** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

and ending

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

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

Open to Public Inspection

B c a	heck if pplicabl	GLOBAL WAR ON TERRORISM MEMORIAL		D Employer identifi	cation number	
	Name chang			47-37004	89	
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) Root 1300 PENNISYLVANIA AVE NW 700	m/suite	E Telephone numbe	er	
	اreturn⊥ termin	.		G Gross receipts \$	236,314.	
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON , DC 20004		H(a) Is this a group r		
	⊒return ∏Applic	·		for subordinates		
	⊒tiòn pendir	SAME AS C ABOVE		H(b) Are all subordinates i	—	
	37-67	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ or	527	1	list. See instructions	
		te: NWW. GWOTMEMORIALFOUNDATION. ORG		H(c) Group exemption		
			I Year		M State of legal domicile: DE	
	rt I	Summary	Lioui	oriorination. 2020 1	VI Otate of legal definione.	
		Briefly describe the organization's mission or most significant activities: BUILDII	NG A	NATIONAL M	EMORIAL TO	
Governance		HONOR ALL WHO HAVE SERVED IN THE GLOBAL WAI	R ON	TERRORISM.		
ern	l .	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net a	ssets.	
30		Number of voting members of the governing body (Part VI, line 1a)			1	
∞		Number of independent voting members of the governing body (Part VI, line 1b)			1	
ties		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			150	
Activities		Total number of volunteers (estimate if necessary)			0.	
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11				
		Contributions and grants (Part VIII line 1b)		Prior Year 249, 284.	Current Year 236,314.	
ne		Contributions and grants (Part VIII, line 1h)		0.	0.	
Revenue	l	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,834.	0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		287,118.	236,314.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	25,575.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
bei		Total fundraising expenses (Part IX, column (D), line 25) 50,078				
Щ	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		357,766.	226,999.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		357,766.	252,574.	
	19	Revenue less expenses. Subtract line 18 from line 12		-70,648.	-16,260.	
Net Assets or Fund Balances				ginning of Current Year	End of Year	
sets alan	20	Total assets (Part X, line 16)	🗀	45,017.	33,746.	
t As	21	Total liabilities (Part X, line 26)	🗀	12,524.	9,380.	
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		32,493.	24,366.	
	ırt II	Signature Block				
		lties of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is	
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	oreparer	has any knowledge.		
		Cinnahus of officer		Doto		
Sign	1	Signature of officer		Date		
Her	е	MARINA JACKMAN , CEO Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Paid	l	RICHARD E. DYNOSKE RICHARD E. DYNOSKI	E 0	9/17/21 if self-employ	P00095538	
Prep	arer	Firm's name GROSSMAN YANAK & FORD LLP		Firm's EIN	25-1638525	
Use	Only	Firm's address THREE GATEWAY CTR STE 1800				
		PITTSBURGH, PA 15222		Phone no. (4	12)338-9300	
May	tho II	RS discuss this return with the preparer shown above? See instructions			X Ves No	

Form **990** (2020)

Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE GLOBAL WAR ON TERRORISM MEMORIAL FOUNDATION LEADS THE EFFORT TO
	PLAN, FUND, AND BUILD THE NATIONAL GWOT MEMORIAL ON THE NATIONAL MALL,
	IN WASHINGTON, D.C., ON A SITE BEFITTING THE HISTORICAL SIGNIFICANCE
	OF SERVICE IN THIS WAR.
2	Did the organization undertake any significant program services during the year which were not listed on the
	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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$170 , 296 • including grants of \$) (Revenue \$)
	ORGANIZING AND COORDINATING EFFORTS TO BUILD A NATIONAL GWOT MEMORIAL
	IN WASHINGTON D.C. RELATED TO SITE SELECTION, DESIGN, HISTORICAL
	SIGNIFICANCE, SET-UP FOR ARCHITECTURAL ASSESSMENT, APPROVAL PROCESSES,
	COMMUNICATIONS AND OUT REACH TO INTERESTED SUPPORTERS, AS WELL AS
	COORDINATION WITH FEDERAL, STATE AND LOCAL AUTHORITIES AND SUPPORTING
	VETERAN ORGANIZATIONS
4b	(Code:) (Expenses \$18 , 922 • including grants of \$) (Revenue \$)
	THE GLOBAL WAR ON TERRORISM MEMORIAL FOUNDATION WAS ESTABLISHED TO BE
	A LASTING TRIBUTE TO THE COURAGE AND SACRIFICE OF ALL WHO HAVE SERVED,
	AND ESPECIALLY THOSE WHO HAVE MADE THE ULTIMATE SACRIFICE, IN OUR
	NATION'S LONGEST ONGOING CONFLICT, WHILE INSPIRING ALL AMERICANS TO
	STAND UNITED BEHIND THOSE WHO CONTINUE TO SERVE. THE FOUNDATION WILL
	HAVE CONTINUING INNOVATIVE EDUCATIONAL PROGRAMING, AND SUPPORTIVE
	RESEARCH AND COMMUNICATION EFFORTS TO ADVANCE THE UNDERSTANDING OF THE
	IMPACT OF THE CONFLICT AND FOSTER RECOGNITION FOR THE SERVICE AND
	SACRIFICE OF NOT ONLY MEMBERS OF THE MILITARY BUT ALSO THE COUNTLESS
	CIVILIANS, FAMILY MEMBERS, AND OTHERS IN THE FIGHT TO KEEP OUR COUNTRY
	SAFE.
4c	(Code:) (Expenses \$
4-1	Other pregram continue (Decerbe on Cabadula O.)
40	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 189.218.

Form 990 (2020) FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
_	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,	_		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
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		Х
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			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	Х	
h	Schedule D, Parts XI and XII Was the excapization included in consolidated, independent audited financial statements for the tay year?	12a	21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	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
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Page 4

Part IV Checklist of Required Schedules (continued)

