** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	2022 calendar year, or tax year beginning and ending		
	Check if applicable	C Name of organization	D Employer identific	cation number
	Addres			
	Name change		25-18284	88
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 40 PATRIOTS POINT ROAD	suite E Telephone numbe 703-469-	
	return/ termin- ated		G Gross receipts \$	3,249,783.
	Ameno return	MT PLEASANT, SC 29464	H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: DKIII SUADINGKI	for subordinates	? Yes X No
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No
1	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a	list. See instructions
	Websit		H(c) Group exemptio	
			Year of formation: 1999 N	State of legal domicile: PA
P	art I	Summary		
ď	1	Briefly describe the organization's mission or most significant activities: ${ t TO t PERPE}$	TUATE THE MEDA	AL OF
Š		HONOR'S LEGACY OF COURAGE, SACRIFICE, AND PA	TRIOTISM AND S	UPPORT THE
Governance	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net ass	
Š	3		3	7
<u>ب</u> ق	4	Number of independent voting members of the governing body (Part VI, line 1b)		7
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		3
Activities &	6	Total number of volunteers (estimate if necessary)		7
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,155,122.	894,008.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,279,290.	29,325.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,471.	5,448. 928,781.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,482,883. 2,067,572.	2,799,207.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,007,572.	2,199,201.
		Benefits paid to or for members (Part IX, column (A), line 4)	306,926.	186,878.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 98,804.	0.	<u> </u>
Ä	1,0	Total fundraising expenses (Part IX, column (D), line 25) 98,804. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	356,769.	283,500.
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,731,267.	3,269,585.
	1	Revenue less expenses. Subtract line 18 from line 12	1,751,616.	-2,340,804.
	4 13	Heveride less expenses. Subtract line 10 from line 12	Beginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)	10,060,291.	7,271,505.
ASS	21	Total liabilities (Part X, line 26)	11,479.	13,629.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	10,048,812.	7,257,876.
P	art II	Signature Block	, , , , , , , , , , , , , , , , , , , ,	, - ,
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	oarer has any knowledge.	
Sig	n	Signature of officer	Date 25 Se	ept 2023
He	re	BRITT SLABINSKI, TREASURER JULY DOLL		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	JANICE A RATICA Janu 4 Katica	09/25/23 self-employ	
Pre	parer	Firm's name ELLIOTT DAVIS, LLC/PL/LC	Firm's EIN 5	7-0381582
Use	Only	Firm's address 500 EAST MOREHEAD STREET, SUITE 700		
		CHARLOTTE, NC 28202	Phone no. (7	04) 333-8881
Ма	v the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MEDAL OF HONOR FOUNDATION'S MISSION AND PURPOSE IS PROVIDE FUNDS
	TO SUPPORT THE CONGRESSIONAL MEDAL OF HONOR SOCIETY. IN DOING SO, THE
	FOUNDATION SUPPORTS THE SOCIETY IN ADVANCING THEIR MISSION TO
	PERPETUATE THE MEDAL OF HONOR'S LEGACY OF COURAGE, SACRIFICE, SELFLESS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	· / /1 · · · · · · · · · · · · · · · · ·
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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 \$
ти	PROMOTION OF THE LEGACY OF THE MEDAL OF HONOR AND ITS RECIPIENTS
	THROUGH PUBLIC RECOGNITION OF THE COURAGE AND SACRIFICE OF AMERICAN
	SERVICEMEN. FOR 2022, 90% OF ALL EXPENSES WERE INCURRED TO SUPPORT THE
	PROGRAMS AND MISSION OF THE MEDAL OF HONOR FOUNDATION AND THE
	CONGRESSIONAL MEDAL OF HONOR SOCIETY.
4b	(Code:) (Expenses \$ 2,799,207. including grants of \$ 2,799,207.) (Revenue \$)
	PROVIDE GRANTS TO THE CONGRESSIONAL MEDAL OF HONOR SOCIETY IN SUPPORT
	OF THEIR PROGRAMS AND OPERATIONS.
4c	(Code:) (Expenses \$
	FACILITATE OPPORTUNITIES FOR MEDAL OF HONOR RECIPIENTS TO PERFORM
	COMMUNITY OUTREACH AND SHARE THEIR INSPIRATIONAL MESSAGES WITH OTHERS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,938,976.
	Form 930 (2022)

Form 990 (2022) MEDAL OF HONOR FOUNDATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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, VII, 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

232003 12-13-22

Form **990** (2022)

	1990 (2022) MEDAL OF HONOR FOUNDATION, INC. 25-182	<u> </u>	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		I	Γ
00	Did the consciention was at account the off 000 of sounds an ather assistance to an few demantic individuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			125
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
·	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	214		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	.		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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)?			Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	. 36	Х	
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	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		L
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

232004 12-13-22

Form **990** (2022)

(gambling) winnings to prize winners?

Form 990 (2022) MEDAL OF HONOR FOUNDATION, INC.

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

	. (continued)		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	140					
	filed for the calendar year ending with or within the year covered by this return 2a 3								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		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?	7e 7f		<u>X</u>					
f	3 7 7 7 7 7 7 7 1								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
0	sponsoring organization have excess business holdings at any time during the year?	8							
	9 Sponsoring organizations maintaining donor advised funds.								
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b							
10	Section 501(c)(7) organizations. Enter:	30							
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand			77					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v					
	excess parachute payment(s) during the year?	15		<u> </u>					
40	If "Yes," see the instructions and file Form 4720, Schedule N.			v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>					
4-	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Form **990** (2022)

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									
			1	_		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		<u>7</u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	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	e direc	t supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			. L	3		_X_			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	L	4		_X_			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		L	5		_X_			
6	6 Did the organization have members or stockholders?									
7a										
	more members of the governing body?			Ŀ	7a	Х				
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?			Ŀ	7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?			L	8a	Х				
b	Each committee with authority to act on behalf of the governing body?			. Li	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			.	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
				_		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			. 1	I0a		_X_			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 1	I0b					
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	1	I2b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "Y	Yes," d	escribe							
	on Schedule O how this was done			<u> </u>	12c	X				
13	Did the organization have a written whistleblower policy?			. L	13	Х				
14	Did the organization have a written document retention and destruction policy?			. L	14	X				
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	dependent							
	$persons, comparability\ data,\ and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$									
а	The organization's CEO, Executive Director, or top management official			. [1	15a	Х				
b	Other officers or key employees of the organization			_ <u> 1</u>	15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a							
	taxable entity during the year?			_1	16a		<u> </u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
	exempt status with respect to such arrangements?			_ 1	l6b					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s o	nly) a	availab	ole			
	for public inspection. Indicate how you made these available. Check all that apply.									
X Own website Another's website X Upon request Other (explain on Schedule O)										
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and fire										
	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 boo	oks and	d records							
	KAREN TURPIN - 703-469-1861									
	40 PATRIOTS POINT ROAD, MT PLEASANT, SC 29464					000				
232000	SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(2022)			

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

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

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

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

(A)	(B)		organization compensated (C)					(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	_	Cer ar	la a a	d a director/trustee			from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		oyee	n bei		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN SHERTZER	1ine) 40.00	ᆵ	SE .	#5	Ke	5, 은	훈			
EX. DIRETOR (SEPT - PRESENT)	40.00	-		х				55,174.	0.	0.
(2) KATE SMITH	40.00							33,174.	•	· ·
EX. DIRECTOR (JAN - DEC)	1000	1		x				41,175.	0.	0.
(3) HAROLD FRITZ	2.00							,	-	
DIRECTOR		Х						0.	0.	0.
(4) WILLIAM SWENSON	2.00									
DIRECTOR		X						0.	0.	0.
(5) MIKE THORNTON	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(6) MATTHEW WILLIAMS	2.00	l								
DIRECTOR		Х	_					0.	0.	0.
(7) DAVID J MCINTYRE JR	2.00	-		,,					_	
CHAIRMAN (8) LEROY PETRY	2.00	Х		Х				0.	0.	0.
VICE CHAIRMAN	2.00	X		х				0.	0.	0.
(9) BRITT SLABINSKI	2.00									<u> </u>
TREASURER	200	х		Х				0.	0.	0.
		 								
