly for an	ovtoncion of	
•	e Form 5330.	tini. Faitin	i, including signature, is applicable of	ing tot an	extension of	
	pplication is for an extension of time to file Form 5330, y		ator the following information			
			Ũ			
	n Name n Number					
	n Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organ	izatione (e	too instructions)			
	ooks are in the care of JEANNINE K. VAZQU					
THE DO			RIVE, 3RD FL - HERN		VA 2017	1
Toloph	one No. 703-638-5378		Fax No	-		-
•	organization does not have an office or place of business	in tha lini				
	s for a Group Return, enter the organization's four-digit (
	— —					
box	$$ quest an automatic 6-month extension of time until \underline{N}					
				e the exem	ipt organizatio	n return for
	organization named above. The extension is for the orga	anization's	return for:			
	calendar year 20 23 or					
	tax year beginning	, 20	, and ending			, 20
• • • •						
2 If th	ne tax year entered in line 1 is for less than 12 months, cl	heck reasc	on: Initial return	Final retur	n	
	Change in accounting period					
	his application is for Forms 990-PF, 990-T, 4720, or 6069	_		0		
	nonrefundable credits. See instructions.	<u>3a</u>	\$	0.		
	is application is for Forms 990-PF, 990-T, 4720, or 6069			0		
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	-				•
usir	ng EFTPS (Electronic Federal Tax Payment System). See	3c	\$	0.		