22 IX the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, coling All (1977), a "Complete Schedule I, Part I and all III and the organization asswer "Yes" to Part IVI, Section A, Ine 3, 4, or 5 about compensation of the organization sourcet and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and the organization have a tax everified to the standarding principal amount of more than \$100,000 as of the standarding officers of the standarding principal amount of more than \$100,000 as of the standarding officers of the organization may officers of the organizations of the organization amount on the organizations but the organization officers officers officers officers officers of the organization officers officers officers officers of the organization officers officers officers of the organization officers officers officers officers of the organization officers officers officers officers officers of the organization organizat				Yes	No
23 Dit the organization answer "Nex" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization surrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Vi No." ye to line 25a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officiers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, 19 was 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 sixed after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If 'No," go to line 25a 24b 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? 24c Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501c(38), 501c(48), and 501c(28) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of uring the year? 25b It is the organization are san "on behalf of" issuer for bonds outstanding at any time during the year? 25c X The organization are san "on behalf of" issuer for bonds outstanding at any time during the year? 25c X Dis the organization share as an "on behalf of" issuer for bonds outstanding at any time during the year? 25c X Dis the organization share as an "on behalf of" issuer for bonds outstanding at any time during the year? 25c X Dis the organization share as an "on behalf of" issuer for bonds outstanding at any time during the year? 25c X Dis the organization share in exposed on any area? If "Yes," complete Schedule L, Part II 25c X Dis the organization reports any amount on Part X, line 5 or 22, for receivables from or payables to any current 25c 25d X Dis the organization repords a grant or other assistance to any current or forme officer, director, trustee, key employee, 25d 25d 26d Dis the organization provides a grant or other assistance to any current or forme officer, director, trustee, key employee, 25d 25d Dist the organization share assistance to any current or forme officer, director, trustee, key emplo			22		X
Schedule J. 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 by the property of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete by Did the organization maintain an escrow account other than a refunding escrew at any time during the year? 0 did the organization amentan an escrow account other than a refunding escrew at any time during the year? 0 did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 0 did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 0 did the organization with a disqualified person during the year? If "Yes," complete Schedule I., Part I	23				1
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 25e. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 0 Clid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 0 Clid the organization mirvest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 0 Clid the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d 0 Clid the organization are serviced bonds? 24d 0 Clid the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, 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 was not been reported on any of the organizations prior Forms 990 or 990 EZZ If "Yes," complete Schedule I, Part II 25b X 2 Clid the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officine, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity for farmly member of any of these persons? If "Yes," complete Schedule I, Part II 26b X 2 Clid the organization prior the employ of participation and the participation prior and party to a business transaction with one of the following parties (see Schedule I, Part II) 28b X 2 Clid the organization prior to a substantial contributor? If "Yes," complete Schedule I, Part II 27b X 28b X 2 Clid the organization prior the organization selection organizat					77
size 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 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? d Did the organization amental an escrow account other than a refunding secrew at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization aware that it angaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I b Is the organization aware that it angaged 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 sprior Forms 990 or 990-E27 If "Yes," complete Schedule I., Part II D If 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 former officer, director, tr	•	Schedule J	23		
Schedule K. If "No." go to fine 25a bit Did the organization most any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 5b Is the organization exame that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b X 5b Is the organization expected possible person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 900 EZ7 If "Yes," complete Schedule L, Part I 25b X 25b	24 a				ĺ
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(2)8, 501(2)4, and 501(2)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-E27 If "Yes," complete Schedule L, Part I 25a X 25b X 27 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 firely interested any or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part I 26 X X X X X X X X X			242		х
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25b X 25b X 20 Did the organization proper 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 a 59% controlled entity of numley member of any of these persons? If "Yes," complete Schedule L, Part III 26b X X X X X X X X X	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	—		
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d Did the organization act as an 'on behalf off issuer for bonds outstanding at any time during the year? 25a Section 501(23), 501(24), and 501(24)) and 501(24) gorganizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 is prior Forms 990 or 990-E27 if Yes," complete Schedule L, Part I 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 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 39% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 Was the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I, III 30 Did the organization only 100% of an entity disregarded as separate from the organization under Regulations sections 31 (20)(13) If "Yes," complete Schedule R, Part I			24c		1
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	d		24d		
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 99 0 or 990 E27 if "Yes," complete Schedule L, Part I	25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule I, Part I 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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons If "Yes," complete Schedule I, Part II 26 X 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 55% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part III 27 X X 4 35% controlled entity of one or more individual described in line 28a? If "Yes," complete Schedule I, Part IV 28b X X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If "Yes," complete Schedule I, Part IV 28b X X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II 30 X X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II 31 X X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, III Part			25a		X
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	b				
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			35b		<u> </u>
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	36				37
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Tenter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	07		36		
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	31		27		x
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38		31		
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	55		38	х	
Check if Schedule O contains a response or note to any line in this Part V The 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 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	,		
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		Establishment and the Day of Affairs dood Establishment and the Control of the Co		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			-		
	a		1		
	Ü		1c	Х	

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

			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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
С	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	Х					
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37				
	to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х				
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiume, directly, or indirectly, on a personal benefit contract?							
f	3 7 3 7 7 7 7 1							
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
8	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
•	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?							
9								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	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							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b							
	Enter the amount of reserves on hand			v				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			Х				
	excess parachute payment(s) during the year?	15		Λ				
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16						
	If "Yes," complete Form 4720, Schedule O.							