		-								
		1		-						
		1								
		1								
		1		ĺ						

Form 990 (2022)

Section A. Officers, Dire	ectors, Trustees, Key Emp	<u>ριοye</u>	es,	<u>and</u>	Hig	nest	C	pmpensated Employee	s (continued)				
(A)			(C) Position					(D)	(E)			(F)	
Name and title	Average hours per	(do not check more than one box, unless person is both an						Reportable	Reportable			timate lount (
	week					/trustee		compensation from	compensation from related	- 1		other	וכ
	(list any	actor						the	organization		compensati from the		tion
	hours for	Individual trustee or director	9 6		- 1	ated		organization	(W-2/1099-MIS				
	related organizations	ustee	truste		e e	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizati I relate	
	below	dual tr	Institutional trustee		Key employee	Highest compensated employee	ie.	1099-1120)				nizatio	
	line)	Indivi	Institu	Officer	Key er	Highe	Former				3		
		++				+							
		11											
		-											
		+											
		$\perp \perp$											
		-											
					\top								
		\dashv				+				-			
		1											
		\vdash			+								
1b Subtotal								96,349.		0.			0.
c Total from continuation sheet	s to Part VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								96,349.		0.			0.
2 Total number of individuals (inc compensation from the organize		iose I	listed	d abo	ove)	who	re	ceived more than \$100,	000 of reportable)			0
compensation from the organiz	ation											Yes	No
3 Did the organization list any for	mer officer, director, trust	ee, k	ey er	mplo	oyee	, or h	nigh	nest compensated empl	oyee on				
line 1a? If "Yes," complete Sche	edule J for such individual										3		Х
4 For any individual listed on line													
and related organizations great			•								4		<u>X</u>
5 Did any person listed on line 1a	·				-			-		ŀ	_		Х
rendered to the organization? <i>[</i> Section B. Independent Contractor		e J fo	or su	ch p	erso	on				<u></u>	5		
Complete this table for your five		deper	nden	t co	ntra	ctors	th	at received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compe	ensation for the calendar ye	<u>ear er</u>	ndin	g wit	th or	r with	nin	the organization's tax y	ear.				
Name ar	(A) nd business address	NC	NE	!				(B) Description of s	ervices	С	(C omper	s) nsatior	า
			<u> </u>				1	·					
							+						
							+						
2 Total number of independent co	ontractors (including but n	ot lim	nited	to ti	hose	e liste	L ed :	above) who received mo	ore than				
\$100,000 of compensation from			-		0			,					

Form **990** (2022)

Form 990 (2022) MEDAL O
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues	1b					
S S			Fundraising events	1c					
Ę,			Related organizations	1d					
ية إق									
ons,			Government grants (contributions)	1e					
utic		T	All other contributions, gifts, grants, and		804 008				
ĕ			similar amounts not included above	1f	894,008.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$		004 000			
O g		n	Total. Add lines 1a-1f			894,008.			
					Business Code				
ce	2	а							
Program Service Revenue		b							
S		С							
ran Sev		d							
.0g		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divider	nds, intere	st, and				
			other similar amounts)			214,411.			214,411.
	4		Income from investment of tax-exem						
	5		Royalties						
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (loss)						
				ecurities	(ii) Other				
	-	_		135,916.					
		h	Less: cost or other basis	,					
Φ		~		321,002.					
enn		c		L85,086.					
her Revenue			Net gain or (loss)			-185,086.	-185,086.		
푸			Gross income from fundraising events (r						
Oth	0	а	including \$	_					
١			contributions reported on line 1c). So	.					
			•	I .					
		L	Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising						
	9	d	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns	I .	F 100				
			and allowances						
			Less: cost of goods sold			F 100	5 400		
\rightarrow		С	Net income or (loss) from sales of inv	entory		5,199.	5,199.		
<u>v</u>					Business Code				
e e	11	а	OTHER INCOME		900099	249.	249.		
Miscellaneous Revenue		b							
cel.		С							
Mis		d	All other revenue						
		е	Total. Add lines 11a-11d			249.			
	12		Total revenue. See instructions	<u></u>		928,781.	-179,638.	0.	214,411.

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										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	2,799,207.	2,799,207.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	169,540.	74,278.	68,251.	27,011.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	45.000									
10	Payroll taxes	17,338.	7,596.	6,980.	2,762.						
11	Fees for services (nonemployees):										
а	Management										
b	Legal										
С	Accounting										
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17	44 401		44 401							
f	Investment management fees	44,481.		44,481.							
g	` -	75 512	2 021	60 670	2 021						
	column (A), amount, list line 11g expenses on Sch O.)	75,512.	2,921.	69,670.	2,921.						
12	Advertising and promotion	4,612.		4,612.							
13	Office expenses	4,012.		4,012.							
14	Information technology										
15	Royalties	1,879.		1,879.							
16 17	Occupancy	52,625.	50,000.	2,625.							
	Travel Payments of travel or entertainment expenses	52,025	30,000.	2,025							
18	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance	7,102.		7,102.							
24	Other expenses. Itemize expenses not covered										
-	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),										
	amount, list line 24e expenses on Schedule 0.)										
а	EDUCATIONAL EVENTS	66,110.			66,110.						
b	MISCELLANEOUS EXPENSES	20,113.		20,113.							
С	BANK/PAYROLL SERVICES	6,092.		6,092.							
d	RECIPIENT OUTREACH	4,974.	4,974.								
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	3,269,585.	2,938,976.	231,805.	98,804.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022)						
					- QQA (0000)						

Form **990** (2022)

Form 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or no	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,551,053.	1	1,089,412.	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	2,408.
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, sub-				
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describe	ed in section 4958(c)(3)(B)		6	
Š	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
	9	Description of the second second state of the second		29,340.	9	23,860.
	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	8,312,029.	11	5,991,195.	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		167,869.	15	164,630.
	16	Total assets. Add lines 1 through 15 (must eq		10,060,291.	16	7,271,505.
	17	Accounts payable and accrued expenses		11,479.	17	13,629.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to any current or for				
≣		trustee, key employee, creator or founder, sub-				
Liabilities		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line			0.5	
	26	of Schedule D Total liabilities. Add lines 17 through 25		11,479.	25 26	13,629.
	20	Organizations that follow FASB ASC 958, ch	eck here X	11,170	20	15,025.
Se		and complete lines 27, 28, 32, and 33.	leck liefe 11			
ğ	27	, , ,		8,036,218.	27	5,053,523.
3ala	28			2,012,594.	28	2,204,353.
Ā		Organizations that do not follow FASB ASC				
Ē		and complete lines 29 through 33.	ooo, one on here			
ō	29	Capital stock or trust principal, or current fund	s		29	
ets	30	Paid-in or capital surplus, or land, building, or e			30	
Ass	31	Retained earnings, endowment, accumulated i			31	
Net Assets or Fund Balances	32			10,048,812.	32	7,257,876.
Z	33			10,060,291.	33	7,271,505.
		. 51aapintiod and not about of and balanoos			- 55	Form 990 (2022

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets					<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		92	8,7	81.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,26	9,5	85.	
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	2,340,804			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	0,048,812			
5	5 Net unrealized gains (losses) on investments 5						
6							
7							
8	Prior period adjustments	8					
9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	7	,25	7,8	76.	
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	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule C).				
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		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		lit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

MEDAL OF HONOR FOUNDATION, 25-1828488 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gifts, grants, contributions, and	` ,	, ,	, ,	` ,	, ,	,,		
	membership fees received. (Do not								
	include any "unusual grants.")	2234027.	3652754.	3464055.	1105122.	894,008.	11349966.		
2	Tax revenues levied for the organ-					,			
_	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
Ŭ	furnished by a governmental unit to								
	the organization without charge								
1	Total. Add lines 1 through 3	2234027.	3652754.	3464055.	1105122.	894 008.	11349966.		
	The portion of total contributions	22310271	30327311	31010331	11031221	031,000	113133000		
3	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,								
							4567356.		
_							6782610.		
	Public support. Subtract line 5 from line 4.						0702010.		
		(-) 0040	(I-) 0040	(-) 0000	(-1) 0004	(-) 0000	(f) T-1-1		
	ndar year (or fiscal year beginning in)	(a) 2018 2234027.	(b) 2019 3652754.	(c) 2020 3464055.	(d) 2021 1105122.	(e) 2022	(f) Total 11349966 •		
	Amounts from line 4	2234027.	3032734.	3404033.	1103122.	094,000.	11343300.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	017 041	200 260	206 562	175 531	014 411	1000614		
	and income from similar sources	217,841.	208,269.	∠00,30∠.	175,531.	Z14,411.	1022614.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	1 061	45 605	2 400	0 550	5 440	24 4 2 2		
	assets (Explain in Part VI.)	1,861.	17,685.	3,408.	2,778.	5,448.			
	Total support. Add lines 7 through 10						12403760.		
	Gross receipts from related activities,	•	,			12	159,671.		
13	First 5 years. If the Form 990 is for the								
	organization, check this box and stop								
	ction C. Computation of Publi						F4 60		
	Public support percentage for 2022 (li					14	54.68 %		
	Public support percentage from 2021					15	70.78 %		
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this box			
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition					
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,		
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization				
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the			
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation			
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·		
						Schedule A	(Form 990) 2022		

232022 12-09-22

Schedule A (Form 990) 2022 MEDAL OF HONOR FOUNDATION, INC. 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

Section A. Public Support	below, please comp	piete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and			, ,	, ,		
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						l
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(a) 2016	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's f	irst second third	fourth or fifth tax	vear as a section	501(c)(3) organizatio	n
check this box and stop here	•		•	•		
Section C. Computation of Publ						
15 Public support percentage for 2022 (oolumn (f)\		15	(
16 Public support percentage from 202 Section D. Computation of Investigation					16	(
•			ino 13 column (f)\		17	
17 Investment income percentage for 2					18	(
18 Investment income percentage from						
19a 33 1/3% support tests - 2022. If the						/ is not ┌──
more than 33 1/3%, check this box a						L
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies a	as a publicly supp	orted organization	<u></u>
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

