** PUBLIC DISCLOSURE COPY **

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Return of Organization Exempt From Income Tax

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

and ending

OMB No. 1545-0047

Inspection

Department of the Treasury

A For the 2023 calendar year, or tax year beginning

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

Check if applicable: C Name of organization D Employer identification number GLOBAL WAR ON TERRORISM MEMORIAL Address change FOUNDATION Name change 47-3700489 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 910-391-0565 1300 PENNSYLVANIA AVE NW 700 termin-ated 2,252,133. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended 20004 WASHINGTON, DC H(a) Is this a group return Applica-F Name and address of principal officer: MICHAEL R. RODRIGUEZ Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) ((insert no.) _ 4947(a)(1) or [527 If "No," attach a list. See instructions WWW.GWOTMEMORIALFOUNDATION.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association L Year of formation: 2015 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: BUILDING THE NATIONAL GLOBAL WAR Activities & Governance ON TERRORISM MEMORIAL ON THE MALL IN WASHINGTON, D.C. oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 8 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 100 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 2,695,769 2,252,133. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,695,769 2,252,133. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. 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) 353,678. 1,148,304. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 822,430. 1,593,236. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,176,108. 2,741,540. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -489,407. 1,519,661. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,806,973. 3,284,226. 20 Total assets (Part X, line 16) 37,192. 460,565. 21 Total liabilities (Part X, line 26) 769,781. 2,823,661. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MICHAEL R. RODRIGUEZ, CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid RICHARD E. DYNOSKE RICHARD E. DYNOSKE P00095538 Firm's EIN 25-1638525 GROSSMAN YANAK & FORD Preparer Firm's name Use Only Firm's address 444 LIBERTY AVENUE, SUITE 500 Phone no. (412)338-9300 PITTSBURGH, PA 15222 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Pai	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: WE LEAD THE CONGRESSIONALLY-DESIGNATED EFFORT TO PLAN, FUND, AND BUILD
	THE NATIONAL GWOT MEMORIAL IN DC TO HONOR UNIFORMED AND NON-UNIFORMED
	PERSONNEL WHO HAVE AND WILL SERVE IN THE GWOT, AS WELL AS FAMILY
	MEMBERS AND CIVILIANS WHO HAVE SUPPORTED THEM THROUGHOUT THE CONFLICT.
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.
7	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 \$ 1,280,316 • including grants of \$) (Revenue \$)
Tu	THE FOUNDATION UNDERTAKES DAILY ACTIVITIES RELATED TO SITE SELECTION,
	MEMORIAL DESIGN, AND FUNDRAISING. THE FOUNDATION ALSO COORDINATES WITH
	THE APPROPRIATE AUTHORITIES TO ENSURE COMPLIANCE WITH RULES AND
	REGULATIONS GOVERNING THE CONSTRUCTION OF A MEMORIAL ON FEDERAL LAND IN
	WASHINGTON, D.C. AS A RESULT OF THESE EFFORTS, THE FOUNDATION RECEIVED
	AUTHORIZATION FROM THE NATIONAL CAPITAL PLANNING COMMISSION FOR ITS
	LOCATION ADJACENT TO THE LINCOLN MEMORIAL AND THE VIETNAM VETERANS
	MEMORIAL AND BEGAN THE DESIGN PROCESS. THE FOUNDATION SUBSEQUENTLY
	BEGAN BUILDING THE DESIGN TEAM, AND ASSEMBLING AND ENGAGING OUR DESIGN
	ADVISORY COUNCIL REPRESENTATIVE OF OUR STAKEHOLDERS.
4b	(Code:) (Expenses \$ 225,938 • including grants of \$) (Revenue \$)
	THE GLOBAL WAR ON TERRORISM MEMORIAL FOUNDATION UNDERTAKES EDUCATIONAL
	PROGRAMMING AND OUTREACH EFFORTS TO ADVANCE A NATIONAL UNDERSTANDING OF
	THE GLOBAL WAR ON TERRORISM AND THE SERVICE OF THOSE WHO HAVE
	PARTICIPATED IN IT. IN 2023, THE FOUNDATION CONTINUED HOSTING EVENTS ON
	THE NATIONAL MALL TO PROMOTE AWARENESS OF ITS MISSION. THE FOUNDATION
	FURTHER SCALED ITS SOCIAL MEDIA PRESENCE AND TOUTED ITS MESSAGE AT
	NATIONAL EVENTS HOSTED BY SUPPORTIVE VETERAN SERVICE ORGANIZATIONS AND
	CORPORATIONS. THE FOUNDATION FURTHER BOLSTERED ITS COLLECTION OF
	LEADERS CONDUCTING STRATEGIC OUTREACH TO VARIOUS SUPPORTER GROUPS.
	ADDITIONALLY, THE FOUNDATION PROUDLY LAUNCHED A FIRST-OF-ITS-KIND INPUT
	CAMPAIGN, "HELP DESIGN HISTORY"TO GIVE THE PUBLIC A VOICE IN THE
	MEMORIAL'S DESIGN.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,506,254.
	Form 990 (2023)

