* *	PUBLIC	DISCLOSURE	COPY	**
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**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. i et

Form **99** 

(Rev. January 2020)

OMB No. 1545-0047 9 **Open to Public** 

Depa	artment o nal Reve	of the Treasury enue Service	<ul> <li>Go to www.irs.gov/Form990 for instructions a</li> </ul>	-		Open to Public
AI	For th	e 2019 calend		d ending		
	Check if applicab	le: C Name of	organization		D Employer identifie	cation number
	Addre	e CLA	OFFICERS MEMORIAL FOUNDATION			
	Name chang	Doing bi	usiness as		52-23604	63
	return		and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return termir		CORPORATE PARK DRIVE	3RD FI	703-638-	And the second
·	ated Amen	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,930,926.
-	return	ILERN	DON, VA 20171	and a summarized and a sum	H(a) Is this a group re	
	Applie tion pendi		nd address of principal officer:GERALD KOMISAR		for subordinates	
	-		AS C ABOVE		H(b) Are all subordinates in	
			$X$ 501(c)(3) $\_$ 501(c) ( ) ◀ (insert no.) $\_$ 4947(a)(1 ://WWW.CIAMEMORIALFOUNDATION.ORG			list. (see instructions)
		and the second se	X Corporation Trust Association Other	-	H(c) Group exemption	
and the second se	art I	Summary		L Year		State of legal domicile: DE
Conference of	1		e the organization's mission or most significant activities: ${f THE}$	CTA OF	TETCERS MEMO	PTAT.
Activities & Governance	1	FOINDAT	ION CONTINUES TO HAVE THE EXCLUS	TVE MT	SCION OF PRO	VIDINC
nar	2		x ► ☐ if the organization discontinued its operations or disc			
ver	3				1 1	13
S	4		ependent voting members of the governing body (rait vi, inte va)			13
ŝ	5		of individuals employed in calendar year 2019 (Part V, line 2a)			7
itie	6		of volunteers (estimate if necessary)			45
ctiv	-	Total unrelate	d business revenue from Part VIII, column (C), line 12	•••••		0.
Ă			business taxable income from Form 990-T, line 39			0.
		rior annoiated		1	Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)		3,381,570.	4,656,095.
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)		1,107,500.	603,564.
œ	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,489,070.	5,259,659.
entered and address	13		nilar amounts paid (Part IX, column (A), lines 1-3)		1,014,120.	1,284,891.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10	))	432,362.	462,972.
Expenses	16a	Professional for	undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 148 , 1		0.	0.
xpe	b	Total fundraisi	ng expenses (Part IX, column (D), line 25)	173.		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		211,541.	158,617.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,658,023.	1,906,480.
	19	Revenue less	expenses. Subtract line 18 from line 12	NAME AND ADDRESS OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY.	2,831,047.	3,353,179.
s or				Be	eginning of Current Year	End of Year
sset	20	Total assets (F			20,861,134.	27,217,441.
Net Assets or Fund Balances	21		(Part X, line 26)		57,448.	14,172.
		Net assets or	fund balances. Subtract line 21 from line 20		20,803,686.	27,203,269.
Longing and the	art II	Signature				
			declare that I have examined this return, including accompanying schedu			/ knowledge and belief, it is
true	, correc	ct, and complete.	Declaration of preparer (other than officer) is based on all information of	which prepare	r has any knowledge.	a a substantia a sub
		1 1.			1	1 .

Sign Here	Signature of officer GERALD KOMESAR, PRES Type or print name and title	KOMESAR, PRESIDENT       Multime       S/21/20         name and title       Preparer's signature.       Date       PTIN         OOD, CPA       Sulture K. Wood       8/21/20       P00365899         CALIBRE CPA GROUP PLLC       Firm's EIN 47-0900880       47-0900880         7501 WISCONSIN AVENUE, SUITE 1200 WEST       Phone no.202-331-9880       Phone no.202-331-9880         turn with the preparer shown above? (see instructions)       X       Yes       No		
	Print/Type preparer's name			
Paid	SUBRINA WOOD, CPA	Sulrina L. Wood	8/21/2	20 self-employed P00365899
Preparer	Firm's name CALIBRE CPA G	ROUP PLLC		Firm's EIN ▶ 47-0900880
Use Only	Firm's address 7501 WISCONSI	N AVENUE, SUITE 1200	WEST	
	BETHESDA, MD	20814		Phone no.202-331-9880
May the I	RS discuss this return with the preparer show	n above? (see instructions)		X Yes No
932001 01-2	20-20 LHA For Paperwork Reduction Act	Notice, see the separate instructions,		Form <b>990</b> (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2019) CIA OFFICERS MEMORIAL FOUNDATION	52-2360463	Page
Pai	t III Statement of Program Service Accomplishments		V
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>	X
1	THE CIA OFFICERS MEMORIAL FOUNDATION CONTINUES TO HAVE	THE EXCLUSIVE	1
	MISSION OF PROVIDING SCHOLARSHIPS AND OTHER FINANCIAL		
	FAMILIES OF THE CIA OFFICERS WHO DIE WHILE ON ACTIVE D		
	ADDITION, THE FOUNDATION OFFERS SIMILAR SUPPORT TO THE	FAMILIES OF T	HE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X N
	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 program services	s? Yes	XN
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	thers, the total expenses, ar	nd
4a	revenue, if any, for each program service reported. (Code: )(Expenses 1,579,636 including grants of 1,284,891 ) (Rev		
ta	TO PROVIDE EDUCATIONAL AND OTHER FINANCIAL ASSISTANCE		S
	OF CIA OFFICERS WHO LOST THEIR LIVES WHILE ON ACTIVE D	UTY WITH THE C	IA.
4b	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$	
	Other program services (Describe on Schedule O.)		
4d			
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
	(Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses ► 1,579,636.	) 	0 (2010
4e		) Form <b>99</b>	<b>0</b> (201

	000	(0010)
Form	990	(2019)

Part IV Checklist of Required Schedules

CIA OFFICERS MEMORIAL FOUNDATION

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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	Х	
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	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
, N	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
<u> </u>	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 le		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
IZd	Schedule D. Parts XI and XII	120	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 23	<u> </u>
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
10	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 17
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.45		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	
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			x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
46	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	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			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	0000	X
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	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		
	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		
	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		х
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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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			37
	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 X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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?			x
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		- 23
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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2019)	CIA	OFFICERS	MEMORIAL	FOUNDATION
Statements	Regard	ing Other IRS	Filings and Ta	ax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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
b	, , , , , , , , , , , , , , , , , , , ,	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
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 X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		х
٦	to file Form 8282?	7c		<u></u>
		7e		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization file of some of the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.11		
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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 13b			
	Enter the amount of reserves on hand	14a		X
		14a 14b		- 22
р 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15		15		х
	excess parachute payment(s) during the year?			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
	· · ·			