232023 12-09-22

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		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
0		
9c		
10a		
10b		

232024 12-09-22

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	r		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		
<u>Sec</u>	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			
	· · · · · · · · · · · · · · · · · · ·	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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.			
			- 1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		Na
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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 232025 12-09-22 Schedule A (Form 990) 2022

All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1	Pa	rt v Type III Non-Functionally Integrated 509(a)(3) Supporting			
Section A - Adjusted Net Income (A) Prior Year (politonal) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities b Average monthly value of securities 1 to C Fair market value of other non-exempt-use assets 1 to C Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 7 Aligned net income for prior year (from Section B, line 8, column A) 8 Minimum asset amount for prior year (from Section B, line 8, column A) 8 Minimum asset amount for prior year (from Section B, line 8, column A)	1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prioryear distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of properly held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Average monthly cash balances 1 D C Fair market value of other non-exempt-use assets 1 C d Total (add lines 1a, 1b, and 1c) 1 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 Cash deemed held for exempt use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Enter 0.85 of line 1. 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3		All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 b Average monthly value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) e 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. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 A B Minimum Asset Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A)	Sect	ion A - Adjusted Net Income		(A) Prior Year	1 ' '
3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Average monthly value of securities 5 Average monthly value of other non-exempt-use assets 1 to d Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1 d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Militply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Adjusted net income for prior year (from Section A, line 8, column A) 7 Centre Year 7 Adjusted net income for prior year (from Section A, line 8, column A) 8 Minimum asset amount for prior year (from Section B, line 8, column A) 9 Add Income for prior year (from Section B, line 8, column A) 9 Add Income for prior year (from Section B, line 8, column A) 9 Add Income for prior year (from Section B, line 8, column A) 9 Add Income for prior year (from Section B, line 8, column A) 9 Add Income for prior year (from Section B, line 8, column A) 9 Add Income for prior year (from Section B, line 8, column A) 9 Add Income for prior year (from Section B, line 8, column A) 9 Add Income for prior year (from Section B, line 8, column A)	_1	Net short-term capital gain	1		
4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 to c Fair market value of other non-exempt-use assets 1 to d Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A)	2	Recoveries of prior-year distributions	2		
5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Average monthly value of securities 1 Descount claimed for blockage or other factors 1 (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Minimum asset amount for prior year (from Sec	3	Other gross income (see instructions)	3		
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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) e 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). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 3 In Enter 0.85 of line 1. 2 Enter 0.85 of line 1.	4	Add lines 1 through 3.	4		
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a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Aminimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A)	1	Aggregate fair market value of all non-exempt-use assets (see			
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Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Minimum asset amount for prior year (from Section B, line 8, column A)	7	Recoveries of prior-year distributions	7		
Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Minimum asset amount for prior year (from Section B, line 8, column A)	8	Minimum Asset Amount (add line 7 to line 6)	8		
2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3	Sect				Current Year
2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3	1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3					
5 Income tax imposed in prior year 5	5	-	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		· · · ·			
emergency temporary reduction (see instructions).	=	, , , , , , , , , , , , , , , , , , ,	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7			d Type III supporting orga	nization (see
instructions).	-	•	,	71	, , , , , , , , , , , , , , , , , , ,

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2022

MEDAL OF HONOR FOUNDATION 25-1828488 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 2

Name of organization Employer identification number

MEDAL OF HONOR FOUNDATION, INC.

25-1828488

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$380,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 27,230.	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
3		\$ <u>25,010.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$333,000.	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
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MEDAL OF HONOR FOUNDATION, INC.

25-1828488

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t 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
		 \$	

Name of organization **Employer identification number** MEDAL OF HONOR FOUNDATION, INC. 25-1828488 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 (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 (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 (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 (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 Inspection

Name of the organization

MEDAL OF HONOR FOUNDATION, INC.

Employer identification number 25-1828488

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes off offi 550, Fart IV, IIIV	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(u) a cross address tames	(2)
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 held in donor advised	d funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ad		
_	for charitable purposes and not for the benefit of the donor or		
Pai			
1	Purpose(s) of conservation easements held by the organization		·
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter July 25,2006, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
•	Amount of expenses mounted in monitoring, inspecting, hand	ing of violations, and emoreing conservation	on casements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	n(4)(B)(i)
_			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	ğ	
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial ç	gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2022

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

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" (al africa and a later to
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Part IX Other Assets. Complete if the organization answered "Yes" of the complete if the organization of the complete if the organization of the complete if the organization answered "Yes" of the complete if the organization and the organization a	on Form 990, Part IV, line 1	11d. See Form 990. Part X line 15	
	Description	11d. 300 1 3111 330, 1 at 7, iii 6 13.	(b) Book value
(1)			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of the complete in the comp			<u> </u>
(a) Description of liability	,	,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(4)			
(5)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)			

232053 09-01-22

Pai	rt XI	Reconciliation of Revenue per Audited Financial Stater	ments With	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	384,168.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	-502,017.		
b	Donate	ed services and use of facilities	2b	1,885.		
С		eries of prior year grants				
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	-500,132.
3	Subtra	act line 2e from line 1			3	884,300.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	44,481.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	44,481.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	928,781.
Pa	rt XII	Reconciliation of Expenses per Audited Financial State	ements With	Expenses per I	Return	l .
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total e	expenses and losses per audited financial statements			1	3,225,104.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a			
b	Prior y	rear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	0.
3	Subtra	act line 2e from line 1			3	3,225,104.
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	44,481.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	44,481.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	3,269,585.
Pa	rt XIII	Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			1; Part X	, line 2; Part XI,

PART V, LINE 4:

FUNDS DEPOSITED IN THE ENDOWMENT ACCOUNT ARE DESIGNATED IN THAT THE PRINCIPAL WILL NOT BE WITHDRAWN EXCEPT AS APPROVED BY A MAJORITY VOTE OF THE BOARD OF DIRECTORS. INTEREST AND DIVIDENDS EARNED ON THE ENDOWMENT, NOT TO EXCEED FIVE PERCENT OF THE PRINCIPAL, MAY BE TRANSFERRED TO THE GENERAL OPERATING ACCOUNT OR TO A SPECIFIC PROJECT ON AN ANNUAL BASIS, AS APPROVED BY THE BOARD OF DIRECTORS. EXCESS FUNDS AND DEPOSITS WILL BE ADDED TO THE ENDOWMENT PRINCIPAL AND BE SUBJECT TO THE ENDOWMENT ACCOUNT DESIGNATIONS.

PART X, LINE 2:

MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
		NDATION, IN	С.				25-1828488
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records		•			•	•	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CONGRESSIONAL MEDAL OF HONOR SOCIETY - 40 PATRIOTS POINT ROAD - MT PLEASANT, SC 29464	52-6056376	501(C)(3)	2,799,207.	0.			TO SUPPORT THE OPERATIONS AND PROGRAMS OF THE MEDAL OF HONOR SOCIETY.
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	-	-					

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

Schedule I (Form 990) 2022

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, columr	n (b); and any other ac	ditional information.	
ART I, LINE 2:					
HE MEDAL OF HONOR FOUNDATION'S ST	TAFF WORKS	WITH THE	CONGRESSIO	NAL MEDAL OF	
ONOR SOCIETY'S STAFF TO ENSURE TH					
RITERIA OF THE GIFT OR ENDOWMENT					

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

MEDAL OF HONOR FOUNDATION, INC. **Employer identification number** 25-1828488

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPERATIONS AND PROGRAMS OF THE CONGRESSIONAL MEDAL OF HONOR SOCIETY OF THE UNITED STATES OF AMERICA, INCLUDING THE PUBLIC SERVICE ACTIVITIES OF MEDAL OF HONOR RECIPIENTS. PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, SERVICE AND PATRIOTISM THROUGH PRESERVING MEDAL OF HONOR RECIPIENT STORIES AND SHARING THEIR CORE VALUES COURAGE, SACRIFICE, INTEGRITY PATRIOTISM, AND CITIZENSHIP THROUGH OUTREACH AND EDUCATION INITIATIVES. FORM 990, PART VI, SECTION A, LINE 7A: CONGRESSIONAL MEDAL OF HONOR SOCIETY, A RELATED 501(C)(3) ORGANIZATION, HAS THE POWER TO APPOINT BOARD MEMBERS FOR THE CONGRESSIONAL MEDAL OF HONOR FOUNDATION FORM 990, PART VI, SECTION A, LINE 7B: CONGRESSIONAL MEDAL OF HONOR SOCIETY, A RELATED 501(C)(3) ORGANIZATION, THE RIGHT TO APPROVE ANY CHANGES MADE TO THE BYLAWS FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD BY THE CO-CHAIRMEN FOR REVIEW AND ENDORSEMENT AND THEN EMAILED TO THE BOARD BEFORE FILING.