Form 990 (2023) 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		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			
لہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	77
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 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	111	-1	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40,		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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GLOBAL WAR ON TERRORISM MEMORIAL FOUNDATION

Form 990 (2023) FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			٠,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	200		X
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		-25
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ta 18 Enter the number of Forms W-2G included on line 1a. Enter -0, if not applicable.	4		
b	Enter the humber of Forms w 2d moded of time ra. Enter of infort applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
	(gambling) winnings to prize winners?	1c	22	Щ

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

GLOBAL WAR ON TERRORISM MEMORIAL

			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	8	37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			177
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3t)	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			_v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48		X
р	If "Yes," enter the name of the foreign country	-		
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		X
5a	, , , , , , , , , , , , , , , , , , , ,			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			+**
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
va	any contributions that were not tax deductible as charitable contributions?	6		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	···		+
-	were not tax deductible?	6k	,	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? 7 a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	70	:	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	1	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	C? 7		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9k)	
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	_		
11	Section 501(c)(12) organizations. Enter:	-		
	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?	12	а	
	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?	13	а	
	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	_		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?			X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14	<u> </u>	1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			\ _v
	excess parachute payment(s) during the year?	15	•	X
16	If "Yes," see the instructions and file Form 4720, Schedule N.			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		^
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	.	
	If "Yes," complete Form 6069.	··· ''		

Form 990 (2023)

47-3700489

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			
	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 8			
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		X
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		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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)(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, are	d finai	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			
	MICHAEL R. RODRIGUEZ - 910-391-0565			
	1300 PENNSYLVANIA AVENUE, NW SUITE 700, WASHINTON, DC 20004			

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Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(7) WILLIAM KRAUS 1.00 BOARD MEMBER X 0.0.0 (8) GENERAL JOSEPH L. VOTEL 1.00 BOARD MEMBER X 0.0.0 (9) ISAIA VIMOTO 1.00	Check this box if neither the organization nor any related organization compensated any current officer, direct											
Compensation from the compensation from th			Position (do not check more than one box, unless person is but an officer and principles between						` '	l ' '		
Week (list any hours for related organizations below line) Way T SMITH Was T SMI	Name and title					than	one					
Control Cont		•				is bot or/trus	h an tee)	· ·	•			
(1) MICHAEL R. RODRIGUEZ			_					Ú				
(1) MICHAEL R. RODRIGUEZ		, ,	direct				P				•	
(1) MICHAEL R. RODRIGUEZ			ee or	stee			nsate			1 '		
(1) MICHAEL R. RODRIGUEZ		organizations	trust	nal tru		oyee	ompe		1	,	and related	
(1) MICHAEL R. RODRIGUEZ			vidua	itutior	Je.	empl	nest c	ner			organizations	
RESIDENT/CEO		,	lndi	Inst	Offic	Key	High	For				
(2) WYATT SMITH		40.00							220 000	_	10 050	
VICE PRESIDENT OF DEVELOPMENT		40.00	X		X				330,000.	0.	12,258.	
CALAIRMAN OF THE BOARD		40.00							050 000		26 004	
X X X X X X X X X X	•	2 00	X						250,000.	0.	36,984.	
(4) KENNETH A. HERSH 2.00 VICE-CHAIRMAN OF THE BOARD X X 0. 0. 0. (5) RYE BARCOTT 2.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. (6) CECILIA DEYO 2.00 X X 0. 0. 0. TREASURER X X 0. 0. 0. 0. 0. (7) WILLIAM KRAUS 1.00 0. 0. 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		2.00	\ \		\ \ **					_	_	
VICE-CHAIRMAN OF THE BOARD X	•	2 00	Δ.		Λ				0.	0.	0.	
SECRETARY X X 0 0 0 0 0 0 0 0		2.00	v		v					<u></u>	n	
X X 0. 0. 0. 0. 0.		2.00	^		^	_			0.	0.	· ·	
CECILIA DEYO		2.00	x		x				0.	٥.	0.	
X X 0. 0. 0. 0. (7) WILLIAM KRAUS		2,00								•	•	
(7) WILLIAM KRAUS BOARD MEMBER (8) GENERAL JOSEPH L. VOTEL BOARD MEMBER (9) ISAIA VIMOTO 1.00 X 0. 0. 0. 0. 0. 0.			x		x				0.	0.	0.	
(8) GENERAL JOSEPH L. VOTEL BOARD MEMBER (9) ISAIA VIMOTO 1.00 1.00	(7) WILLIAM KRAUS	1.00							-			
(8) GENERAL JOSEPH L. VOTEL BOARD MEMBER (9) ISAIA VIMOTO 1.00 1.00	BOARD MEMBER		х						0.	0.	0.	
(9) ISAIA VIMOTO 1.00	(8) GENERAL JOSEPH L. VOTEL	1.00										
	BOARD MEMBER		Х						0.	0.	0.	
BOARD MEMBER X 0. 0. 0. 0.	(9) ISAIA VIMOTO	1.00										
	BOARD MEMBER		Х						0.	0.	0.	
			1									
			1									