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Form 990 (2019)

Part V

Form 990 (2	2019)
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#### CIA OFFICERS MEMORIAL FOUNDATION

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

X

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

		Ι.Ι	1 2	Yes	+
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
	Enter the number of voting members included on line 1a, above, who are independent		13		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other			
	officer, director, trustee, or key employee?		2	X	_
	Did the organization delegate control over management duties customarily performed by or under the	•			
	of officers, directors, trustees, or key employees to a management company or other person?				_
	Did the organization make any significant changes to its governing documents since the prior Form				_
	Did the organization become aware during the year of a significant diversion of the organization's as				
	Did the organization have members or stockholders?		6		
	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?	• •	7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			1	
	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?			X	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
	tion B. Policies (This Section B requests information about policies not required by the Internal R		•		
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a	1	
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	• • •	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing boc			X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, ,			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	in Schedule O how this was done			X	┦
	Did the organization have a written whistleblower policy?			X	┦
	Did the organization have a written document retention and destruction policy?		14		
	Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official			X	╡
	Other officers or key employees of the organization		<b>15</b> b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?		16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{DE}$ , $ ext{VA}$				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990-T (Section 501(	c)(3)s onl	y) avai	ili
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Another's website       X       Upon request       Other (explain)	on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	,	, and fina	incial	
	statements available to the public during the tax year.		,		
	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records			
	JEANNINE K. VAZQUEZ, CFO - 703-638-5378				
					_
		171			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	<b>Employees, and Independe</b>	nt Contrac	tors			

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

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

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

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

		l				npei	illoui			(E)
(A)	(B)			Pos	<b>C)</b> itior	n		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	hours per week		, unle cer an					from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				b		organization	(W-2/1099-MISC)	from the
	related	tee or	istee			ensat		(W-2/1099-MISC)	. ,	organization
	organizations	I trus	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	er.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) JEFFREY L. SMITH, ESQ.	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) DAVID W. CAREY	2.00									
TREASURER/VICE CHAIR		X		X				0.	0.	0.
(3) JOANNE ISHAM	2.00									
SECRETARY (THROUGH SEPTEMBER 2019)		X		X				0.	0.	0.
(4) MARK CHADASON	2.00									
DIRECTOR		x						0.	0.	Ο.
(5) ROSS P. CHARKATZ	2.00									
DIRECTOR		x						0.	0.	0.
(6) MARY-MARGARET GRAHAM	2.00									
DIRECTOR		x						0.	0.	0.
(7) ROBERT GRENIER	2.00									
DIRECTOR		x						0.	0.	0.
(8) WILLIAM HARLOW	2.00									
DIRECTOR		x						0.	0.	0.
(9) THOMAS HIGGINS	2.00									
DIRECTOR (THROUGH JUNE 2019)		x						0.	0.	0.
(10) JOSHUA LOBEL	2.00									
DIRECTOR		x						0.	0.	0.
(11) KENT LUCKEN	2.00								-	
DIRECTOR		x						0.	0.	0.
(12) STEPHANIE O'SULLIVAN	2.00								-	
DIRECTOR		x						0.	0.	0.
(13) STEPHEN PRESTON	2.00								• •	
DIRECTOR		x						0.	0.	0.
(14) MICHAEL SULICK	2.00								• •	
DIRECTOR		x						0.	0.	0.
(15) SCOTT D. WHITE	2.00								•••	
DIRECTOR		x						0.	0.	0.
(16) GERALD KOMISAR	40.00	<u> </u>	-	-	$\vdash$		-			<u>, , , , , , , , , , , , , , , , , </u>
PRESIDENT/OFFICER		1		x				210,000.	0.	171.
(17) MARGARET MULDERRY	23.00	$\vdash$	-	<u> </u>	$\vdash$		-			
CFO (THROUGH AUGUST 2019)				x				52,338.	0.	25.
932007_01-20-20	1		1		I	-	I	-2,000	0.	Form <b>990</b> (2019)

932007 01-20-20

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Form **990** (2019)

Form 990 (2019) CIA OFFI	CERS MEI	ION	RIZ	ΑL	FC	JUN	[D]	ATION	52-2	360	463	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	vees	, anc	i Hi	ghes	st C	Compensated Employe	es (continued)				
(A)	(B)			(C		-		(D)	(E)			(F)	
Name and title	Average			Posi				Reportable	Reportable		Es	timate	d
	hours per					than o is both		compensation	compensatio			nount	
	week					or/trust		from	from related			other	
	(list any	ctor						the	organization	s	com	pensa	tion
	hours for	r dire				eq		organization	(W-2/1099-MI	SC)	fro	om the	Э
	related	tee or	istee			ensat		(W-2/1099-MISC)	-	-	orga	anizati	on
	organizations	trus	nal tru		yee	omp(					and	d relate	ed
	below	Individual trustee or director	Institutional trustee	er	key employee	lest c loyee	ner				orga	inizatio	ons
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former						
(18) JEANNINE VAZQUEZ	25.00												
CFO (SEPTEMBER 2019 - PRESENT)		1		X				52,544.		0.			37.
		1											
		1											
		-											
		1											
1b Subtotal								314,882.		0.		2	33.
c Total from continuation sheets to Part V								0.		0.			0.
								314,882.		0.		2	33.
d Total (add lines 1b and 1c)										-			55.
2 Total number of individuals (including but	not limited to tr	iose	liste	ed ac	JOVE	e) wri	o r	eceived more than \$100	,000 of reportab	ie			1
compensation from the organization												Yes	
												res	No
<b>3</b> Did the organization list any <b>former</b> officer							-						
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	tion	n and	ot	her compensation from	the organization				
and related organizations greater than \$15	50,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	for such individual			4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unre	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," cor	nplete Schedul	e J f	or su	uch p	oers	son .		-			5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest c	ompensated in	depe	ende	ent co	ontr	racto	rs t	that received more than	\$100.000 of con	npens	ation f	rom	
the organization. Report compensation for		-											
(A)	the calendary	our	oniai	<u>.</u>		0		(B)	, our.		(C	3	
Name and busines	s address	N	ONE	2				Description of s	ervices	С	omper		n
				-			-	•			•		
							+						
							_						
							T						
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se lis	tec	d above) who received n	ore than				
\$100,000 of compensation from the organ			-			0	-	,					
											Form	<b>990</b> (3	2019)