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

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization MEDAL OF HONOR FOUNDATION, INC.

Employer identification number 25-1828488

BEFORE ANY OFFICER OR DIRECTOR TAKES HIS OR HER SEAT IN OFFICE OR ON THE
BOARD, AND ANNUALLY DURING HIS OR HER TERM, EACH OFFICER AND DIRECTOR IS
REQUIRED TO SUBMIT IN WRITING TO THE CHAIRMAN A LIST OF ALL BUSINESSES OR
OTHER ORGANIZATIONS (A) OF WHICH HE OR SHE IS AN OFFICER, DIRECTOR,
TRUSTEE, MEMBER, OWNER (EITHER AS A SOLE PROPRIETOR OR PARTNER),
SHAREHOLDER, EMPLOYEE OR AGENT, OR IN WHICH HE OR SHE OTHERWISE HAS A
MATERIAL FINANCIAL INTEREST, AND (B) WITH WHICH THE FOUNDATION HAS, OR
MIGHT FORESEEABLY ENTER INTO, A RELATIONSHIP OR A TRANSACTION IN WHICH THE
OFFICER OR DIRECTOR HAS OR WOULD HAVE AN INTEREST POTENTIALLY IN CONFLICT
WITH THAT OF THE FOUNDATION. ANY SIMILAR INTEREST OF AN IMMEDIATE FAMILY
MEMBER OF AN OFFICER OR DIRECTOR SHALL BE DEEMED A CONFLICTING INTEREST OF
SUCH OFFICER OR DIRECTOR AND REQUIRES SUCH DISCLOSURE. IN THE EVENT A
POTENTIAL CONFLICT ARISES DURING THE YEAR, THE INTERESTED OFFICER OR
DIRECTOR SHOULD SHALL RECUSE HIMSELF/HERSELF FROM ALL DISCUSSIONS AND/OR
VOTE.

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

IN ORDER TO ENSURE REASONABLENESS OF COMPENSATION FOR THE EXECUTIVE

DIRECTOR AS WELL AS KEY EMPLOYEES, THE EXECUTIVE COMMITTEE OF THE BOARD

REVIEWS SALARIES FROM SIMILARLY SITUATED ORGANIZATIONS. ANY COMPENSATION

ADJUSTMENTS ARE APPROVED BY THE COMMITTEE, AND ALL DECISIONS ARE

DOCUMENTED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OK,OR,PA

RI,SC,TN,UT,VA,WA,WV,WI

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

Schedule O (Form 990) 2022	Page 2
Name of the organization MEDAL OF HONOR FOUNDATION, INC.	Employer identification number 25-1828488
THIS INFORMATION IS CURRENTLY AVAILABLE UPON REQUEST AND C	ON THE
FOUNDATION'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN RELATED PARTY RECEIVABLE	50,000.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2022

MEDAL OF HONOR FOUNDATION, INC.							25-1828488			
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Ye	s" on Form 990, Part IV, line 3	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(e) me End-of-year		ts Direct controlling entity		9		
	<u>-</u> -									
	-									
Identification of Related Tax-Exempt Organiza	ntions. Complete if the eventiration	n anguared "Vee" on Form 000	Dort IV line 24	account it had one	or more r	related toy over	mnt			
Part II organizations during the tax year.	ations. Complete if the organization	Transwered Tes OffForm 990	J, Fait IV, iiile 34, i	Decause it riad one	or more r	elateu tax-exel	прі			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		(g) Section 512(b)(13) controlled entity?			
		.c.o.g.r occy,		501(c)(3))			Yes	No		
CONGRESSIONAL MEDAL OF HONOR SOCIETY - 52-6056376, 40 PATRIOTS POINT ROAD, MOUNT			E01/G1/21					.,		
PLEASANT, SC 29464	VETERAN ASSISTANCE	SOUTH CAROLINA	501(C)(3)	LINE 7				X		

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	ominant income ted, unrelated, ed from tax under ions 512-514)	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under						partner	ownersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
							<u> </u>	l			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	centage Section 512(b)(13) controlled entity?	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	e Direct controlling Type of entity (C corp, S coortrust)	Type of entity (C corp, S corp, or trust)	Type of entity Share of total corp, S corp, income or trust)	Share of end-of-year assets	Percentage ownership		
		country)						Yes	No
								ــــــ	

Schedule R (Form 990) 2022

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

X

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X					
	Gift, grant, or capital contribution to related organization(s)				1b	Х						
С	Gift, grant, or capital contribution from related organization(s)				1c		X					
	Loans or loan guarantees to or for related organization(s)				1d		X					
	Loans or loan guarantees by related organization(s)				1e		X					
f	Dividends from related organization(s)				1f		X					
g	Sale of assets to related organization(s)				1 g		_X_					
h	Purchase of assets from related organization(s)				1h		_X_					
i	Exchange of assets with related organization(s)				1i		<u>X</u>					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х					
	Performance of services or membership or fundraising solicitations for related organ				11		X					
n	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
Sharing of paid employees with related organization(s)												
o Sharing of paid employees with related organization(s)												
p Reimbursement paid to related organization(s) for expenses												
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses												
Treithbut settletit paid by related digatifization(s) for expenses												
r	Other transfer of cash or property to related organization(s)				1r		Х					
					1s		X					
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	relationships and transaction thresholds.								
	-	(b)	(c)	(d)								
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved							
		type (a-s)										
(1)	CONGRESSIONAL MEDAL OF HONOR SOCIETY	В	2,799,207.	FAIR MARKET VALUE								
(2)												
(3)												
(4)												
(5)												
•												
(6)												
	3 09-14-22	•		Schedule	R (Forr	n 990)	2022					
-		2.0			•	-,	_					

Schedule R (Form 990) 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Schedule R (Form 990) 2022

OOO Fo

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

For	m J	3 0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co) ZUZZ				
		of the Treasury	Do not enter social security numbers on this form as it	-	•	Open to Public				
		enue Service	Go to www.irs.gov/Form990 for instructions and the ar year, or tax year beginning and en	formation.	Inspection					
			D. Employer identifies	ation wombou						
В	Check if applicab	le: C Name of	organization		D Employer identification	ation number				
	Addre	ess MEDA	L OF HONOR FOUNDATION, INC.							
	Chane Name		usiness as		25-182848	8				
	chang Initial returr			om/suite	E Telephone number					
	Final return	40 D	ATRIOTS POINT ROAD	oni, outo	703-469-1	861				
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,249,783.				
	Amer return	ided Min D	LEASANT, SC 29464	H(a) Is this a group ret						
	Appli tion		nd address of principal officer: BRITT SLABINSKI	for subordinates?						
	pend		AS C ABOVE		H(b) Are all subordinates incl					
<u> </u>	Tax-ex	empt status:	\overline{X} 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a li	st. See instructions				
_	Webs		CMOHS.ORG	_	H(c) Group exemption	number				
		f organization:	X Corporation Trust Association Other	L Year	of formation: 1999 M	State of legal domicile: PA				
P	art I	Summary								
ď	1		e the organization's mission or most significant activities: ${ m \underline{TO} \ \ PER}$							
ů		HONOR'S	LEGACY OF COURAGE, SACRIFICE, AND I							
Governance	2	Check this box			1 1					
Š	3				3	7				
8	4		ependent voting members of the governing body (Part VI, line 1b)			7				
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)			<u>3</u>				
ξ	6		of volunteers (estimate if necessary)			0.				
Ac	/a		business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		·····	0.				
_	"	Net unrelated	business taxable income nom Form 990-1, Fart 1, line 11		Prior Year	Current Year				
	8	Contributions	and grants (Part VIII, line 1h)		1,155,122.	894,008.				
Jue	9		ce revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		3,279,290.	29,325.				
ă	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,471.	5,448.				
_	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,482,883.	928,781.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		2,067,572.	2,799,207.				
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)		0.	0.				
y.	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		306,926.	186,878.				
penses	16a		ındraising fees (Part IX, column (A), line 11e)		0.	0.				
			ng expenses (Part IX, column (D), line 25) 98,804	_						
Ă	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		356,769.	283,500.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,731,267.	3,269,585.				
	19	Revenue less	expenses. Subtract line 18 from line 12		1,751,616.	-2,340,804.				
Net Assets or		-			ginning of Current Year	End of Year				
Ssei	20	Total assets (F			10,060,291.	7,271,505. 13,629.				
let A	21		(Part X, line 26)		10,048,812.	7,257,876.				
	22 art II		fund balances. Subtract line 21 from line 20		TO,040,014.	1,231,010.				