Page 8

Section A. Officers, Directors, Trus	1	pioy	ees			gne	StC	 	, ,			(F)	
(A)	(B)	(C) Position			1		(D)	(E)		_	(F)		
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable	1		stimat	
	week					is bot or/trus		compensation	compensation		ar	nount	
	(list any	.o.					Ė	from the	from related organization	- 1	con	other opensa	
	hours for	direct				_		organization	(W-2/1099-MI			rom th	
	related	e 0r 0	stee			sate		(W-2/1099-MISC/	1099-NEC	1		ganiza	
	organizations	ruste	l trus		ee Ge	mper		1099-NEC)	10001120	'	_	d rela	
	below	dual	nijon	_	oldu	st co	 					anizat	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former						
					_								
1b Subtotal							<u> </u>	580,000.		0.	4	9,2	42.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								580,000.		0.	4	9,2	42.
2 Total number of individuals (including but i								eceived more than \$100	,000 of reportab	ole			
compensation from the organization												l v	2
3 Did the organization list any former officer	director trust	00 1	·0\/ ·	nmn	lovo		r hic	shoet componeated omr	dovoo on	ļ		Yes	No
line 1a? If "Yes," complete Schedule J for s			•		•	-	_	•	•		3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual			4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	dual for services	3			
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or st	uch	pers	son .					5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mnoncotod in	done	ando	nt o	onti	roote	oro t	that received more than	\$100,000 of oor		otion	from	
the organization. Report compensation for	-	-								препъ	alion	110111	
(A)								(B)				C)	
Name and business MICHAEL WINSTANLEY ARCHI		דת	- 7. 7.	TNTT	מיק	<u>с т</u>	20	Description of s ARCHITECTURA		C	ompe	nsatio	n
107 N WEST STREET, ALEXA								SERVICES	ш	ĺ	23	3,4	79.
MINERVA CONSULTING, LLC,								COMMUNICATIO	NS				
TRAIL #203, RICHARDSON, TX 75080							i	SERVICES			12	7,8	19.
MARLON BLACKWELL ARCHITE							ARCHITECTURA	L					
42 E CENTER STREET, FAYETTEVILLE, AR 72701 SERVICES									10	3,8	54.		
2 Total number of independent contractors (including but n	ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ	ization					3							

Part VIII Statement of Revenue 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 2,252,133. similar amounts not included above 1f 1g \$ g Noncash contributions included in lines 1a-1f 2,252,133. 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) (i) Securities (ii) Other 7 a Gross amount from sales of 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 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 **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 2,252,133. 0. Total revenue. See instructions 12