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						RS	MEMORIAL	FOUNDATIO	N	52-2360	463 Page 9
Pa	rt V	/111									
			Check if Schedule O	contain	s a respo	onse	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
											sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns				37,896.				
n Gr							2 155 550				
fts, r Ar			Fundraising events				3,155,559.				
nila nila			Related organizations								
Sir			All other contributions, gifts,								
buti		•	similar amounts not included				1,462,640.				
diti		g	Noncash contributions included in			\$	25,991.				
anco		-	Total. Add lines 1a-1f					4,656,095.			
							Business Code				
e	2	а									
ervi Je		b									
n S /enu		С									
Bev		d									
Program Service Revenue		e									
-			All other program service								
	3		Total. Add lines 2a-2f								
	3		other similar amounts)					665,819.			665,819.
	4		Income from investment of					, – –			
	5		Royalties				r i i i i i i i i i i i i i i i i i i i				
					(i) Rea		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses $\dots$	6b							
		с	Rental income or (loss)	6c							
			Net rental income or (loss	· — — — —			····· •				
	7	а	Gross amount from sales of		i) Securi		(ii) Other				
			assets other than inventory	7a	6,072,	050.					
e		D	Less: cost or other basis and sales expenses	7b	6,134,	305					
venue		c	Gain or (loss)	7c	-62,						
Re			Net gain or (loss)				· · · · · · · · · · · · · · · · · · ·	-62,255.			-62,255.
Other	8		Gross income from fundraisi					,			,
ŧ			including \$ 3,	-							
			contributions reported on	line 1c	). See						
			Part IV, line 18			8a	536,962.				
			Less: direct expenses			8b	536,962.				
			Net income or (loss) from				►	0.			
	9	а	Gross income from gamin								
		h	Part IV, line 19 Less: direct expenses			9a 9b					
			Net income or (loss) from				•				
			Gross sales of inventory,			<u> </u>					
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			ory					
S							Business Code				
leor	11	а								ļ	
Miscellaneous Revenue		b									
Sce		C									
ž			All other revenue								
	12		Total. Add lines 11a-11d Total revenue. See instruction					5,259,659.	0.	0.	603,564.
93200							F	, , , - •			Form <b>990</b> (2019)

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Part IX Statement of Functional Expenses

CIA OFFICERS MEMORIAL FOUNDATION

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

D۵	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,284,891.	1,284,891.		
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	290,115.	85,516.	105,003.	99,596
6	Compensation not included above to disqualified		00,0101		
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
-	F F	144,147.	110,600.	2,779.	30,768
7	Other salaries and wages	,,,,,,,	±±0,000•	4,113•	50,700
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	234.	143.	37.	54
9	Other employee benefits	234.	12,862.	7,067.	8,547
10	Payroll taxes	20,4/0.	12,002.	7,007.	0,54/
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17			1	
f	Investment management fees	82,946.	81,025.	1,921.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	32,831.		31,330.	1,501
12	Advertising and promotion				
13	Office expenses	21,270.	3,060.	11,551.	6,659
14	Information technology	7,262.		7,262.	
15	Royalties				
16	Occupancy				
17	Travel	394.	64.	266.	64
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	40.		40.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,162.	523.	290.	349
23	Insurance	2,115.	952.	528.	635
24	Other expenses. Itemize expenses not covered	-			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER	10,597.		10,597.	
b		2070070		20,00,0	
с С					
d	All other evenences				
	All other expenses	1,906,480.	1,579,636.	178,671.	148,173
25	Total functional expenses. Add lines 1 through 24e	1,900,40U.	т, јіј, 030.	1/0,0/1.	140,1/3
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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10

2019.04010 CIA OFFICERS MEMORIAL FOUND 71461\_\_1

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33

Total liabilities and net assets/fund balances ...

20,861,134.

33

5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 56,440. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 8,401. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 3,873. 1,023. b Less: accumulated depreciation 10b 10c 16,865,190. 22,288,299. Investments - publicly traded securities 11 11 470,778. 527,567. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 20,861,134. 27,217,441. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 34,608. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 22,840. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 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 57,448. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 20,443,526. 26,979,485. Net assets without donor restrictions 27 27 360,160. 223,784. Net assets with donor restrictions 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 20,803,686. 27,203,269. Total net assets or fund balances 32 32

CIA OFFICERS MEMORIAL FOUNDATION

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

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% 52-2360463 Page 11

(B)

End of year

3,972,615.

325,273.

81,474.

17,685.

4,528.

6,956.

7,216.

14,172.

27,217,441.

Form 990 (2019)

1

2

3

4

(A)

Beginning of year

3,228,238.

188,565. 50,900.

Form 990 (2019)

1

2

3

4

Assets

\_iabilities

Net Assets or Fund Balances

Part X Balance Sheet

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part VIII, column (A), line 12)       1       5, 259, 65         2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 906, 48         3       Revenue less expenses. Subtract line 2 from line 1       3       3, 353, 17         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       20, 803, 68	0. 9. 6.
1       Total revenue (must equal Part VIII, column (A), line 12)       1       5,259,65         2       Total expenses (must equal Part IX, column (A), line 25)       2       1,906,48         3       Revenue less expenses. Subtract line 2 from line 1       3       3,353,17         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       20,803,68	0. 9. 4.
2Total expenses (must equal Part IX, column (A), line 25)21,906,483Revenue less expenses. Subtract line 2 from line 133,353,174Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))420,803,68	0. 9. 4.
2Total expenses (must equal Part IX, column (A), line 25)21,906,483Revenue less expenses. Subtract line 2 from line 133,353,174Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))420,803,68	0. 9. 4.
3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	9. 6. 4.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 20,803,68	6. 4.
	4.
5 Net unrealized gains (losses) on investments 5 3,046,40	
6 Donated services and use of facilities6	0.
7 Investment expenses 7	0.
8 Prior period adjustments 8	0.
9 Other changes in net assets or fund balances (explain on Schedule O) 9	••
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	
column (B)) 10 27,203,26	9.
Part XII Financial Statements and Reporting	
	Х
	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
	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?	
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	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
	Х
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2019)

932012 01-20-20

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(	Form	990	or	990-EZ

# 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
2019
Open to Public Inspection

Employer identification number

IIIZation					
	CTA	OFFICERS	MEMORTAL	FOUNDATION	

				EMORIAL FOUN					2-2360463		
Pa	rt I	Reason for Public (	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructions	i.			
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	check only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4							-	(iii). Enter	the hospital's name		
-		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:									
5		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). (Complete Part II.)									
6				aantal unit daaarihad in	anation 17	0/L\/4\/A)	()				
6		A federal, state, or local gov							l an de l'an al a an de and ha		
7		An organization that norma		Initial part of its support	from a gov	ernmental	i unit or from tr	ne general	i public described in		
_		section 170(b)(1)(A)(vi). (C									
8		A community trust describe									
9		An agricultural research org									
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state of	the colleg	je or		
		university:									
10		An organization that norma									
		activities related to its exen	npt functions - subje	ct to certain exceptions,	, and (2) no	o more tha	in 33 1/3% of i	ts suppor	t from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	uired by the org	ganization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform t	the function	ons of, or to ca	rry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	5 <b>09(a)(2)</b> .	See section 5	<b>09(a)(3).</b> (	Check the box in		
		lines 12a through 12d that	describes the type c	of supporting organization	n and com	plete line	s 12e, 12f, and	l 12g.			
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	y giving		
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority (	of the dire	ctors or truste	es of the s	supporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	aving		
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sur	oported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functional	ly integrat	ed with,		
		its supported organization									
d		Type III non-functionally						ted organ	ization(s)		
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	an attent	tiveness		
		requirement (see instruct			-		-				
е		Check this box if the orga						II. Type III			
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	, ,,			
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	5 5						
		vide the following informatior	•	ed 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)		
Tota	1										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

