** PUBLIC DISCLOSURE COPY **

(Rev. January 2020)

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

ΑI	For the	2019 calendar year, or tax year beginning and	ending		
В	Check if applicable:	C Name of organization		D Employer identifi	cation number
	Address	THE FOLDED FLAG FOUNDATION			
	Name change	Doing business as		46-53718	<u>45 </u>
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 1701 VILLAGE CENTER CIRCLE	Room/suite	E Telephone numbe 844-204-	
_	☐return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,081,339.
Г	Amende			H(a) Is this a group re	
F	return Applica tion	F Name and address of principal officer: KIM FRANK		for subordinates	
_	tion pending	SAME AS C ABOVE		H(b) Are all subordinates in	—
_	Tay aya		or 527	1	
		npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) : ► WWW • FOLDEDFLAGFOUNDATION • ORG	01 321	1	list. (see instructions)
		rganization: X Corporation Trust Association Other ►	I Voor	H(c) Group exemption 2014	M State of legal domicile: FL
		Summary	L TEAT	oriorination. ZOIT	M State of legal doffliche. 1 1
		riefly describe the organization's mission or most significant activities: TO A	SSTST	THE FAMILIE	S OF INTTED
e S	'	TATES MILITARY PERSONNEL WHO HAVE LOST T			S OI ONIIID
ğ	2	heck this box if the organization discontinued its operations or dispose			noto
Governance	3 1				20
é	4	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b)			19
		otal number of individuals employed in calendar year 2019 (Part V, line 2a)			20
ties	6 T	otal number of individuals employed in calendar year 2019 (Part V, line 2a)			0
Activities &	7.7				0.
Ą	/aı	otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 39			0.
	B i	et unrelated business taxable income from Form 990-1, line 39		Prior Year	Current Year
Revenue	• 6	entributions and grants (Part VIII line 1h)		3,909,369.	4,140,643.
	8 C	ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)		0.	0.
	10	rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d)		28,094.	67,488.
Be	10 li	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,580.	510,918.
	1			3,942,043.	4,719,049.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,954,387.	2,700,413.
	1	erants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	45 0	enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		324,142.	328,988.
ses	15 5			0.	0.
Expenses	loa F	rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) 702,0	63	<u></u>	0.
Ä	17 6	otal fundraising expenses (Part IX, column (D), line 25) 702,0 ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		709,478.	947,294.
	"	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,988,007.	3,976,695.
	1	evenue less expenses. Subtract line 18 from line 12		954,036.	742,354.
		evenue less expenses. Subtract line 16 non line 12		ginning of Current Year	End of Year
Assets or	20 T	otal assets (Part X, line 16)	<u> </u>	6,866,063.	7,499,833.
Asse	20 T	otal liabilities (Part X, line 16)		344,083.	235,499.
Net/	Ⅎ	et assets or fund balances. Subtract line 21 from line 20		6,521,980.	7,264,334.
	art II	Signature Block		0,321,3001	7,201,331
		es of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	ents, and to the hest of my	knowledge and helief it is
	-	and complete. Declaration of preparer (other than officer) is based on all information of wi			intowiougo and bonon, it is
truo	, 0011001,	and completel becaute on or property (earlier than officer) to become an an information of the	non properor	That any knowneage.	
Sig	n	Signature of officer		Date	
Her		KIM FRANK, PRESIDENT			
1101	·	Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid		EFF ALBACH, CPA		if self-employ	P01419189
		Firm's name RUBINBROWN LLP			43-0765316
	· -	Firm's address 7881 W. CHARLESTON BLVD. SUITE 2	250	Tilli o Liiv	
	,	LAS VEGAS, NV 89117		Phone no. (7	02) 579-7000
Mar	v the IR:	6 discuss this return with the preparer shown above? (see instructions)		Tr Hollo Ho. (7	X Yes No
u	,				