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	7					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b	'					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
_	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(c)	3)s only) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	ncial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	MARINA JACKMAN - 910-391-0565 1300 PENNSYLVANTA AVENUE NW SULTE 700 WASHINTON DC 20004						

FOUNDATION

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Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated	
	hours per week	box	box, unless person is both an officer and a director/trustee)				h an	compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) MARINA JACKMAN	40.00	l		l				00 500			
PRESIDENT AND CEO		Х		Х				23,500.	0.	0	
(2) THEODORE C. SKOKOS	2.00	١		l						•	
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0	
(3) KENNETH A. HERSH	2.00										
VICE-CHAIRMAN OF THE BOARD	1 2 00	Х		Х				0.	0.	0	
(4) RYE BARCOTT	2.00	X		x				0.	0.	0	
SECRETARY	2.00	^		^				0.	0.	0	
(5) CECILIA DEYO	2.00	X		x				0.	0.	0	
TREASURER (6) EDWIN WAHLEN	1.00	^		^				0.	0.	0	
BOARD MEMBER	1.00	X						0.	0.	0	
(7) MICHAEL R. RODRIGUEZ	2.00								•		
PRESIDENT EMERITUS	200	x						0.	0.	0	
									-		

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Part VII Section A. Officers, Directors,	Trustees, Key Em	ploye	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	box, to	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an tee)	(D) Reportable compensation from the	Reportable compensation from related organizations (W-2/1099-MISC	on d ns	an com	(F) stimate nount of other npensa rom the	of ition
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	50)	org an	ganizati d relate anizatio	ion ed
		-											
		-											
Subtotal Total from continuation sheets to Pa Total (add lines 1b and 1c)	rt VII, Section A							23,500. 0. 23,500.		0.			0.
Total number of individuals (including to compensation from the organization	out not limited to th							<u> </u>	0,000 of reportab	_		Yes	No
3 Did the organization list any former off line 1a? <i>If</i> "Yes," <i>complete Schedule J</i>	for such individual										3	100	Х
 For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a received 	\$150,000? <i>If</i> "Yes,	" con	nple	ete S	Sche	edule	e J f	for such individual			4		Х
rendered to the organization? If "Yes," Section B. Independent Contractors	complete Schedul	e J fo	or su	ıch _l	pers	son .					5		Х
1 Complete this table for your five highes the organization. Report compensation										npens	ation 1	from	
(A) Name and busir	NO	NE	3				(B) Description of s	services	С	(C Compe	C) nsation	n	
Total number of independent contractor \$100,000 of compensation from the or		ot lim	nite	d to	tho (se li:	sted	d above) who received n	nore than				

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 236,314. similar amounts not included above 1f 1g \$ g Noncash contributions included in lines 1a-1f 236,314. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold 10b **c** Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 236,314. 0. Total revenue. See instructions

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GLOBAL WAR ON TERRORISM MEMORIAL FOUNDATION

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon-	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		'	Ĭ İ	,
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	23,500.	19,975.	2,350.	1,175.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,075.	1,660.	415.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	27,455.	21,964.	5,491.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	606	505		
12	Advertising and promotion	686.	686.	006	
13	Office expenses	1,132.	906.	226.	
14	Information technology	20,388.	16,312.	4,076.	
15	Royalties				
16	Occupancy	10 670	10 670		
17	Travel	12,678.	12,678.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	47 025			47 O2E
19	Conferences, conventions, and meetings	47,835.			47,835.
20	Interest			+	
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	1,856.	1,485.	371.	
23	Other expenses. Itemize expenses not covered	1,050.	1,403.	3/10	
24	above (List miscellaneous 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 O.)				
а	PROFESSIONAL FEES	112,158.	112,158.	0.	0.
b	MISCELLANEOUS	1,743.	1,394.	349.	0.
С	MEALS & ENTERTAINMENT	1,068.	0.	0.	1,068.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	252,574.	189,218.	13,278.	50,078.
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)				
	0 10 00 00				Earm 990 (2020)