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### Schedule A (Form 990 or 990-EZ) 2019 CIA OFFICERS MEMORIAL FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1465620.	3391452.	1979698.	3381570.	4676393.	14894733.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	1465620.	3391452.	1979698.	3381570.	4676393.	14894733.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3331538.
6	Public support. Subtract line 5 from line 4.						11563195.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1465620.	3391452.	1979698.	3381570.	4676393.	14894733.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	400 004		100 100			
	and income from similar sources $\dots$	402,001.	385,344.	430,486.	639,916.	665,819.	2523566.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						17410000
11	v v						17418299.
12	Gross receipts from related activities,	· ·	,				,863,716.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
				(f)		44	66.39 %
	Public support percentage for 2019 (					14 15	$\frac{66.39}{71.64}$ %
	Public support percentage from 2018 33 1/3% support test - 2019. If the o						
102	stop here. The organization qualifies	-					
F	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual						
17:	10% -facts-and-circumstances tes						
110	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
r	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-cire				•		
18							
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  Check this box and see instructions						

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# Schedule A (Form 990 or 990-EZ) 2019 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.)

Calendar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
incon under continu E10						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge $\dots$						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	•			·		·
alendar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is regularly carried on						
whether or not the business is regularly carried on						
<ul> <li>whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> </ul>						
<ul> <li>whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> </ul>	r the organization's	s first, second, thir	rd, fourth, or fifth ta	ax year as a sectic	n 501(c)(3) org	anization,
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form 990 is for check this box and stop here</li> </ul>			rd, fourth, or fifth ta	-		
<ul> <li>whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> </ul>	lic Support Pe	rcentage				
<ul> <li>whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> </ul>	lic Support Pe	rcentage				▶
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>Public support percentage for 2019</li> <li>Public support percentage from 2019</li> </ul>	lic Support Pe (line 8, column (f), c 3 Schedule A, Part	rcentage livided by line 13, III, line 15	column (f))			▶□ 9
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>Public support percentage for 2019</li> <li>Public support percentage from 2019</li> </ul>	lic Support Pe (line 8, column (f), c 3 Schedule A, Part	rcentage livided by line 13, III, line 15	column (f))		15	▶□ 9
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>Public support percentage for 2019</li> <li>Public support percentage from 2018</li> <li>Section D. Computation of Inve</li> </ul>	lic Support Pe (line 8, column (f), c 3 Schedule A, Part stment Incom	rcentage livided by line 13, III, line 15 e Percentage	column (f))		15	▶□ 9 9
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public</li> <li>Public support percentage for 2019</li> <li>Public support percentage from 2014</li> <li>Section D. Computation of Investment income percentage for 21</li> </ul>	lic Support Pe (line 8, column (f), c 3 Schedule A, Part stment Incom 019 (line 10c, colur	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by li	column (f))		15	▶□ 9 9 9
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>Public support percentage for 2019</li> <li>Public support percentage for 2019</li> <li>Section D. Computation of Inve</li> <li>Investment income percentage for 21</li> </ul>	lic Support Pe (line 8, column (f), c 3 Schedule A, Part stment Incom 019 (line 10c, colur 2018 Schedule A,	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17	column (f))		15 16 17 18	▶□ 9 9 9 9
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public Public support percentage for 2019</li> <li>Public support percentage from 2019</li> <li>Section D. Computation of Investment income percentage from 19 a 33 1/3% support tests - 2019. If the</li> </ul>	lic Support Pe (line 8, column (f), c 3 Schedule A, Part stment Incom 019 (line 10c, colur 2018 Schedule A, e organization did r	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17  tot check the box	column (f)) ine 13, column (f)) on line 14, and line	e 15 is more than 3	15       16       17       18       33 1/3%, and line	►□ % % %
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public</li> <li>Public support percentage for 2019</li> <li>Public support percentage from 2018</li> <li>Section D. Computation of Investment income percentage from</li> <li>Investment income percentage from</li> <li>19 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box at</li> </ul>	lic Support Pe (line 8, column (f), c 3 Schedule A, Part stment Incom 019 (line 10c, colur 2018 Schedule A, e organization did r and stop here. The	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box organization quali	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3 upported organiza	15       16       17       18       33 1/3%, and lination	
<ul> <li>whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>15 Public support percentage for 2019</li> <li>16 Public support percentage from 2018</li> <li>Section D. Computation of Inve</li> <li>17 Investment income percentage from</li> <li>19a 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box at b 33 1/3% support tests - 2018. If the</li> </ul>	lic Support Pe (line 8, column (f), c 3 Schedule A, Part stment Incom 019 (line 10c, colur 2018 Schedule A, e organization did r and stop here. The e organization did r	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box organization quali not check a box or	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a	e 15 is more than 3 supported organiza a, and line 16 is mo	15         16         17         18         33 1/3%, and lination         pore than 33 1/3	
<ul> <li>whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>Public support percentage for 2019</li> <li>Public support percentage from 2014</li> <li>Section D. Computation of Investment income percentage from</li> <li>Investment income percentage from</li> <li>Investment income percentage from</li> <li>as 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, check</li> </ul>	lic Support Pe (line 8, column (f), c 3 Schedule A, Part stment Incom 019 (line 10c, colur 2018 Schedule A, e organization did r and stop here. The e organization did r eck this box and st	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box organization quali not check a box or op here. The orga	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo as a publicly suppo	15           16           17           18           33 1/3%, and lination           orre than 33 1/3           orted organization	
<ul> <li>whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Public support percentage for 2019</li> <li>16 Public support percentage from 2018</li> <li>Section D. Computation of Inve</li> <li>17 Investment income percentage from</li> <li>19a 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box as</li> <li>b 33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, che</li> </ul>	lic Support Pe (line 8, column (f), c 3 Schedule A, Part stment Incom 019 (line 10c, colur 2018 Schedule A, e organization did r and stop here. The e organization did r eck this box and st	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box organization quali not check a box or op here. The orga	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is mo as a publicly suppo his box and see in:	1516171833 1/3%, and linationore than 33 1/3orted organizatistructions	
<ul> <li>whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pub</li> <li>15 Public support percentage for 2019</li> <li>16 Public support percentage from 2011</li> <li>Section D. Computation of Inve</li> <li>17 Investment income percentage for 21</li> <li>18 Investment income percentage from</li> <li>19a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box a</li> </ul>	lic Support Pe (line 8, column (f), c 3 Schedule A, Part stment Incom 019 (line 10c, colur 2018 Schedule A, e organization did r and stop here. The e organization did r eck this box and st	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box organization quali not check a box or op here. The orga	column (f)) ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is mo as a publicly suppo his box and see in:	1516171833 1/3%, and linationore than 33 1/3orted organizatistructions	