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE FOLDED FLAG FOUNDATION IS TO PROVIDE SCHOLARSHIPS
	AND EDUCATIONAL SUPPORT GRANTS TO THE SPOUSES AND CHILDREN OF THE
	UNITED STATES MILITARY AND GOVERNMENT PERSONNEL WHO DIED AS A RESULT
	OF HOSTILE ACTION OR IN AN ACCIDENT RELATED TO U.S. COMBAT OPERATIONS.
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 \$ 3,040,749. including grants of \$ 2,700,413.) (Revenue \$)
	IN ITS SIXTH YEAR OF OPERATIONS, THE FOLDED FLAG FOUNDATION AWARDED 350
	SCHOLARSHIPS TO QUALIFYING INDIVIDUALS TOTALING \$2,518,363 THROUGHOUT
	THE UNITED STATES, WHICH WAS A SIGNIFICANT INCREASE OVER THE PERVIOUS YEAR'S 205 RECIPIENTS TOTALING \$1,801,960. THE RECIPIENTS OF THE
	SCHOLARSHIPS FOR THE 2019-2020 SCHOOL YEAR RECEIVED MONEY FOR TUITION
	AND LIVING EXPENSES RANGING FROM GRADE SCHOOL TO COLLEGE FOR SPOUSES
	AND CHILDREN OF THE UNITED STATES MILITARY AND GOVERNMENT PERSONNEL WHO
	HAVE LOST THEIR LIVES AS A RESULT OF HOSTILE ACTION OR IN AN ACCIDENT
	RELATED TO U.S. COMBAT OPERATIONS. MULTIPLE INDIVIDUALS AND
	CORPORATIONS HELD SPECIAL EVENTS WHERE PROCEEDS BENEFITED THE
	FOUNDATION.
	1 OCHDINI TON.
4b	(Code:) (Expenses \$
	/ (Listerland) / (Listerland
4c	(Code:) (Expenses \$
_	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 3,040,749.
	Form 990 (2019)

Form 990 (2019) THE FOLDED FLAG FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	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, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 1.2		
_	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	- 110		
_	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
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- 110		
	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		14a		Х
	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	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		Х
	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	

Form 990 (2019) THE FOLDED FLAG FO Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	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 Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			₩.
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Solieudie O contains a response di ficte to any ille in this Fart V		Yes	Na
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	No
	Enter the number reported in Box 3 of Form 1030. Enter 40- in not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 7			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
932004	¥ 01-20-20	Form	990	(2019)

Form 990 (2019) THE FOLDED FLAG FOUNDATION

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

	to accompliance (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 20		37					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v				
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х				
h	If "Yes," enter the name of the foreign country	4 a						
b	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		х				
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?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?							
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						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		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		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X				
g								
h								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
9	sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
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							
b	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 Enter the amount of reserves on hand 13b							
C 140		140		Х				
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b						
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	טדי						
.5	excess parachute payment(s) during the year?	15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
		Г	aan	(0040)				

Form **990** (2019)

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

	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion A. Governing Body and Management										
				_		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		20							
	If there are material differences in voting rights among members of the governing body, or if the governing			- 1							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			- 1							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		19							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			\dashv							
_				- 1	2	Х					
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			"							
3				- 1			v				
			- 6110		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9				<u>4</u> 5		X				
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
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	-		- 1							
	more members of the governing body?				7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or	- 1							
	persons other than the governing body?				7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:								
а	The governing body?			[8a	X					
b	Each committee with authority to act on behalf of the governing body?			L	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	Γ							
	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										
	(This decision is requested information assure policies not required by the internal ne	veriae	Ocac./			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			··· ├	104						
			, armatos,	- 1	10b						
44.				г	11a	Х					
	b Describe in 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					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			├	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	,		- 1							
	in Schedule O how this was done				12c	X					
13	Did the organization have a written whistleblower policy?				13		X				
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	l by in	dependent	- 1							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			L	15a	X					
	Other officers or key employees of the organization				15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a								
	taxable entity during the year?			- [16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			"	-						
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	•	- 1							
	exempt status with respect to such arrangements?			- 1	16b						
Sec	tion C. Disclosure			·· I	100						
17	List the states with which a copy of this Form 990 is required to be filed ▶FL										
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	NY 000	T (Section 501/s	7/(3/~	ODIV)	availa	hle				
18		เน ฮฮป	- i (Section 501(0	, ₎₍ 3)S	ority)	avalid	nie				
	for public inspection. Indicate how you made these available. Check all that apply.	_	:								
46	X Own website Another's website X Upon request Other (explain				_						
19											
	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								
	THE FOLDED FLAG FOUNDATION, INC 702-912-5374										
	1550 S. PAVILION CENTER DRIVE, LAS VEGAS, NV 89135)									