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 response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,076,996. 333,904. 199,933. 543,159. trustees, and key employees 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 35,962. 71,308. 22,108. 13,238. Payroll taxes 10 Fees for services (nonemployees): a Management 88,670. 88,670. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 70,399. 70,399. Advertising and promotion 12 19,178. 19,178. Office expenses 13 91,217. 114,021. 22,804. 14 Information technology Royalties 15 16 Occupancy 146,324. 102,427. 43,897. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 19,522. 19,522. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 3,675. 3,675. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,103,212. 66,970. 952,968. 83,274. PROFESSIONAL/CONSULTING 24,448. OUTREACH EVENTS 24,448. **MISCELLANEOUS** 3,787. 3,787. С d All other expenses е 2,741,540 1,506,254. 502,972. 732,314. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2023)
Part X Balance Sheet

Pa	πx	Balance Sheet	
		Check if Schedule O contains a response or note to any line in this P	art X
			(A) (B) Beginning of year End of year
	1	Cash - non-interest-bearing	2,051,973. 1 914,722
	2	Savings and temporary cash investments	2
	3	Pledges and grants receivable, net	
	4	Accounts receivable, net	
	5	Loans and other receivables from any current or former officer, direct	
		trustee, key employee, creator or founder, substantial contributor, or	35%
		controlled entity or family member of any of these persons	5
	6	Loans and other receivables from other disqualified persons (as defin	ed
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6
ţ	7	Notes and loans receivable, net	7
Assets	8	Inventories for sale or use	
Ä	9	Prepaid expenses and deferred charges	
	10a	Land, buildings, and equipment: cost or other	
		basis. Complete Part VI of Schedule D 10a	
	b	Less: accumulated depreciation 10b	10c
	11	Investments - publicly traded securities	11
	12	Investments - other securities. See Part IV, line 11	12
	13	Investments - program-related. See Part IV, line 11	13
	14	Intangible assets	14
	15	Other assets. See Part IV, line 11	0. 15 550,091
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,806,973. 16 3,284,226
	17	Accounts payable and accrued expenses	37,192. 17 460,565
	18	Grants payable	18
	19	Deferred revenue	19
	20	Tax-exempt bond liabilities	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	
es	22	Loans and other payables to any current or former officer, director,	
≝		trustee, key employee, creator or founder, substantial contributor, or	35%
Liabilities		controlled entity or family member of any of these persons	22
_	23	Secured mortgages and notes payable to unrelated third parties	23
	24	Unsecured notes and loans payable to unrelated third parties	24
	25	Other liabilities (including federal income tax, payables to related third	
		parties, and other liabilities not included on lines 17-24). Complete Pa	rt X
		of Schedule D	25
	26	Total liabilities. Add lines 17 through 25	37,192. 26 460,565
s		Organizations that follow FASB ASC 958, check here	
၁င		and complete lines 27, 28, 32, and 33.	0 760 701
aa	27	Net assets without donor restrictions	
Ö	28	Net assets with donor restrictions	28
Ĕ		Organizations that do not follow FASB ASC 958, check here	
ř		and complete lines 29 through 33.	
ts (29	Capital stock or trust principal, or current funds	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	0 - 00 - 01
ž	32	Total net assets or fund balances	
	33	Total liabilities and net assets/fund balances	2,806,973. 33 3,284,226

Form **990** (2023)

GLOBAL WAR ON TERRORISM MEMORIAL

47-3700489 Page **12** FOUNDATION Form 990 (2023)

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	2,25					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,74 -48					
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6	54	3,2	87.			
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2,82	3,6	61.			
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 on Schedule	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization GLOBAL WAR ON TERRORISM MEMORIAL FOUNDATION