#### Schedule A (Form 990 or 990-EZ) 2019 CIA OFFICERS MEMORIAL FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

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### Schedule A (Form 990 or 990-EZ) 2019 CIA OFFICERS MEMORIAL FOUNDATION

	Gontinued)		-	
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	•		<u> </u>
			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			L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	struction	5).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 9		)0-EZ	2019

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### Schedule A (Form 990 or 990 EZ) 2019 CIA OFFICERS MEMORIAL FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

# Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functional		ed Type II	Il supporting org

instructions).

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Schedule A (Form 990 or 990-EZ) 2019

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#### Schedule A (Form 990 or 990 EZ) 2019 CIA OFFICERS MEMORIAL FOUNDATION

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		-	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Part VI	Form 990 or 990-EZ) 2019 CIA OF Supplemental Information. Pro	wide the over	lanations rocui	ed by Dart II	ine 10: Part II		360463 j
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b	, 4c, 5a, 6, 9a	a, 9b, 9c, 11a,	1b, and 11c; I	Part IV, Sectior	n B, lines 1 and 2; Pa	art IV, Section
	line 1; Part IV, Section D, lines 2 and 3;	Part IV, Sect	ion E, lines 1c,	2a, 2b, 3a, and	d 3b; Part V, lin	e 1; Part V, Section	B, line 1e; Parl
	Section D, lines 5, 6, and 8; and Part V, (See instructions.)	Section E, li	nes 2, 5, and 6	Also complete	e this part for a	ny additional inform	ation.
2028 09-25-1	9					Schedule A (Form	990 or 990-E
2020 03-23-1				20			

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

52-23	360463

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

CIA OFFICERS MEMORIAL 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

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Part I

Employer identification number

#### CIA OFFICERS MEMORIAL FOUNDATION

52-2360463 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,026,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    3                                </u>		\$750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 		\$260,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06-19		\$	Person Payroll Occupied Payroll Payroll Complete Part II for noncash contributions.)

2019.04010 CIA OFFICERS MEMORIAL FOUND 71461\_\_1

Name of organization

Employer identification number

52-2360463

#### CIA OFFICERS MEMORIAL FOUNDATION

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

(b)	(c)	(d)
Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
	\$	
(b)	(c) FMV (or estimate)	(d)
Description of noncash property given	(See instructions.)	Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)	(c) FMV (or estimate)	(d) Date received
	(See instructions.)	Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
	(b) Description of noncash property given	Image: construction of noncash property given     FWV (or estimate) (See instructions.)       (b)     (c)       Description of noncash property given     (c)       (b)     (c)       (c)     FWV (or estimate)       (c)     FWV (or estimate)       (c)     (c)       (c)     FWV (or estimate)       (c)     (c)       (c)     FWV (or estimate)       (See instructions.)     (c)       (c)     FWV (or estimate)       (See instructions.)     (see instructions.)       (b)     FWV (or estimate)       (See instructions.)     (see instructions.)       (c)     FWV (or estimate)       (See instructions.)     (see instructions.)       (b)     Secription of noncash property given       (c)     FWV (or e

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Schedule B (Form	n 990, 990-EZ	or 990-PF) (2019)
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Page	4

	ICERS MEMORIAL FOUNDA		52-2360463 n section 501(c)(7), (8), or (10) that total more than \$1,000 fo
f	rom any one contributor. Complete columne (a)	through (e) and the following line e charitable, etc., contributions of \$1,000 c	
a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of g	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of g nd ZIP + 4	ift 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
			[
	Transferee's name, address, ar	(e) Transfer of g nd ZIP + 4	Ift Relationship of transferor to transferee

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.



Name	of the	organization
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CIA OFFICERS MEMORIAL FOUNDATION