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

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

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

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

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

X Check this box if neither the organizatio	n nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.		
(A)	(B)			_ (0	C)			(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week					1	,	from	from related organizations	other	
	(list any hours for	direct				_		the organization	(W-2/1099-MISC)	compensation from the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2, 1000 111100)	organization	
	organizations	trust	nal tru		oyee	om pe		,		and related	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations	
	line)	Indi	Inst	Officer	Key	Hig	Former				
(1) WILLIAM P. FOLEY II	2.00	ļ									
CHAIRMAN		Х		Х				0.	0.	0.	
(2) FRED SCHREMP	8.00										
VICE CHAIRMAN		Х		Х				0.	0.	0.	
(3) PETER SADOWSKI	2.00										
SECRETARY	2 00	Х		Х				0.	0.	0.	
(4) RICHARD L COX	2.00	v		v					_	_	
TREASURER (5) PETER BRUAL	2 00	Х		Х				0.	0.	0.	
TRUSTEE	2.00	Х						0.	0.	0.	
(6) ANTHONY DETOTO	2.00	Λ						· ·	0.	·	
TRUSTEE	2.00	Х						0.	0.	0.	
(7) MONTGOMERY C. MEIGS	2.00	Λ						0.	0.	•	
TRUSTEE	2.00	Х						0.	0.	0.	
(8) MICHAEL OATES	2.00							•	•	•	
TRUSTEE	2,00	х						0.	0.	0.	
(9) RANDALL M. PAIS	2.00								•		
TRUSTEE		Х						0.	0.	0.	
(10) THOMAS A. SCHWARTZ	2.00										
TRUSTEE		Х						0.	0.	0.	
(11) MICHAEL W. SHELTON	2.00										
TRUSTEE		Х						0.	0.	0.	
(12) JAMES B. STALLINGS, JR	2.00										
TRUSTEE		Х						0.	0.	0.	
(13) CHRIS AZUR	2.00										
TRUSTEE		Х						0.	0.	0.	
(14) FRANK R. MARTIRE	2.00										
TRUSTEE		Х						0.	0.	0.	
(15) PHIL DISMUKES	2.00								_		
TRUSTEE		Х						0.	0.	0.	
(16) ANTHONY JABBOUR	2.00								_	_	
TRUSTEE	1 2 22	Х			_			0.	0.	0.	
(17) PAUL KERN	2.00	.,							_	_	
TRUSTEE		X						0.	0.	<u> </u>	

Form 990 (2019)

46-5371845

Section A. Officers, Directors, Trus	tees, Key Em	<u>ploy</u>	ees,	anc	Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe		of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	ons compe MISC) fron organ		pensa om th anizat d relat	etion e ion ed
(18) KIRK LARSEN	2.00	- ,,						0					
TRUSTEE (19) JAMES WOODALL	2.00	Х						0.		0.			0.
TRUSTEE	2.00	х						0.		0.			0.
(20) KIM FRANK	40.00												
PRESIDENT		Х		Х				0.		0.			0.
(21) JOHN COOGAN	40.00	-					77	256 702		_	2	n 2	1 2
FORMER PRESIDENT							Х	256,783.		0.		0,2	14.
		<u> </u>											
		<u> </u>											
		1											
1b Subtotal								256,783.		0.	2	0,2	
c Total from continuation sheets to Part VI								256,783.		0.	2	0,2	0. 12
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization 							io re	•	000 of reportable			0,2	1
												Yes	No
3 Did the organization list any former officer,	-		•	•	•		•	•	•			Х	
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3	Λ	
and related organizations greater than \$150	="							· · · · · · · · · · · · · · · · · · ·	-		4	Х	
5 Did any person listed on line 1a receive or a			•										
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch ı	pers	son					5		X
Section B. Independent Contractors					4		41.	t i d th (th	100 000 of comm		L:		
1 Complete this table for your five highest co the organization. Report compensation for										ensa	LIOIT IT	וווכ	
(A)				. <u>.</u>				(B)			((
Name and business	address	NO	INC	3				Description of s	ervices	C	compe	nsatio	n
							\dashv						
Total number of independent contractors (ii \$100,000 of compensation from the organize)		ot lin	nite	d to		se lis	ted	above) who received mo	ore than				
						-					Form	990 (2019)