Employer identification number 47-3700489

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	See instructions.						
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)							
1	Ň	A church, convention of ch	•		•	•							
2	П	A school described in sect i	•				• //• • //•						
	H			•		V6V4V6V:	::\						
3	H	A hospital or a cooperative											
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,					
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	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 describe		(1)(A)(vi). (Complete Par	t II)								
9	Ħ	An agricultural research org				ed in coni	ınction with a land-grant	college					
J		-				-	-	-					
		or university or a non-land-g	grant college or agric	ulture (see iristructions).	Lillei lile	marrie, city	y, and state of the colleg	J e oi					
40		university:											
10		An organization that norma											
		activities related to its exen		•	` '		• •	•					
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.					
		See section 509(a)(2). (Cor	mplete Part III.)										
11	Щ	An organization organized a	and operated exclus	ively to test for public sa	ıfety.See s	section 50)9(a)(4).						
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or					
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section (509(a)(2).	See section 509(a)(3). (Check the box on					
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.						
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), typically by	giving					
		the supported organization	•	•	•								
		organization. You must o			,,								
b		Type II. A supporting org			tion with it	e sunnort	ed organization(s), by ha	avina					
		control or management o	•					-					
		-			arrie perso	JIIS IIIAI CO	ontrol of manage the sup	pported					
		organization(s). You mus				41		1241-					
С							• •	ea with,					
		its supported organization		•									
d		⊥ Type III non-functionally	, integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	ization(s)					
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a disti	ribution re	quirement and an attent	iveness					
	_	_ requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.						
е	L	☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III						
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.							
f	Ente	er the number of supported o	organizations										
g	Prov	vide the following information	about the supporte	ed organization(s).				•					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
				above (oce morraonomy)									
T-4-	-1												

Pa	(Complete only if you checke fails to qualify under the tests	ed the box on line 5	5, 7, or 8 of Part I o	r if the organizatio			•
80	ction A. Public Support	s listed below, piez	ase complete Fait i				
	<u>''</u>	(-) 0040	(L) 0000	/-\ 0004	(-1) 0000	/-\ 0000	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
'	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	290,709.	236,314.	1887253.	1945676.	2252133.	6612085.
2	Tax revenues levied for the organ-	230,703.	230,311.	1007233	13430700	2232133.	00120031
_	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	290,709.	236,314.	1887253.	1945676.	2252133.	6612085.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						867,758.
	Public support. Subtract line 5 from line 4.						5744327.
	ction B. Total Support	1			_		
	ndar year (or fiscal year beginning in)	(a) 2019 290, 709.	(b) 2020 236,314.	(c) 2021 1887253.	(d) 2022 1945676.	(e) 2023 2252133.	(f) Total 6612085.
	Amounts from line 4	290,709.	230,314.	100/255.	1945070.	2232133.	0012000.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
0	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						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6612085.
	Gross receipts from related activities	. etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for the						
	organization, check this box and stop		······	•		. , . ,	
Sec	ction C. Computation of Publ						
14	Public support percentage for 2023 (line 6, column (f), c	divided by line 11,	column (f))		14	86.88 %
15	Public support percentage from 2022	2 Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ts-and-circumstand	ces test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2023

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

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

Sec	qualify under the tests listed beat ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(a) 2019	(b) 2020	(6) 2021	(u) 2022	(e) 2023	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
L	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						_
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		1		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	 					
10a	Gross 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						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_							<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2023 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves						
17	·					17	%
18	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2023. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization qual	fies as a publicly	supported organiza	ation	
k	33 1/3% support tests - 2022. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	2		
	За		
	3b		
	3с		
	4a		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	3		
	9a		
	9b		
	9c		
	90		
	10a		
	10b	000	2025
dule	A (Forr	n 990)	2023

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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)	١-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	$\overline{}$	
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 on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		20		
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
U	pia 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 FOUNDATION

Schedule A (Form 990) 2023

47-3700489 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	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):			
а	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	ally integra	ated Type III supporting org	anization (see

Schedule A (Form 990) 2023

instructions).

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50110	t V Torre III New Torretter alle teste and teste 1500	(-)(0) O O			rage r
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizaτions _{(continu}	ıed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7:				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
	LAUUGG II UIII EUEU				

Schedule A (Form 990) 2023

GLOBAL WAR ON TERRORISM MEMORIAL
Schedule A (Form 990) 2023 FOUNDATION 47-3700489 Page 8

Part VI 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.)