Form 990 (2020)
Part X Balance Sheet

Par	τλ	Balance Sheet					
		Check if Schedule O contains a response or	r note to	any line in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			45,017.	1	18,746
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	15,000
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, so	ubstant	al contributor, or 35%			
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descri	ribed in	section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10	а			
	b	Less: accumulated depreciation	10	b		10c	
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must	equal lir	e 33)	45,017.	16	33,746
	17	Accounts payable and accrued expenses	12,524.	17	9,380		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part	IV of Schedule D		21	
es	22	Loans and other payables to any current or	former of	fficer, director,			
		trustee, key employee, creator or founder, se	ubstant	al contributor, or 35%			
		controlled entity or family member of any of	these p	ersons		22	
-	23	Secured mortgages and notes payable to ur	nrelated	third parties		23	
	24	Unsecured notes and loans payable to unre	lated th	rd parties		24	
	25	Other liabilities (including federal income tax	k, payab	es to related third			
		parties, and other liabilities not included on I	lines 17	24). Complete Part X			
		of Schedule D			10 504	25	0 200
	26	Total liabilities. Add lines 17 through 25			12,524.	26	9,380
ဂ္ဂ		Organizations that follow FASB ASC 958,	check	nere 🕨 🔼			
ဗို့		and complete lines 27, 28, 32, and 33.			20 402		24.266
ala	27	Net assets without donor restrictions			32,493.	27	24,366
ם	28	Net assets with donor restrictions				28	
<u>.</u>		Organizations that do not follow FASB AS	SC 958,	check here 🕨 📖			
<u> </u>		and complete lines 29 through 33.					
is	29	Capital stock or trust principal, or current fur				29	
226	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate			20 402	31	24 266
ž	32	Total net assets or fund balances			32,493.	32	24,366
	33	Total liabilities and net assets/fund balances	s		45,017.	33	33,746

GLOBAL WAR ON TERRORISM MEMORIAL

47-3700489 Page **12** FOUNDATION Form 990 (2020)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,3	$\frac{14}{74}.$			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3			60.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	2,4	93.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8		8,1	33.			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

GLOBAL WAR ON TERRORISM MEMORIAL Employer identification number Name of the organization FOUNDATION 47-3700489 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
J	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,						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(=) 0010	(b) 0017	(-) 0010	(4) 0010	(=) 0000	(f) Tatal
	· · · · · · · · · · · · · · · · · · ·	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	-			-		
	organization, check this box and stop						>
	ction C. Computation of Publi						
	Public support percentage for 2020 (li					14	<u>%</u>
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts		•	-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-		* * * * * * * * * * * * * * * * * * * *	-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets th				-		. —
	organization meets the facts-and-circu	ımstances test. T	he organization q	ualifies as a publicl	y supported orgar	nization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s ▶Ш

Schedule A (Form 990 or 990-EZ) 2020 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 \

Se	ction A. Public Support	elow, please comp	nete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(-,/ : : -	(-)	(=,====	(-,	(-,	(-)
-	membership fees received. (Do not						
	include any "unusual grants.")	96,907.	1103028.	122,868.	290,709.	236,314.	1849826.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	·		•	•	•	
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	96,907.	1103028.	122,868.	290,709.	236,314.	1849826.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1849826.
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	96,907.	1103028.	(c) 2018 122, 868.	(d) 2019 290, 709.	(e) 2020 236,314.	(f) Total 1849826.
	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			,			
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)	96,907.	1103028.	122,868.	290,709.	236,314.	1849826.
	First 5 years. If the Form 990 is for th	e organization's fi				01(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Pe	rcentage				·
15	Public support percentage for 2020 (li	ine 8, column (f), d	livided by line 13,	column (f))		15	100.00 %
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves					•	
17	Investment income percentage for 20	20 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.00 %
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2020. If the					3 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box are 33 1/3% support tests - 2019. If the	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	▶ X
•	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	0.5		
	3с		
	30		
	40		
	4a		
	4-		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	7		
	8		
	9a		
	9b		
	9с		
	10a		<u></u>
	10b		
m 9	90 or 99	90-EZ)	2020
		,	

	t IV Supporting Organizations (continued)	0010	у га	age 3
ı aı	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	NO
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.15		
Ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	<i>7</i> • •		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b 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 line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" 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 Part VI the role played by the organization in this regard.