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

Sign	Signature of officer	Date						
Here	BRITT SLABINSKI, TREASURE		25 Sept 2023					
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	JANICE A RATICA		09/25/23	self-employed P00358837				
Preparer	Firm's name ELLIOTT DAVIS, LI	LC/PLLC	Firm'	s EIN 57-0381582				
Use Only	Firm's address 500 EAST MOREHEAI	STREET, SUITE 700						
	CHARLOTTE, NC 28:	e no. (704) 333-8881						
May the II	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No				

May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2022)

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MEDAL OF HONOR FOUNDATION'S MISSION AND PURPOSE IS PROVIDE FUNDS
	TO SUPPORT THE CONGRESSIONAL MEDAL OF HONOR SOCIETY. IN DOING SO, THE
	FOUNDATION SUPPORTS THE SOCIETY IN ADVANCING THEIR MISSION TO
	PERPETUATE THE MEDAL OF HONOR'S LEGACY OF COURAGE, SACRIFICE, SELFLESS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$) (Expenses \$) (Revenue \$)
	PROMOTION OF THE LEGACY OF THE MEDAL OF HONOR AND ITS RECIPIENTS
	THROUGH PUBLIC RECOGNITION OF THE COURAGE AND SACRIFICE OF AMERICAN
	SERVICEMEN. FOR 2022, 90% OF ALL EXPENSES WERE INCURRED TO SUPPORT THE
	PROGRAMS AND MISSION OF THE MEDAL OF HONOR FOUNDATION AND THE
	CONGRESSIONAL MEDAL OF HONOR SOCIETY.
4b	(Code:) (Expenses \$ 2,799,207. including grants of \$ 2,799,207.) (Revenue \$)
TD	PROVIDE GRANTS TO THE CONGRESSIONAL MEDAL OF HONOR SOCIETY IN SUPPORT
	OF THEIR PROGRAMS AND OPERATIONS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	FACILITATE OPPORTUNITIES FOR MEDAL OF HONOR RECIPIENTS TO PERFORM
	COMMUNITY OUTREACH AND SHARE THEIR INSPIRATIONAL MESSAGES WITH OTHERS.
	Other program conject (Describe on Schedule O.)
4d	
 4е	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 2,938,976.
	Form 990 (2022)

Form 990 (2022) MEDAL OF HONOR FOUNDATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	_X_	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		7.7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	-		
8	, ,			x
0	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
		9		x
10	If "Yes," complete Schedule D, Part IV	"		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	"		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	- · · · ·		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	 		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	X	1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	
232003	12-13-22	Form	990	(2022)

2022.04030 MEDAL OF HONOR FOUNDATION 49217__1

MEDAL OF HONOR FOUNDATION, INC. 25-1828488 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

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	Х	L
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		
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	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

	Check it Schedule O contains a response or note to any line in this Part V											
					Yes	No						
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1				I					
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming									
	(gambling) winnings to prize winners?			1c	X							
32004	12-13-22			Form	990	(2022)					

232004 12-13-22

Х

X

34

35a

35b

Form 990 (2022) MEDAL OF HONOR FOUNDATION, INC.

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

					Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return	2a	3									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b	Х							
За	5:11			За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other a											
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х						
b	If "Yes," enter the name of the foreign country											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action 114, Report of Foreign Bank Action 114, Report of Foreign Bank Action 114, Rep	ccour	its (FBAR).									
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit									
	any contributions that were not tax deductible as charitable contributions?			6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts									
	were not tax deductible?			6b								
7	Organizations that may receive deductible contributions under section 170(c).			7a	Х							
а	to 16 lives in still the consequent of the state of the s											
b				7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired	_		37						
	to file Form 8282?	i	 T	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		٠		Х						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e 7f		X						
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?											
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?											
8	 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 											
Ü		•		8								
9	Sponsoring organizations maintaining donor advised funds.											
а												
b	Did the control in a control in the control of the			9a 9b								
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12	10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders	11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b	•									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?			13a								
	Note: See the instructions for additional information the organization must report on Schedule O.											
р	Enter the amount of reserves the organization is required to maintain by the states in which the	امد ا	1									
_	organization is licensed to issue qualified health plans	13b	1	4								
	Enter the amount of reserves on hand	13c	•	110		Х						
14a				14a								
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			14b								
13	excess parachute payment(s) during the year?			15		Х						
	If "Yes," see the instructions and file Form 4720, Schedule N.			13								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х						
	If "Yes," complete Form 4720, Schedule O.	00	ne?									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	6									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17								
	If "Yes," complete Form 6069.											

Form **990** (2022)

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

	Check if Schedule O contains a response or note to any line in this Part VI						X							
Sec	tion A. Governing Body and Management													
		ı	ı	- (Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		_7										
	If there are material differences in voting rights among members of the governing body, or if the governing													
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			_										
b	Enter the number of voting members included on line 1a, above, who are independent	1b		_7										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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	direc	t 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 9	90 wa	s filed?]	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		[5		X							
6	Did the organization have members or stockholders?			[6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or											
	more members of the governing body?			[7a	Х								
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or													
	persons other than the governing body?													
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year													
а	The governing body?			[8a	X								
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t 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 Re													
	(This Section o requests information about policies not required by the internal Revenue Code.)													
10a	Did the organization have local chapters, branches, or affiliates?				10a		X							
b	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?													
11a														
b	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	X	<u> </u>							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	X	<u> </u>							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	'es," d	escribe											
	on Schedule O how this was done				12c	X	<u> </u>							
13	Did the organization have a written whistleblower policy?				13	X	<u> </u>							
14	Did the organization have a written document retention and destruction policy?				14	X	<u> </u>							
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?													
а	The organization's CEO, Executive Director, or top management official				15a	X	<u> </u>							
b	Other officers or key employees of the organization				15b	X	<u> </u>							
	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 arrangen	nent w	ith 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	e its p	articipation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ													
	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 AL, AK, AR, CA, C													
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)s	only) a	availat	ole							
	for public inspection. Indicate how you made these available. Check all that apply.													
	X Own website Another's website X Upon request Other (explain				_									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy	, and	financ	cial								
	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 boo	ks and	d records											
	KAREN TURPIN - 703-469-1861													
	40 PATRIOTS POINT ROAD, MT PLEASANT, SC 29464				F.	000	(0000)							
232006	12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES				Form	コゴリ	(2022)							

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

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

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

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

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

- 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.

(A) Name and title	(B) Average	(do	not c	Pos heck	itior more	than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offi		(C Posit Posit Check minds a direction of the check minds and a				compensation from the	compensation from related	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) JOHN SHERTZER	40.00			3,7				FF 174		0
EX. DIRETOR (SEPT - PRESENT)	40.00			X		<u> </u>		55,174.	0.	0.
(2) KATE SMITH EX. DIRECTOR (JAN - DEC)	40.00	ł		x				41,175.	0.	0.
(3) HAROLD FRITZ	2.00					\vdash		41,173.	•	•
DIRECTOR		Х						0.	0.	0.
(4) WILLIAM SWENSON	2.00									
DIRECTOR		Х						0.	0.	0.
(5) MIKE THORNTON	2.00									
DIRECTOR		Х						0.	0.	0.
(6) MATTHEW WILLIAMS	2.00								_	_
DIRECTOR		Х				_		0.	0.	0.
(7) DAVID J MCINTYRE JR	2.00	l		l						
CHAIRMAN	2 00	Х		Х		┝		0.	0.	0.
(8) LEROY PETRY	2.00	-		,,					0	0
VICE CHAIRMAN (9) BRITT SLABINSKI	2.00	Х		Х				0.	0.	0.
TREASURER	2.00	X		х				0.	0.	0.
		-								
		-								
		-								
		-								
		-								
	-1		_				-			= 000 (assa)

232007 12-13-22 Form **990** (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	(do		Posi		າ than ເ	one	Reportable	Reportable		Es	timate	d
	hours per	box	ox, unless person is both an officer and a director/trustee)					compensation	compensatio			ount o	of
	week (list any		l a			1711 03	100)	from	from related			other	
	hours for	director				L		the organization	organization: (W-2/1099-MIS			pensat om the	
	related	e or 0	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	,0,		anizati	
	organizations	truste	al tru		yee	nd mc		1099-NEC)	.555.1125,		_	d relate	
	below	Individual trustee or	Institutional trustee	er	Key employee	est co	Je.				orga	ınizatio	ns
	line)	Indiv	Insti	Officer	Key 6	High	Former						
						_							
1b Subtotal								96,349.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								96,349.		0.			0.
Total number of individuals (including but not not not not not not not not not no								•	000 of reportable				
compensation from the organization				G. G.I.G		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					0
<u> </u>												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for si	uch individual								•		3		Х
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch r	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con										ensat	tion fro	m	
the organization. Report compensation for t	ine calendar ye	ear e	enair	ig w	ith c	or wi	tnin T		ear. T				
(A) Name and business	address	NC	ONE	7				(B) Description of s	ervices	С	(C omper		1
								·					
2 Total number of independent contractors (in	ncluding but no	at lin	nited	tot b	thos	se lis	ted	above) who received mo	ore than				

Form **990** (2022)

Form 990 (2022) MEDAL O
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ية إق									
ons,			Government grants (contributions)	1e					
utic		T	All other contributions, gifts, grants, and		804 008				
ĕ			similar amounts not included above	1f	894,008.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$		004 000			
O g		n	Total. Add lines 1a-1f			894,008.			
					Business Code				
ce	2	а							
ervi		b							
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divider	nds, intere	st, and				
			other similar amounts)			214,411.			214,411.
	4		Income from investment of tax-exem						
	5		Royalties						
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (loss)						
				ecurities	(ii) Other				
	·	_		135,916.					
		h	Less: cost or other basis	,					
Φ		~		321,002.					
enn		c		L85,086.					
her Revenue			Net gain or (loss)			-185,086.	-185,086.		
푸			Gross income from fundraising events (r						
Oth	0	а	including \$	_					
١			contributions reported on line 1c). So	.					
			•	I .					
		L	Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising						
	9	d	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns	I .	F 100				
			and allowances						
			Less: cost of goods sold			F 100	5 400		
\rightarrow		С	Net income or (loss) from sales of inv	entory		5,199.	5,199.		
<u>v</u>					Business Code				
e e	11	а	OTHER INCOME		900099	249.	249.		
Miscellaneous Revenue		b							
cel.		С							
Mis		d	All other revenue						
		е	Total. Add lines 11a-11d			249.			
	12		Total revenue. See instructions	<u></u>		928,781.	-179,638.	0.	214,411.