Employer identification number 52-2360463

1		(a) Donor ad	vised funds	(b) Funds and other accounts
	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in		ts held in donor advised f	unds
	are the organization's property, subject to the organization's	s exclusive legal cont	rol?	Yes
6	Did the organization inform all grantees, donors, and donor	advisors in writing the	at grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or f	or any other purpose con	ferring
	impermissible private benefit?			Yes
Par	t II Conservation Easements. Complete if the or	rganization answered	"Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that ap	ply).	
	Preservation of land for public use (for example, recre	ation or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	lified conservation co	ntribution in the form of a	conservation easement on the las
	day of the tax year.			Held at the End of the Tax `
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic st	tructure included in (a		2c
d	Number of conservation easements included in (c) acquired	l after 7/25/06, and no	ot on a historic structure	
	listed in the National Register			_ 2d
4	year ► Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe	eriodic monitoring, ins	pection, handling of	
~	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violation	is, and enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violations, an	d enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) abo			
•				Vee
•	and section 170(h)(4)(B)(ii)?			Yes
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserva			
		tion easements in its	revenue and expense sta	tement and
9	In Part XIII, describe how the organization reports conservate balance sheet, and include, if applicable, the text of the fool organization's accounting for conservation easements.	tion easements in its tnote to the organizat	revenue and expense sta ion's financial statements	tement and that describes the
9	In Part XIII, describe how the organization reports conservated balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.	tion easements in its tnote to the organizat of Art, Historical	revenue and expense sta ion's financial statements	tement and that describes the
9	In Part XIII, describe how the organization reports conservate balance sheet, and include, if applicable, the text of the fool organization's accounting for conservation easements.	tion easements in its tnote to the organizat of Art, Historical	revenue and expense sta ion's financial statements	tement and that describes the
9 Dar	In Part XIII, describe how the organization reports conservated balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.	tion easements in its tnote to the organizat of Art, Historical m 990, Part IV, line 8.	revenue and expense sta ion's financial statements <b>Treasures, or Othe</b>	tement and that describes the <b>r Similar Assets.</b>
9 Par	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.  III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Former Statement Sta	tion easements in its tnote to the organizat of Art, Historical n 990, Part IV, line 8. 58, not to report in its	revenue and expense sta ion's financial statements <b>Treasures, or Othe</b> s revenue statement and l	tement and that describes the r Similar Assets. palance sheet works
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9 <b>Par</b> 1a	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.  IIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Forr If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 9 of art, bistorical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 9 of and the organization elected of the footnote to its final If the organization elected, as permitted under FASB ASC 9 of and the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final If the organization elected of the footnote to its final II the text of the footnote to its final II the text of t	tion easements in its tnote to the organizat of Art, Historical m 990, Part IV, line 8. 158, not to report in its ublic exhibition, educa ancial statements tha 158, to report in its rev	revenue and expense sta ion's financial statements <b>Treasures, or Othe</b> s revenue statement and l ation, or research in further t describes these items. renue statement and bala	tement and that describes the r Similar Assets. Dalance sheet works erance of public nce sheet works of
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9 Par 1a b	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements. <b>UIII</b> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Forr If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for pu- service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 9 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	tion easements in its tnote to the organizat <b>of Art, Historical</b> m 990, Part IV, line 8. 58, not to report in its ublic exhibition, educa ancial statements tha 58, to report in its rev ic exhibition, education	revenue and expense sta ion's financial statements <b>Treasures, or Othe</b> s revenue statement and l ation, or research in further t describes these items. renue statement and bala on, or research in furthera	tement and that describes the r Similar Assets. palance sheet works prance of public nce sheet works of nce of public service, ▶ \$\$
9 <b>Par</b> 1a b	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the foor organization's accounting for conservation easements.	tion easements in its tnote to the organizat <b>of Art, Historical</b> m 990, Part IV, line 8. 158, not to report in its ublic exhibition, educa ancial statements tha 158, to report in its rev ic exhibition, education	revenue and expense sta ion's financial statements <b>Treasures, or Othe</b> s revenue statement and l ation, or research in further t describes these items. renue statement and bala on, or research in furthera	tement and that describes the r Similar Assets. palance sheet works prance of public nce sheet works of nce of public service, ▶ \$\$
9 <b>Dar</b> 1a b	<ul> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.</li> <li><b>Organizations Maintaining Collections of</b> Complete if the organization answered "Yes" on Forr If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for pusservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 9 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:</li> <li><b>(i)</b> Revenue included on Form 990, Part VIII, line 1</li> <li><b>(ii)</b> Assets included in Form 990, Part X</li> </ul>	tion easements in its tnote to the organizat of Art, Historical m 990, Part IV, line 8. 158, not to report in its ublic exhibition, educa ancial statements tha 158, to report in its rev ic exhibition, education easures, or other sim ASC 958 relating to the	revenue and expense station's financial statements <b>Treasures, or Othe</b> as revenue statement and lation, or research in further t describes these items. renue statement and bala on, or research in furtherand ilar assets for financial gain nese items:	tement and that describes the r Similar Assets. Dealance sheet works erance of public nce sheet works of nce of public service, ▶ \$
9 <b>Dar</b> 11a b	<ul> <li>In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.</li> <li><b>Organizations Maintaining Collections of</b> Complete if the organization answered "Yes" on Forr If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 9 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treatures in the following amounts required to be reported under FASB ASC 9</li> </ul>	tion easements in its tnote to the organizat of Art, Historical m 990, Part IV, line 8. 158, not to report in its ublic exhibition, educat ancial statements tha 158, to report in its rev ic exhibition, education easures, or other sim ASC 958 relating to th	revenue and expense sta ion's financial statements <b>Treasures, or Othe</b> s revenue statement and l ation, or research in further t describes these items. renue statement and bala on, or research in furtherau	tement and that describes the <b>r Similar Assets.</b> palance sheet works palance of public nce sheet works of nce of public service, ▶ \$ ▶ \$ 

Sche	dule D (Form 990) 2019 CIA OFF	ICERS MEMOR	RIAL FOUND	ATION		52-23	60463	3 Ра	age <b>2</b>
Par	t III   Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or O <sup>r</sup>	ther Si	milar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that mak	ke signifie	cant use of its	;		
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	how they further t	he organization's e	exempt p	ourpose in Par	t XIII.		
5	During the year, did the organization solicit o						-		
	to be sold to raise funds rather than to be ma						Yes		No
Par	<b>t IV</b> Escrow and Custodial Arran reported an amount on Form 990, Pa	-	te if the organizatio	n answered "Yes"	on Form	1 990, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributior	s or other assets	not inclu	ded	_		_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amount		
с	Beginning balance				<u>L</u>	1c			
d	Additions during the year				<u>L</u>	1d			
е	Distributions during the year				<u>L</u>	1e			
f	0					1f	_		
	Did the organization include an amount on F				•	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two years bac	` <i>`</i>	ree years back			
	Beginning of year balance	17,039,676.	17,983,330.			.3,295,063.		920,	
	Contributions	2,000,000.	600,740.	, ,		975,982.		736,	
	Net investment earnings, gains, and losses	3,468,417.	-1,413,433.	1,932,15	°•	537,071.	-	216,	396.
	Grants or scholarships								
е	Other expenditures for facilities	82 626	120 061	144 03	-	141 000		1 4 5	202
	and programs	82,626.	130,961.	144,03	°•	141,829.		145,	392.
	Administrative expenses	22,425,467.	17 020 676	17 002 22	1	1 666 297	12	205	062
-	End of year balance		17,039,676.		· ·	4,666,287.	,	295,	005.
2	Provide the estimated percentage of the curr Reard designated or quest endowment	100.00	%	a)) heid as.					
	Board designated or quasi-endowment ► Permanent endowment ►	%							
		<sup>90</sup>							
C	The percentages on lines 2a, 2b, and 2c sho	, -							
32	Are there endowment funds not in the posse	•	tion that are held a	nd administered f	or the or	nanization			
Ja	by:		lition that are neid a			Janization	Г	Yes	No
	(i) Unrelated organizations						3a(i)	103	X
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the							1	
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		, Part IV, line 11a. S	See Form 990, Par	t X, line 1	0.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c	) Accum	ulated	(d) Bool	value	e
		basis (investm			, deprecia		( )		
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			8,401.	3	,873.	4	1,52	28.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c)		►	4	1,52	28.
						Schedule	D (Form	990)	2019

Part VII Investments -				
Schedule D (Form 990) 2019	CIA	OFFICERS	MEMORIAL	FOUNDATION

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, 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-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		

(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Col (b) must equal Form 990 Part X col (B) line 13 )	