GLOBAL WAR ON TERRORISM MEMORIAL

Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION

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Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	1 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 mus	t comple	te 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):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
_2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
_4	Enter greater of line 2 or line 3.	4				
_5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		•		Current Year		
1	Amounts paid to supported organizations to accomplish exe		1				
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	าร	3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro		5				
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2020	าร	Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
	From 2015						
b	From 2016						
С	From 2017						
	From 2018						
е	From 2019						
f	Total of lines 3a through 3e						
<u>g</u>	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
	Applied to 2020 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
_	Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

GLOBAL WAR ON TERRORISM MEMORIAL

47-3700489 Page 8 Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

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

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

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

OMB No. 1545-0047

Name of the organization

GLOBAL WAR ON TERRORISM MEMORIAL FOUNDATION

Employer identification number

47-3700489

Organization type (check one):							
Filers of	:	Section:					
Form 990	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990)-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	nly a section 501(c)(s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \\ \\ \rightarrow \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\					
but it mu	ıst answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
GLOBAL WAR ON TERRORISM MEMORIAL
FOUNDATION

Employer identification number

47-3700489

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	rume, address, and 2n + 4	\$\$	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
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,902.	Person X Payroll

Name of organization
GLOBAL WAR ON TERRORISM MEMORIAL
FOUNDATION

Employer identification number

47-3700489

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
7		\$9,141.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$5,101.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 9	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 10	Name, address, and ZIP + 4	\$ 5,000.	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		
11		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b) Name address and 7IP + 4	(c) Total contributions	(d) Type of contribution		
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
GLOBAL WAR ON TERRORISM MEMORIAL
FOUNDATION

Employer identification number

47-3700489

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

Part III

Name of organization
GLOBAL WAR ON TERRORISM MEMORIAL
FOUNDATION

Employer identification number
47-3700489

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.)

S

(b) Purpose of gift

(c) Use of gift

(d) Description of how gift is held

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	•
	Transferee's name, address, a		
	iransferee's name, address, a		Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GLOBAL WAR ON TERRORISM MEMORIAL FOUNDATION

Employer identification number 47-3700489

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			0(1-)(4)(D)(2)
8	Does each conservation easement reported on line 2(d) above	•	
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linancial stater	nents that describes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections or	f Δrt Historical Treasures or (Other Similar Assets
· ui	Complete if the organization answered "Yes" on Form		other emmar 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o oximplicity, cadeation, or recognitivities	anoranoe or pasite service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or Oth	er Similar	Asset	S (contin	ued)
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that make	significant us	se of its		
	collection items (check all that apply):							
а	a Public exhibition d Loan or exchange program							
b	Scholarly research e Other							
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and explair	n how they further th	ne organization's exe	empt purpose	e in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	ntained as part of tl	ne organization's co	ollection?		🔲	Yes	No_
Pai	t IV Escrow and Custodial Arrang	•	te if the organizatio	n answered "Yes" o	n Form 990, F	Part IV, li	ne 9, or	
12	reported an amount on Form 990, Part		ian, for contribution	s or other assets no	t included			
ıa	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?							
h	If "Yes," explain the arrangement in Part XIII a					—	162	
b	ii res, explain the arrangement in Part Alli a	na complete the for	lowing table.				Amount	
_	Paginning balance				1c		Amount	
	Beginning balance							
	Additions during the year							
_	Distributions during the year							
f 22	Ending balance Did the organization include an amount on Fo						Yes	□ No
	If "Yes," explain the arrangement in Part XIII.	·	•			Ш		
	t V Endowment Funds. Complete if							
	T T T T T T T T T T T T T T T T T T T	(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	rs hack	(a) Four	years back
1 a	Beginning of year balance	0.	82,519.	` ,	(a) moo you	TO BUOK	(C) rour	youro buon
b	Contributions		7 - 7	, , , , , , , , , , , , , , , , , , , ,	891	,218.		
	Net investment earnings, gains, and losses					,		
	Grants or scholarships							
	Other expenditures for facilities							
·	and programs	0.	82,519.	808,699.				
f	Administrative expenses	-	, -	, -				
	End of year balance			82,519.	891	,218.		
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1g. column (a			<u>, </u>		
	Board designated or quasi-endowment	orre your orra balario	%	()) Hold do.				
b	Permanent endowment	%						
	Term endowment ▶ %							
•	The percentages on lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posses	•	tion that are held a	nd administered for	the organizat	ion		
	by:				g		Į.	Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Pai	t VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or ot basis (investm			Accumulated epreciation		(d) Book	value
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
	. Add lines 1a through 1e. (Column (d) must eq		X, column (B), line 1	0c.))			0.