Form **990** (2022)

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 (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 2,799,207. 2,799,207. 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, 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) 169,540. 74,278. 68,251. 27,011. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 17,338. 7,596. 6,980. 2,762. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 44,481. 44,481. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 75,512. 2,921. 69,670. 2,921. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 4,612. 4,612. Office expenses 13 Information technology 14 15 Royalties 1,879. 1,879. 16 Occupancy 52,625. 50,000. 2,625. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 7,102. 7,102. 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.) 66,110. 66,110. EDUCATIONAL EVENTS MISCELLANEOUS EXPENSES 20,113. 20,113. 6,092. 6,092. BANK/PAYROLL SERVICES 4,974. 4,974. d RECIPIENT OUTREACH e All other expenses 3,269,585. 2,938,976. 231,805. 98,804. 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** (2022)

13110925 792811 49217

Form 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet								
		Check if Schedule O contains a response or note to any line in this Part X								
			(A) Beginning of year		(B) End of year					
	1	Cash - non-interest-bearing	1,551,053.	1	1,089,412.					
	2	Savings and temporary cash investments		2						
	3	Pledges and grants receivable, net	l l	3						
	4	Accounts receivable, net		4	2,408.					
	5	Loans and other receivables from any current or former officer, director,								
		trustee, key employee, creator or founder, substantial contributor, or 35%								
		controlled entity or family member of any of these persons		5						
	6	Loans and other receivables from other disqualified persons (as defined								
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6						
छ	7	Notes and loans receivable, net		7						
Assets	8	Inventories for sale or use		8						
ğ	9	Prepaid expenses and deferred charges	1 20 240 1	9	23,860.					
	10a	Land, buildings, and equipment: cost or other								
		basis. Complete Part VI of Schedule D 10a								
	b	Less: accumulated depreciation		10c						
	11	Investments - publicly traded securities		11	5,991,195.					
	12	Investments - other securities. See Part IV, line 11		12						
	13	Investments - program-related. See Part IV, line 11	l l	13						
	14	Intangible assets		14	1.1.1.1.1					
	15	Other assets. See Part IV, line 11	167,869.	15	164,630.					
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	7,271,505.					
	17	Accounts payable and accrued expenses	l l	17	13,629.					
	18	Grants payable		18						
	19	Deferred revenue		19						
	20	Tax-exempt bond liabilities		20						
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21						
es	22	Loans and other payables to any current or former officer, director,								
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%								
-ia Fi		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 Part X								
		of Oak adult D		0E						
	26	Total liabilities. Add lines 17 through 25	11,479.	25 26	13,629.					
	20	Organizations that follow FASB ASC 958, check here	11,473.	20	13,023.					
Se		and complete lines 27, 28, 32, and 33.								
ğ	27	Net assets without donor restrictions	8,036,218.	27	5,053,523.					
3ale	28	Net assets with donor restrictions	2 012 504	28	2,204,353.					
Þ		Organizations that do not follow FASB ASC 958, check here								
Ξ		and complete lines 29 through 33.								
þ	29	Capital stock or trust principal, or current funds		29						
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30						
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31						
Net Assets or Fund Balances	32	Total net assets or fund balances		32	7,257,876.					
~	33	Total liabilities and net assets/fund balances	10 060 201	33	7,271,505.					
	33	Total liabilities and net assets/fund balances	10,060,291.	33	7,271,5					

Form **990** (2022)

orn	n 990 (2022) N	MEDAL OF	HONOR	R I	FOUN	NDAT	rion	, :	INC.				25-	-1828	3488	Pa	ge 12
Pa	rt XI Reconciliation o	f Net Asset	S														
	Check if Schedule O	contains a resp	onse or note	te to	o any I	line in t	this Par	t XI									X
1	Total revenue (must equal F	art VIII, colum	n (A), line 12	2)								L	1		92	8,7	<u>81.</u>
2	Total expenses (must equal	Part IX, colum	n (A), line 25	5)								[2		3,26	9,5	85.
3	Revenue less expenses. Su												3	-:	2,34	0,8	04.
4	Net assets or fund balances	at beginning	of year (must	st ed	qual Pa	art X, I	ine 32,	colu	ımn (A))			[4	1	0,04	8,8	12.
5	Net unrealized gains (losses	s) on investmer	nts									[5		-50	2,0	17.
6	Donated services and use of												6			1,8	85.
7	Investment expenses												7				
8	B: : : : : :												8				
9	Other changes in net assets												9		5	0,0	00.
10	Net assets or fund balances											'''' Г					
	column (B))	•				•	•				•		10	•	7,25	7,8	76.
Pa	rt XII Financial Staten	nents and F	Reporting	J											-		
	Check if Schedule O	contains a resr	onse or note	te to	o any I	line in t	this Par	t XII									X
																Yes	No
1	Accounting method used to	prepare the F	orm 990:		Cash	h [X Acc	crual		Other							
	If the organization changed									r." explai	in on Sche	edule C).				
2a	.		_		-	-					_				2a		Х
	If "Yes," check a box below		•			•		•									
	separate basis, consolidate							,		•							
	Separate basis	´	ated basis			Both c	consolid	lated	d and se	parate b	asis						
b	Were the organization's fina	uncial statemer	its audited b							•					2b	Х	
	If "Yes," check a box below			,		•			•••								
	consolidated basis, or both																
	X Separate basis	Consolida	ated basis			Both c	consolid	lated	d and se	parate b	asis						

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

Form 990 (2022)

Х

Х 2c

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

MEDAL OF HONOR FOUNDATION, 25-1828488 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gifts, grants, contributions, and	` ,	, ,	, ,	` ,	, ,	,,		
	membership fees received. (Do not								
	include any "unusual grants.")	2234027.	3652754.	3464055.	1105122.	894,008.	11349966.		
2	Tax revenues levied for the organ-					,			
_	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
Ŭ	furnished by a governmental unit to								
	the organization without charge								
1	Total. Add lines 1 through 3	2234027.	3652754.	3464055.	1105122.	894 008.	11349966.		
	The portion of total contributions	22310271	30327311	31010331	11031221	031,000	113133000		
3	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,								
							4567356.		
_							6782610.		
	Public support. Subtract line 5 from line 4.						0702010.		
		(-) 0040	(I-) 0040	(-) 0000	(-1) 0004	(-) 0000	(f) T-1-1		
	ndar year (or fiscal year beginning in)	(a) 2018 2234027.	(b) 2019 3652754.	(c) 2020 3464055.	(d) 2021 1105122.	(e) 2022	(f) Total 11349966 •		
	Amounts from line 4	2234027.	3032734.	3404033.	1103122.	094,000.	11343300.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	017 041	200 260	206 562	175 531	014 411	1000614		
	and income from similar sources	217,841.	208,269.	∠00,30∠.	175,531.	Z14,411.	1022614.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	1 061	45 605	2 400	0 550	5 440	24 4 2 2		
	assets (Explain in Part VI.)	1,861.	17,685.	3,408.	2,778.	5,448.			
	Total support. Add lines 7 through 10						12403760.		
	Gross receipts from related activities,	•	,			12	159,671.		
13	First 5 years. If the Form 990 is for the								
	organization, check this box and stop								
	ction C. Computation of Publi						F4 60		
	Public support percentage for 2022 (li					14	54.68 %		
	Public support percentage from 2021					15	70.78 %		
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this box			
	stop here. The organization qualifies		•						
b	33 1/3% support test - 2021. If the o								
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition					
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,		
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in 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	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·		
						Schedule A	(Form 990) 2022		