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

932053 10-02-19

Sche	edule D (Form 990) 2019 CIA OFFICERS MEMORIAL FOUN				2360463 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents Wi	th Revenue per R	leturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı.			
1	Total revenue, gains, and other support per audited financial statements			1	8,991,326.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	3,046,404.		
b	Donated services and use of facilities	2b	148,301.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	_ 2d			
е	Add lines 2a through 2d			2e	3,194,705.
3	Subtract line 2e from line 1			3	5,796,621.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	-536,962.		
с				4c	-536,962.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,259,659.
<b>n</b> -					
Ра	rt XII Reconciliation of Expenses per Audited Financial Staten	nents w	ith Expenses per	Retu	ırn.
Ра	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı.		Retu	
1		ı.		Reti	ırn. 2,591,743.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı.		1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	1. 		1	
1 2	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:	1. 2a		1	
1 2	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	2a 2b	148,301.	1	
1 2	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	1. 2a 2b 2c		1	2,591,743.
1 2 a b c	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 <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	148,301. 536,962.	1 2e	2,591,743.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	148,301. 536,962.	1	2,591,743.
1 2 b c d e	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 <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	148,301. 536,962.	1 2e	2,591,743.
1 2 3 4 4 a	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 <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	148,301. 536,962.	1 2e	2,591,743.
1 2 3 4 4 a	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 <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	148,301. 536,962.	1 2e	2,591,743. 685,263. 1,906,480.
1 2 3 4 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 <b>4a</b> and <b>4b</b>	2a 2b 2c 2d 4a 4b	148,301. 536,962.	1 2e 3 4c	2,591,743. 685,263. 1,906,480. 0.
1 2 d c 3 4 b c 3 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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	148,301. 536,962.	1 2e 3	2,591,743. 685,263. 1,906,480.

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

#### PART X, LINE 2:

THE FOUNDATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE ACCOUNTING
STANDARDS CODIFICATION (ASC) TOPIC INCOME TAXES. THESE PROVISIONS PROVIDE
CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD
OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX
POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION
PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED
DECEMBER 31, 2019 AND 2018, AND DETERMINED THAT THERE WERE NO MATTERS THAT
WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN
EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2019, THE STATUTE OF
LIMITATIONS FOR TAX YEARS 2016 THROUGH 2018 REMAINS OPEN WITH THE U.S.
932054 10-02-19 Schedule D (Form 990) 2019
200 2019.04010 CIA OFFICERS MEMORIAL FOUND 714611

PART XI, LINE 4B - OTHER	ADJUSTMENTS:				
FUNDRAISING EVENT EXPENSE	IS				-536,962
PART XII, LINE 2D - OTHER	ADJUSTMENTS:			 	
FUNDRAISING EVENT EXPENSE		PARI	VIII		536,962
				Schedule D	(Form 990) 20

### Schedule D (Form 990) 2019 CIA OFFICERS MEMORIAL FOUNDATION Part XIII Supplemental Information (continued) FOUNDATION FOUNDATION

FEDERAL JURISDICTION AND THE VARIOUS STATES AND LOCAL JURISDICTIONS IN

WHICH THE FOUNDATION FILES RETURNS.

SCHEDULE G		ental Information Regarding						OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1					, or if the	2019
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection
Name of the organizatio		<sub>b to</sub> www.irs.gov/Form990 for instr	uction	s and	I the latest informat	ion.		ntification number
Deut L. Frankrain		ICERS MEMORIAL FOU					52-2360	
	complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	red "Y	es" o	n Form 990, Part IV,	line 1	17. Form 990-E2	' filers are not
<ul> <li>a Mail solicita</li> <li>b Internet and</li> <li>c Phone solic</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions d email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indiv	s <b>f</b> Solicitat <b>g</b> Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru: fundraising services?	stees	Yes	
(i) Name and addres or entity (fun		(ii) Activity	(iii) fundr have ci or con contribu	trol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total           3         List all states in whor licensing.	ich the organizatio	on is registered or licensed to solicit o	contrib	<b>b</b> ution:	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. 5	sche	aule G (Form 9	990 or 990-EZ) 2019

932081 09-11-19

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 ANNUAL DINNER	(b) Event #2 LOS ANGELES REGIONAL EVE	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
	1 Gross receipts	1,037,598.	1,687,719.	967,204.	3,692,521
	2 Less: Contributions	800,931.	1,411,278.	943,350.	3,155,559
	3 Gross income (line 1 minus line 2)	236,667.	276,441.	23,854.	536,962
	4 Cash prizes				
	5 Noncash prizes	2,869.	264.	2,258.	5,391
	6 Rent/facility costs	204,448.	184,868.	14,310.	403,626
	7 Food and beverages		24.	52.	76
	8 Entertainment			61.	1,242
	9 Other direct expenses		91,021.	7,173.	126,627
ŀ	10 Direct expense summary. Add lines 4 thro		· · · · · ·	<b>&gt;</b>	536,962
	1 Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	Gross revenue     Cash prizes			(c) Other gaming	
				(c) Other gaming	
	2 Cash prizes			(c) Other gaming	
	2 Cash prizes     3 Noncash prizes		bingo/progressive bingo		(d) Total gaming (ad col. (a) through col. (d
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> </ul>			(c) Other gaming	
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> </ul>		bingo/progressive bingo	Yes% No	
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> </ul>		bingo/progressive bingo	Yes% No	
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 thro</li> </ul>		bingo/progressive bingo	Yes% No	col. (a) through col. (

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

2019.04010 CIA OFFICERS MEMORIAL FOUND 71461\_\_1

<u>Sc</u> he	edule G (Form 990 or 990-EZ) 2019 CIA OFFICERS MEMORIAL FOUNDATION 52-	2360463	B Page
	Does the organization conduct gaming activities with nonmembers?		N
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	
	to administer charitable gaming?	Yes	
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		
	An outside facility	13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	·		
	Address		
			┌┐.
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party $\triangleright$ \$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	
b	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	💷 163	
Ň	organization's own exempt activities during the tax year $\triangleright$ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9	, 9b, 10
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
3208	3 09-11-19 Schedule G (For	m 990 or 99	)-EZ) 20
	32		-
40	821 712177 71461 2019.04010 CIA OFFICERS MEMORIAL FOU	JND 714	61

Schedule (	G (Form 990 or 990-EZ)	CIA	OFFICERS	MEMORIAL	FOUNDATION
Part IV	Supplemental Infor	matior	(continued)		

	Schedule G (Form 990 or 990-E
32084 04-01-19	
	33
<b>40821 712177 71461</b>	2019.04010 CIA OFFICERS MEMORIAL FOUND 714611

SCHEDUL (Form 990	) f the Treasury	Go	arants and Oth vernments, ar ete if the organizatio	nd Individua	<b>ls in the Ŭn</b> i " on Form 990, Pa	ited States		OMB No. 1545-0047 <b>2019</b> Open to Public
Internal Reven	ue Service		Go to www.ir	rs.gov/Form990 fo	or the latest inform	nation.		Inspection
Name of th	ne organization CIA OFFI	CERS MEMOR	IAL FOUNDAT	ION				Employer identification number $52 - 2360463$
Part I	General Information on Grants	and Assistance						-
crite	s the organization maintain records ria used to award the grants or ass	istance?	-					
	cribe in Part IV the organization's p		Y					
Part II	Grants and Other Assistance to					anization answered	res" on Form 990, Pa	t IV, line 21, for any
	recipient that received more than					(f) Method of		(1) 2
1 (a) Ւ	lame and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Ente	r total number of section 501(c)(3) r total number of other organization Paperwork Reduction Act Notic	ns listed in the line	1 table	ne line 1 table				Schedule I (Form 990) (2019)