47-3700489 Page **3**

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives	,,	, ,	
2) Closely held equity interests			
3) Other			
(A)			
· ·			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (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 en	d-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" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
Part X Other Liabilities. Complete if the organization answered "Yes"	,	ullo or lif Soo Form 000 Part V line 2	
. (a) Description of liability	o 550, r art iv, iiile		(b) Book value
			(2) 2001 14140
(1) Federal income taxes			
(2)			
(0)			
(3)			i
(4)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8) (9)	⊋ 25.)	>	
(4) (5) (6) (7) (8)			that reports the

GLOBAL WAR ON TERRORISM MEMORIAL FOUNDATION

Schedule D (Form 990) 2020

47-3700489 Page 4

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per R	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	417,319.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	181,005.		
С	. , ,				
d	Other (Describe in Part XIII.)	2d			4.4.4.4.
е	•			2e	181,005.
3	Subtract line 2e from line 1			3	236,314.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,				
b	7	4b			0
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	236,314.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		n Expenses per	Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				122 570
1	Total expenses and losses per audited financial statements			1	433,579.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	181,005.		
a			101,003.	-	
b		_		-	
C	***************************************			-	
d	, , , , , , , , , , , , , , , , , , , ,	' <u>-</u>			181,005.
e	•			2e 3	252,574.
3	Subtract line 2e from line 1			3	232,374.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	امدا			
a	, , , , , , , , , , , , , , , , , , , ,			-	
b				4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18</i>			5	252,574.
_	rt XIII Supplemental Information.	<i>5.)</i>			23273714
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar			4; Part X,	line 2; Part XI,
PAI	RT X, LINE 2:				
MAI	NAGEMENT HAS ASSESSED THE ORGANIZATION'	S TAX POS	SITIONS AND	CON	CLUDED
THZ	AT THERE WERE NO UNCERTAIN TAX POSITION	S REQUIRI	NG RECOGNI	TION	IN THE
FII	NANCIAL STATEMENTS AS OF DECEMBER 31, 2	020. ALI	YEARS AFT	ER 20	17 REMAIN
OPI	EN TO EXAMINATION BY TAX AUTHORITIES.				

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

GLOBAL WAR ON TERRORISM MEMORIAL FOUNDATION

Employer identification number 47-3700489

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

FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTING FIRM AND A DRAFT COPY IS PROVIDED TO THE ORGANIZATION'S MANAGEMENT. THE BOARD OF DIRECTORS REVIEW AND APPROVE THE FORM 990 PRIOR TO ITS FILING WITH THE IRS.

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

ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST AT TIMES ORGANIZATIONAL DECISIONS ARE MADE. THIS IS REVIEWED BY THE COMPLIANCE OFFICER AT LEAST ANNUALLY.

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

EXECUTIVE COMMITTEE REVIEWS AND APPROVES CEO COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION COMPLIES WITH IRC SECTION 6104 AND MAKES ITS FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

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

THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL

STATEMENTS, AND GOVERNING DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION UPON

REQUEST.

FORM 990, PART XII, LINE 2C

THE ENTIRE EXECUTIVE LEADERSHIP COMMITTEE, CONSISTING OF THE CHAIRMAN,

VICE-CHAIRMAN, SECRETARY, AND TREASURER, OVERSEE THE AUDIT OF THE

FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITORS.

Schedule O (Form 990 or s	990-EZ) 2020		Page 2
Name of the organization	GLOBAL WAR ON TERRORISM MEM FOUNDATION	ORIAL	Employer identification number 47-3700489