(See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

Name of the organization GLOBAL WAR ON TERRORISM MEMORIAL

Employer identification number

FOUNDATION

47-3700489

Organiz	Organization type (check one):					
Filers of	:	Section:				
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
501(c)(3) taxable private foundation		501(c)(3) taxable private foundation				
		s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	eneral Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
X	sections 509(a)(1) a contributor, during	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), Part II, line 13, 16a, or 16b, and that received from any one 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	n 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., applete 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\$				
answer "	ution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ewer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify tit doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2023)

Name of organization
GLOBAL WAR ON TERRORISM MEMORIAL
FOUNDATION

Employer identification number

47-3700489

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 100,000.	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
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
GLOBAL WAR ON TERRORISM MEMORIAL
FOUNDATION

Employer identification number

47-3700489

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

Schedule B (Form 990) (2023) Name of organization Employer identification number GLOBAL WAR ON TERRORISM MEMORIAL FOUNDATION 47-3700489 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. 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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

GLOBAL WAR ON TERRORISM MEMORIAL Name of the organization FOUNDATION

Employer identification number 47-3700489

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		millar Fullus Of /	Accounts. Complete if the	;
	g, w.t.t.,	(a) Donor advised	d funds	(b) Funds and other accoun	nts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	ld in donor advised fu	nds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes	└─ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	ınt funds can be used	only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for an	y other purpose confe	erring	
	impermissible private benefit?				└── No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).			
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a his	torically important land area	
	Protection of natural habitat		Preservation of a cer	tified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribu	ution in the form of a o		
	day of the tax year.			Held at the End of the	Tax Year
	Total number of conservation easements				
	Total acreage restricted by conservation easements				
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	a	2c	
d	Number of conservation easements included on line 2c acqu				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or to	erminated by the orga	anization during the tax	
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it				└─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conserva	tion easements during the ye	ear
7	Amount of our anger incurred in manitoring inspecting hand	lling of violetions, and an	forcing concentation (accoments during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	alling of violations, and em	lording conservation e	easements during the year	
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(F	3)(i)	
Ū	and section 170(h)(4)(B)(ii)?				☐ No
9	In Part XIII, describe how the organization reports conservation				
•	balance sheet, and include, if applicable, the text of the footr		· · · · · · · · · · · · · · · · · · ·		
	organization's accounting for conservation easements.	Total to the organization o	mariolal statements	and docombos and	
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Tre	asures, or Other	Similar Assets.	
	Complete if the organization answered "Yes" on Form	•	•		
1a	If the organization elected, as permitted under FASB ASC 95	68, not to report in its reve	enue statement and b	alance sheet works	
	of art, historical treasures, or other similar assets held for pub	· ·			
	service, provide in Part XIII the text of the footnote to its finar			,	
b	If the organization elected, as permitted under FASB ASC 95			ce sheet works of	
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.	, ,		,	
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
	mn			_	
2	If the organization received or held works of art, historical treations				
_	the following amounts required to be reported under FASB A			· •	
а	Revenue included on Form 990, Part VIII, line 1	~		\$ <u> </u>	
	Assets included in Form 990 Part Y			œ	

GLOBAL WAR ON TERRORISM MEMORIAL

FOUNDATION Schedule D (Form 990) 2023 FOUNDATION

Part III | Organizations Maintaining Collections 47-3700489 Page 2

Pai	t III Organizations Maintaining C	ollections of A	rt, Historicai i	reasures, or Ot	ner Simil	ar Asse	LS (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	e following that make	e significant	use of its		
	collection items (check all that apply).							
а	Public exhibition	d	I <u>□</u> Loan or ex	change program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization's ex	kempt purp	ose in Parl	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or other simi	lar assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the organization's o	collection?			Yes	No_
Pai	rt IV Escrow and Custodial Arran	gements Comple	te if the organization	on answered "Yes" o	n Form 990	, Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian, or other interme	diary for contribution	ons or other assets r	not included	t		
	on Form 990, Part X?] Yes	O No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on F						Yes	No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	xplanation has bee	n provided in Part XI	II			
Pai								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four ye	ars back
1a	Beginning of year balance						{	82,519.
	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs						{	82,519.
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column	(a)) held as:	•			
а	Board designated or quasi-endowment		%					
	Permanent endowment	%	_					
С	Term endowment	 %						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered fo	r the			
	organization by:						Ye	es No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the	e organization's endo	owment funds.					
Pai	t VI Land, Buildings, and Equipm	nent						
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a.	See Form 990, Part	X, line 10.			
	Description of property	(a) Cost or o	other (b) Cos	st or other (c)	Accumulate	ed	(d) Book v	alue
		basis (investr	ment) basis	s (other)	lepreciation	<u> </u>		
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c, colum	n (B))				0.