#### Schedule I (Form 990) (2019) CIA OFFICERS MEMORIAL FOUNDATION

Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance SCHOLARSHIPS 82 1,165,624 0 FAMILY SUPPORT BENEFIT 27 56,000 0 DAYCARE PROGRAM 46 299 0 COUNSELING 14,620 0

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PART I, LINE 2:

Part III

THE FOUNDATION MAINTAINS A DETAILED ACCOUNTING FOR EACH SCHOLARSHIP AND

DAYCARE AWARD RECIPIENT OF FUNDS GRANTED AND SUBSEQUENTLY SPENT FOR EACH

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

A DEPENDENT INCURS VALID EXPENSES AND PROVIDES PROPER DOCUMENTATION TO

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

BY CASE BASIS WITH WRITTEN DOCUMENTATION TO SUPPORT EACH PAYMENT.

Page 2

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
•		Compensated Employees		20	IJ	)
Depa	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer			mber
_		CIA OFFICERS MEMORIAL FOUNDATION	52-2	236046	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		cation and gross-up payments				
		spending account Personal services (such as maid, chauffe	ur, chef)			
Ŀ-	If any of the have -	on line to are absolved, did the exercisation follows without adjust a second as				
a	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41.		
2		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice			2		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization'	s			
-		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensatio					
		compensation consultant I Compensation survey or study				
	X Form 990 of o		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	elated organization:				
а		ce payment or change-of-control payment?				X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
С		ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-		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 compensati	on			
_	contingent on the r			5-		x
		ration?				X
U		ration? or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
0	contingent on the r		011			
а				6a		x
		zation?				X
-		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
	-	nes 5 and 6? If "Yes," describe in Part III		7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		lid the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forr	n 990	) 2019

932111 10-21-19

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

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### PART I, LINE 1A:

A 2018 BONUS WAS PAID TO THE PRESIDENT IN THE SECOND QUARTER OF 2019. THE

BONUS HAS HISTORICALLY BEEN GROSSED UP BUT WAS NOT IN THIS CASE.

PART I, LINE 1B:

A WRITTEN POLICY IS NOT IN PLACE FOR 2019, BUT THE ABOVE EXPENSES ARE NOT

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

APPROVED BY THE BOARD OF DIRECTORS.

PART I, LINE 7:

A 2018 BONUS WAS PAID TO THE PRESIDENT IN 2019.

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Inspection

19

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Department of the Treasury Internal Revenue Service

Part I

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22 23 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

Real estate - Residential

Real estate - Commercial Real estate - Other

Collectibles

Food inventory

Drugs and medical supplies

Taxidermy Historical artifacts

Scientific specimens

of the organization				Employer identification number
CIA OFFICERS	MEMOR	IAL FOUND	ATION	52-2360463
t I Types of Property				·
	<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
Art - Works of art				
Art - Historical treasures				
Art - Fractional interests				
Books and publications				
Clothing and household goods				
Cars and other vehicles				
Boats and planes				
Intellectual property				
Securities - Publicly traded	Х	2	24,841.	MARKET VALUE
Securities - Closely held stock				
Securities - Partnership, LLC, or				
trust interests				
Securities - Miscellaneous				
Qualified conservation contribution - Historic structures				
Qualified conservation contribution - Other				

24	Archeological artifacts								
25	Other ( MATERIALS FOR )	Х	1		1,150.	RECEIPTS	FROM	PUR	CHA
26	Other ► ()								
27	Other ► ()								
28	Other 🕨 ( )								
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement	29				
								Yes	No

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for		
			v
	exempt purposes for the entire holding period?	30a	<u> </u>
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash		
	contributions?	32a	Х
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932141 09-27-19

932142 09-27-19 Schedule M (F	
40	orm 990) 201
540821 712177 71461 2019.04010 CIA OFFICERS MEMORIAL FOUND 7	

Part II

52-2360463 Page **2 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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

CIA OFFICERS MEMORIAL FOUNDATION

Employer identification number 52 - 2360463

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCHOLARSHIPS AND OTHER FINANCIAL SUPPORT TO THE FAMILIES OF THE CIA

OFFICERS WHO DIE WHILE ON ACTIVE DUTY. IN ADDITION. THE FOUNDATION

OFFERS SIMILAR SUPPORT TO THE FAMILIES OF THE CIA OFFICERS WHO ARE

SEVERELY WOUNDED WHILE SERVING IN WAR ZONE ASSIGNMENTS ABROAD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CIA OFFICERS WHO ARE SEVERELY WOUNDED WHILE SERVING IN WAR ZONE

ASSIGNMENTS ABROAD.

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

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

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:

CFO AND BOARD MEMBERS REVIEWED COMPARABLE NON-PROFIT EXECUTIVE COMPENSATION

PRIOR TO DECISION TO OFFER PRESIDENT A RAISE.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

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41 0 CTA OF

2019.04010 CIA OFFICERS MEMORIAL FOUND 71461\_\_1

Name of the organization

CIA OFFICERS MEMORIAL FOUNDATION

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 AS OF NOVEMBER 2019 THE MOST CURRENT AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE. ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

PART XII, LINE 2C EXPLANATION

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

15540821 712177 71461

42 2019.04010 CIA OFFICERS MEMORIAL FOUND 71461\_\_1 (Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

OMB No. 1545-0047

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

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

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Туре о	or Name of exempt organization or other filer, see instructions.				Faxpayer identification number (TIN)	
print				-		
File by th	CIA OFFICERS MEMORIAL FOUNDATION 52-236					60463
due date filing you	e date for Number, street, and room or suite no. If a P.O. box, see instructions.					
instructio		r a foreign add	Iress, see instructions.			
Enter the Return Code for the return that this application is for (file a separate application for each return)						
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870 , CFO			12
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li></ul>						
	this application is for Forms 990-BL, 990-PF, 990-T, 4 ny nonrefundable credits. See instructions.	720, or 6069,	enter the tentative tax, less	3a	\$	0.
-	this application is for Forms 990-PF, 990-T, 4720, or 6	069. enter an	v refundable credits and		<b>•</b>	
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			Зb	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your						
	sing EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
	n: If you are going to make an electronic funds withdra			3453-EO a	nd Form 887	9-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Not	ice, see instr	uctions.		Form 8	868 (Rev. 1-2020)