232022 12-09-22

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

Sec	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2010	(0) 2020	(4) 2021	(6) 2322	(i) rotal
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	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					+	
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				-	1	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst second third	fourth or fifth tax	vear as a section	-1 501(c)(3) organizatio	n On
17	check this box and stop here	· ·			•	(/ (/)	· —
Sec	etion C. Computation of Publi						·····
	Public support percentage for 2022 (li			column (fl)		15	%
						16	
	Public support percentage from 2021 ction D. Computation of Inves					1 10 1	90
	•			ino 13 column (f)		17	0/
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
ıya	33 1/3% support tests - 2022. If the						/ IS NOT
	more than 33 1/3%, check this box ar	-	-				
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	 a. or 19b. check th 	ns box and see in	structions	1 1

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")? |f "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?
- 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).
- 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		
_		
За		
3b		
Зс		
4a		
4b		
4c		
F		
5a		
5b		
5c		
30		
6		
7		
8		
9a		
01		
9b		
0-		
9c		
10a		
104		
10b		
	n 990)	2022

Schedule A (Form 9

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he 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,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		the organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	ion (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			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion l	D. All Type III Supporting Organizations	•		
		<i>y</i> 11 0 0		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion l	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	一	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s)	
2	Activi	ities Test. Answer lines 2a and 2b below.	in a o trorr	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		he 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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	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 integrated	Type III supporting orga	anization (see
	instructions)	, ,		•

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	i	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2022

MEDAL OF HONOR FOUNDATION 25-1828488 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

MEDAL OF HONOR FOUNDATION, INC.

25-1828488

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$380,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 27,230.	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
3		\$ <u>25,010.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$333,000.	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
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MEDAL OF HONOR FOUNDATION, INC.

25-1828488

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t 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
		 \$	

Name of organization **Employer identification number** MEDAL OF HONOR FOUNDATION, INC. 25-1828488 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 (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 (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 (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 (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (2022)

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 Inspection

Name of the organization

MEDAL OF HONOR FOUNDATION, INC.

Employer identification number 25-1828488

Total number at end of year Capture Capt	Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the	
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 of and of year 5 Did the organization informal all donors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organization's exclusive legal control? 6 Did the organization informal grantees, donors, and donor advisors in writing that grant funds can be used only for chanitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterring impermisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposek) of conservation easements held by the organization incheck all that apply. Preservation of least for public use (for example, recreation or education) Preservation of a historically important land area Preservation of least possible preservation assements on a certified historic structure included in (a) 2e Valuation Register 2a Valuation Register				vised	I funds	(b) Fun	ds and other accounts	
2 Aggregate value of contributions to (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor further organization inform all donors and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of noon advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Tassements. Complete if the organization answered "Yea" on Form 1990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 Teld at the End of the Tax Year and Total number of conservation easements included in (a) Qualified after July 25.2006, and not on a historic structure included in (a) Last acreage restricted by conservation easements included in (a) Rumber of conservation easements included in (a) Rumber of conservation easements included in (a) Rumber of conservation easements included in (b) Rumber of conservation easements included in (c) acquired after July 25.2006, and not on a historic structure line the Advisory of the Advi	1	Total number at end of vear	. , ,						
3 Aggregate value of grants from (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control? Or Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Pert III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of part and part and preservation of part and preservation of an entire and for public use (for example, recreation or education) Preservation of a conservation easement on the last Preservation of an entire and part and preservation of a conservation easement on the last Preservation Preserv									
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5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's properly, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposely of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection or instural habitat Preservation of natural habitat Preservation of a certified historic structure Preservation of perservation easements and a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Complete lines 2 at through 2 of if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements. 5 Total acreage restricted by conservation easements. 6 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register. 9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 1 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcents of the conservation easements the holds? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcents asements during the year oviolations, and enforcents and easement suburing the year orga	4								
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organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	9	In Part XIII, describe how the organization reports conservation	on easements in its re	evenu	ue and expense s	statem	ent an	d	
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ [Institution of the state of the provided in Form 990, Part VIII, line 1 [Institution of the state of the provided in Form 990, Part VIII, line 1 [Institution of the state of the provided in Form 990, Part VIII, line 1 [Institution of the state of the provided in Form 990, Part VIII, line 1 [Institution of the state of the provided in Form 990, Part VIII, line 1	Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	C	:.aa:la:	w Accete	
If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	Pai			rea	sures, or Otr	ner S	ımııaı	r Assets.	
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service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	па		•						
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$		•	ŕ				ice of p	DUDIIC	
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provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$	D	· · · · · · · · · · · · · · · · · · ·	•						
(i) Revenue included on Form 990, Part VIII, line 1 \$			exhibition, education	ı, or	research in furthe	erance	or pur	DIIC Service,	
 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 								Φ	
 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$									
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	^								
a Revenue included on Form 990, Part VIII, line 1	2					gain, p	orovide	;	
	_							¢	
								Ψ \$	

Schedule D (Form 990) 2022

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

	MEDAT O	E HONOD EOL		ING	25 10	2010	0 _	2		
	rt III Organizations Maintaining C	F HONOR FOU	Historical Tre	asures or Othe	25-18	2040	<u>э Ра</u>	age ∠		
	•					(contii	iued)			
3	Using the organization's acquisition, accession	on, and other records	s, check any or the i	ollowing that make s	significant use of its					
_	collection items (check all that apply): Public exhibition	d	Loop or ovol	nange program						
a b	Scholarly research			lange program						
	Preservation for future generations	е								
C		alloctions and avaloin	how though without th	o organization's ave	mat aurage in Dort	VIII				
 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 										
5	to be sold to raise funds rather than to be ma					Yes		No		
Par	rt IV Escrow and Custodial Arran							<u> NO</u>		
ı uı	reported an amount on Form 990, Pai		te ii trie organizatioi	Tallsweled fes of	1 FOIII 990, Fait IV,	iiie 9, oi				
10	Is the organization an agent, trustee, custodi	•	any for contributions	or other assets not	included					
Ia						Yes		No		
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete the fell	owing table:		∟	_ 1 C S		_ NO		
D										
_	Beginning balance				1c	Amoun				
	Additions during the year									
	e Distributions during the year f Ending balance 1e 1f									
	Did the organization include an amount on Fo					Yes	$\overline{}$	No		
	If "Yes," explain the arrangement in Part XIII.		·			_ 163] NO		
	rt V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years	back		
1a	Beginning of year balance	8,312,029.	10,120,868.	8,882,483.	7,774,040.		,907,			
	Contributions	333,333.	, ,	, ,	33,645.					
	Net investment earnings, gains, and losses	-518,313.	572,454.	1,238,385.	1,459,798.		-733,	947.		
	Grants or scholarships	,	,	, ,	, ,					
	Other expenditures for facilities									
	and programs	2,797,715.	2,381,293.		385,000.	1	,400,	000.		
f	Administrative expenses									
g		5,053,023.	8,312,029.	10,120,868.	8,882,483.	7	,774,	040.		
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	100	%	•						
b	Permanent endowment	%	_							
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse		tion that are held an	d administered for the	he					
	organization by:	-				[Yes	No		
	(i) Unrelated organizations					3a(i)		Х		
	(ii) Related organizations					3a(ii)		Х		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?							
4	Describe in Part VIII the intended uses of the									

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a Land								
b Buildings								
c Leasehold improvements								
d Equipment								
e Other								
Fotal, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (R), line 10c.)								

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 MEDAL OF HON	OR FOUNDATION	N TNC	25-1828488 Page 3		
Part VII Investments - Other Securities.	OIL TOOMBILLION	1, 110			
Complete if the organization answered "Yes" o	n 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 of	or end-of-year market value		
(1) Financial derivatives					
(2) Closely held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" o	n 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 of	or end-of-year market value		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.			
(a) D	(a) Description				
(1)					
(2)					
(3)					

(4) (5) (6) (7)

(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (h) must equal Form 990, Part X, col. (B) line 25.)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2022

Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	384,168.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	500 015		
а	Net unrealized gains (losses) on investments		-502,017. 1,885.	_	
b	Donated services and use of facilities		1,885.	_	
С	Recoveries of prior year grants			_	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-500,132. 884,300.
3	Subtract line 2e from line 1			3	884,300.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,481.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	44,481. 928,781.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	928,781.
Pai	t XII Reconciliation of Expenses per Audited Financial Stater	nents With	n Expenses per F	₹etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	3,225,104.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses	1 _ 1			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,225,104.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,481.		
b	Other (Describe in Part XIII.)		•		
	Add lines 4a and 4b			4c	44,481.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,269,585.
	T XIII Supplemental Information.				0/200/0000
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV lines 1h	and 2h: Part V line	l· Part `	Y line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			, i ait i	Λ, ΙΙΙΙΟ Σ, Γ ΔΙΤ ΛΙ,
111103	20 and 4b, and 1 art An, lines 20 and 4b. Also complete this part to provide any at	aditional infor	nation.		
PAF	RT V, LINE 4:				
FUI	IDS DEPOSITED IN THE ENDOWMENT ACCOUNT ARE	E DESIG	NATED IN TH	(AT '	THE
PRI	NCIPAL WILL NOT BE WITHDRAWN EXCEPT AS A	PROVED	BY A MAJOR	YTI	VOTE OF
THE	BOARD OF DIRECTORS. INTEREST AND DIVIDE	ENDS EA	RNED ON THE	EN	DOWMENT.
NOT	TO EXCEED FIVE PERCENT OF THE PRINCIPAL,	, MAY B	E TRANSFERR	ED '	TO THE
		, - <u>-</u> -			
GEI	ERAL OPERATING ACCOUNT OR TO A SPECIFIC E	ROJECT	ON AN ANNU	AL :	BASIS, AS

PART X, LINE 2:

DESIGNATIONS.

MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE
232054 09-01-22 Schedule D (Form 990) 2022

APPROVED BY THE BOARD OF DIRECTORS. EXCESS FUNDS AND DEPOSITS WILL BE

ADDED TO THE ENDOWMENT PRINCIPAL AND BE SUBJECT TO THE ENDOWMENT ACCOUNT

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	MEDAL OF HONOR FOUNDATION, INC.										
Part I General Information on Grants a											
Does the organization maintain records criteria used to award the grants or assis	stance?						on X Yes No				
2 Describe in Part IV the organization's pro					iti	/aall an Farma 000 Dark	IV line Of for our				
Part II Grants and Other Assistance to recipient that received more than \$\frac{1}{2}\$					anization answered "1	res" on Form 990, Part	IV, line 21, for any				
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
CONGRESSIONAL MEDAL OF HONOR SOCIETY - 40 PATRIOTS POINT ROAD - MT PLEASANT, SC 29464	52-6056376	501(C)(3)	2,799,207.	0.			TO SUPPORT THE OPERATIONS AND PROGRAMS OF THE MEDAL OF HONOR SOCIETY.				
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	-	•				1					

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, columr	n (b); and any other ac	ditional information.	
ART I, LINE 2:					
HE MEDAL OF HONOR FOUNDATION'S ST	TAFF WORKS	WITH THE	CONGRESSIO	NAL MEDAL OF	
ONOR SOCIETY'S STAFF TO ENSURE TH					
RITERIA OF THE GIFT OR ENDOWMENT					

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.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MEDAL OF HONOR FOUNDATION, INC.

Employer identification number 25-1828488

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPERATIONS AND PROGRAMS OF THE CONGRESSIONAL MEDAL OF HONOR SOCIETY OF THE UNITED STATES OF AMERICA, INCLUDING THE PUBLIC SERVICE ACTIVITIES OF MEDAL OF HONOR RECIPIENTS. PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, SERVICE AND PATRIOTISM THROUGH PRESERVING MEDAL OF HONOR RECIPIENT STORIES AND SHARING THEIR CORE VALUES COURAGE, SACRIFICE, INTEGRITY PATRIOTISM, AND CITIZENSHIP THROUGH OUTREACH AND EDUCATION INITIATIVES. FORM 990, PART VI, SECTION A, LINE 7A: CONGRESSIONAL MEDAL OF HONOR SOCIETY, A RELATED 501(C)(3) ORGANIZATION, HAS THE POWER TO APPOINT BOARD MEMBERS FOR THE CONGRESSIONAL MEDAL OF HONOR FOUNDATION FORM 990, PART VI, SECTION A, LINE 7B: CONGRESSIONAL MEDAL OF HONOR SOCIETY, A RELATED 501(C)(3) ORGANIZATION, THE RIGHT TO APPROVE ANY CHANGES MADE TO THE BYLAWS FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD BY THE CO-CHAIRMEN FOR REVIEW AND ENDORSEMENT AND THEN EMAILED TO THE BOARD BEFORE FILING.

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2

Name of the organization

MEDAL OF HONOR FOUNDATION, INC.

Employer identification number 25-1828488

BEFORE ANY OFFICER OR DIRECTOR TAKES HIS OR HER SEAT IN OFFICE OR ON THE
BOARD, AND ANNUALLY DURING HIS OR HER TERM, EACH OFFICER AND DIRECTOR IS
REQUIRED TO SUBMIT IN WRITING TO THE CHAIRMAN A LIST OF ALL BUSINESSES OR
OTHER ORGANIZATIONS (A) OF WHICH HE OR SHE IS AN OFFICER, DIRECTOR,
TRUSTEE, MEMBER, OWNER (EITHER AS A SOLE PROPRIETOR OR PARTNER),
SHAREHOLDER, EMPLOYEE OR AGENT, OR IN WHICH HE OR SHE OTHERWISE HAS A
MATERIAL FINANCIAL INTEREST, AND (B) WITH WHICH THE FOUNDATION HAS, OR
MIGHT FORESEEABLY ENTER INTO, A RELATIONSHIP OR A TRANSACTION IN WHICH THE
OFFICER OR DIRECTOR HAS OR WOULD HAVE AN INTEREST POTENTIALLY IN CONFLICT
WITH THAT OF THE FOUNDATION. ANY SIMILAR INTEREST OF AN IMMEDIATE FAMILY
MEMBER OF AN OFFICER OR DIRECTOR SHALL BE DEEMED A CONFLICTING INTEREST OF
SUCH OFFICER OR DIRECTOR AND REQUIRES SUCH DISCLOSURE. IN THE EVENT A
POTENTIAL CONFLICT ARISES DURING THE YEAR, THE INTERESTED OFFICER OR
DIRECTOR SHOULD SHALL RECUSE HIMSELF/HERSELF FROM ALL DISCUSSIONS AND/OR
VOTE.

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

IN ORDER TO ENSURE REASONABLENESS OF COMPENSATION FOR THE EXECUTIVE

DIRECTOR AS WELL AS KEY EMPLOYEES, THE EXECUTIVE COMMITTEE OF THE BOARD

REVIEWS SALARIES FROM SIMILARLY SITUATED ORGANIZATIONS. ANY COMPENSATION

ADJUSTMENTS ARE APPROVED BY THE COMMITTEE, AND ALL DECISIONS ARE

DOCUMENTED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OK,OR,PA

RI,SC,TN,UT,VA,WA,WV,WI

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

Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MEDAL OF HONO	MEDAL OF HONOR FOUNDATION, INC.									
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "	Yes" on Form 990, Part IV, line 33	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(d) (e) Total income End-of-year a		(f) Direct controlli entity		9		
Identification of Related Tax-Exempt Organiz	setions. Complete if the examinat	ion anguered "Yes" on Form 000) Port IV line 24 k	accounts it had one	or more r	related toy eye	mnt			
Part II organization of Helated Tax-Exempt Organizations during the tax year.	ations. Complete il the organizat	ion answered fes on Form 990	J, Part IV, III le 34, I	Decause it had one	or more r	elateu tax-exel	iipt			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) et controlling entity		g) 512(b)(13) rolled iity?		
CONGRESSIONAL MEDAL OF HONOR SOCIETY -				(707)			res	NO		
52-6056376, 40 PATRIOTS POINT ROAD, MOUNT PLEASANT, SC 29464	VETERAN ASSISTANCE	SOUTH CAROLINA	501(C)(3)	LINE 7				Х		
,										
	_									

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	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34,	because it had one or more related
	organizations treated as a partnership during the tax year.				

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	ar allocations?		(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes"	' on Form 990), Part IV,	line 34,	35b, oı	r 36.
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1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х	Λ_	
b	Gift, grant, or capital contribution to related organization(s)							
С	Gift, grant, or capital contribution from related organization(s)							
d	Loans or loan guarantees to or for related organization(s)							
	Loans or loan guarantees by related organization(s)				1e		Х	
f	f Dividends from related organization(s)				1f		X	
g	g Sale of assets to related organization(s)				1g		X	
h	h Purchase of assets from related organization(s)				1h		X	
i	i Exchange of assets with related organization(s)							
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
ı	Performance of services or membership or fundraising solicitations for related organization(s)							
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X	
0	Sharing of paid employees with related organization(s)				10		X	
	p Reimbursement paid to related organization(s) for expenses				1 p		X	
q	q Reimbursement paid by related organization(s) for expenses				1q		X	
r	r Other transfer of cash or property to related organization(s)				1r		X	
s	s Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete th	is line, including covered re	elationships and transaction thresholds.				
	(a) (b) Name of related organization Transa type	action	(c) Amount involved	(d) Method of determining amount inv	olved			
1) (CONGRESSIONAL MEDAL OF HONOR SOCIETY B		2,799,207.	FAIR MARKET VALUE				
2)								
<u> </u>								
3)								
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4)								
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5)								
6)								
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Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		Gener mana partn	(kal or Perce ging owne	(k) entage ership
								Ochodolo			

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print MEDAL OF HONOR FOUNDATION, INC. 25-1828488 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 40 PATRIOTS POINT ROAD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. MT PLEASANT, SC 29464 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) KAREN TURPIN The books are in the care of ► 40 PATRIOTS POINT ROAD - MT PLEASANT, SC 29464 Telephone No. ► 703-469-1861 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)