Schedule D (Form 990) 2023 FOUNDATION	ON TERRORISM	MEMORIAL	47-3700489 Page 3
Part VII Investments - Other Securities			17 0700103 Tage C
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)	<u> </u>		
(E)	_		
(F)		<u> </u>	
(G)			
(H) Total (Col. (h) must equal Form 000. Part V. line 12. col. (P.))			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) 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	
(1)	. ,		,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	<u> </u>		
(9)	_		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets	·		
Complete if the organization answered "Yes"	on Form 900 Part IV line	11d See Form 990 Part V line 15	
	Description	11d. 3ee 1 0111 330,1 art X, iiile 13.	(b) Book value
(1) CONTRIBUTIONS RECEIVABLE			543,285.
(2) OTHER ASSETS			6,806.
(3)			,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	 		FF0 001
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	I. (B))		550,091
Complete if the organization answered "Yes"	on Form 900 Part IV line	a 110 or 11f Soo Form 990 Part V II	ino 25
(a) Description of liability	0111 01111 990, 1 ait 10, iiile	The or Th. See Form 930, Fart X, II	(b) Book value
(1) Federal income taxes			(w) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	I. (B))		

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

Part XI Reconciliation of Revenue per Audited Fir Complete if the organization answered "Yes" on Form 9		its with	Revenue per H	teturn	1
1 Total revenue, gains, and other support per audited financial st				1	2,849,993.
2 Amounts included on line 1 but not on Form 990, Part VIII, line					
a Net unrealized gains (losses) on investments		2a			
b Donated services and use of facilities		2b	597,860.		
c Recoveries of prior year grants		2c	·		
d Other (Describe in Part XIII.)					
e Add lines 2a through 2d				2e	597,860.
3 Subtract line 2e from line 1				3	2,252,133.
4 Amounts included on Form 990, Part VIII, line 12, but not on lin					· · · · · · · · · · · · · · · · · · ·
a Investment expenses not included on Form 990, Part VIII, line		4a			
b Other (Describe in Part XIII.)		4b			
c Add lines 4a and 4b				4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990,				5	2,252,133.
Part XII Reconciliation of Expenses per Audited Fi				Retu	
Complete if the organization answered "Yes" on Form 9					
1 Total expenses and losses per audited financial statements				1	2,796,113.
2 Amounts included on line 1 but not on Form 990, Part IX, line 2					
a Donated services and use of facilities		2a	54,573.		
b Prior year adjustments		2b			
c Other losses		2c			
d Other (Describe in Part XIII.)					
e Add lines 2a through 2d				2e	54,573.
3 Subtract line 2e from line 1				3	2,741,540.
4 Amounts included on Form 990, Part IX, line 25, but not on line					
a Investment expenses not included on Form 990, Part VIII, line	7b	4a			
b Other (Describe in Part XIII.)		4b			
c Add lines 4a and 4b				4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990				5	2,741,540.
Part XIII Supplemental Information					
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				4; Part	X, line 2; Part XI,
PART X, LINE 2:					
MANAGEMENT HAS ASSESSED THE ORGANI	ZATION'S TA	X POS	SITIONS AND	COI	NCLUDED
THAT THERE WERE NO UNCERTAIN TAX P	OSITIONS RE	QUIRI	NG RECOGNI	TIO	N IN THE
FINANCIAL STATEMENTS AS OF DECEMBE	R 31, 2023.	ALI	YEARS AFT	ER	2020 REMAIN
OPEN TO EXAMINATION BY TAX AUTHORI	TIES.				

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Part I

GLOBAL WAR ON TERRORISM MEMORIAL FOUNDATION

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 47-3700489

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

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation			· ·		reported as deferred on prior Form 990	
(1) MICHAEL R. RODRIGUEZ (i)								0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.		0.	
(2) WYATT SMITH	(i)	250,000.	0.	0.	10,000.	26,984.		0.	
VICE PRESIDENT OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE EXECUTIVE LEADERSHIP REVIEWS AND APPROVES THE CEO'S COMPENSATION.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

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 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 ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE LEADERSHIP REVIEWS AND APPROVES CEO COMPENSATION, AS WELL AS THE COMPENSATION OF KEY EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 18: AVAILABLE ON FOUNDATION'S WEBSITE. 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 COMMITTEE'S OVERSIGHT PROCESS HAS NOT BEEN CHANGED DURING THE TAX YEAR.