932008 01-20-20

Form 990 (2019) THE FOL Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	ne 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
(0.40	4.	Federated campaigns 1a					
ants Ints	1 6	1 3		4			
Great Journal	r		004 340	4			
ts, An	•		094,340.	-			
Contributions, Gifts, Grants and Other Similar Amounts	•	Related organizations 1d		4			
ıs, Jini	•	Government grants (contributions)		4			
tio er S	f	All other contributions, gifts, grants, and	0.4.6. 0.00				
ig th			<u>046,303.</u>	4			
dr	ç	Noncash contributions included in lines 1a-1f					
a Co	ŀ	Total. Add lines 1a-1f	<u></u>	4,140,643.			
			Business Code				
ø	2 8						
Program Service Revenue	k						
Sel	(
an eve							
Be	•						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
	_	other similar amounts)		67,488.			67,488.
	4	Income from investment of tax-exempt bond p		7.7.200			,
	5	Royalties					
	·	(i) Real	(ii) Personal				
	6 :	Gross rents 6a	()	-			
		Less: rental expenses 6b		-			
		Rental income or (loss) 6c		-			
		()					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a	(.,,	-			
	ı	Less: cost or other basis		-			
ø	•	and sales expenses 7b					
'n				-			
eve	,	Gain or (loss) 7c					
her Revenue		Net gain or (loss)					
	0 6	including \$ 1,094,340. of					
ō		contributions reported on line 1c). See					
			178,828.				
			178,828.	-			
			<u> </u>	0.			
		Net income or (loss) from fundraising events Gross income from gaming activities. See					
	9 6	* *	686,737.				
		Part IV, line 19 9a Less: direct expenses 9b	183,462.	-			
		Net income or (loss) from gaming activities	<u> </u>	503,275.			503,275.
		Gross sales of inventory, less returns		303,273.			303,273.
	IU a	**					
		and allowances 10a		4			
		Less: cost of goods sold 10b	<u> </u>				
-		Net income or (loss) from sales of inventory	Business Code				
ns	44 -	OTHER REVENUE	900099	7,643.			7,643.
neo Tue	11 a		, , , , , ,	7,043.			7,045.
ella Ven				<u> </u>			
Miscellaneous Revenue	,	All other revenue					
Σ		Total. Add lines 11a-11d		7,643.			
	12	Total revenue. See instructions		4,719,049.	0.	0.	578,406.

Form 990 (2019) THE FOLDED FL Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
	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	182,050.	182,050.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,518,363.	2,518,363.		
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,	0.64 0.00	100 550	50 050	00.654
	trustees, and key employees	261,377.	103,753.	58,970.	98,654
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	CD C11	06 027	15 054	05 500
7	Other salaries and wages	67,611.	26,837.	15,254.	25,520
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	<u> </u>	57 400		67. 400	
С	Accounting	67,428.		67,428.	
d	, 3				
е	, –				
f	• • • • • • • • • • • • • • • • • • • •				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	34,842.		29,813.	5,029 33,026
12	Advertising and promotion	62,790.	29,764.	5 540	33,026
13	Office expenses	127,211.	33,480.	5,719.	88,012
14	Information technology	39,373.	5,131.	12,158.	22,084
15	Royalties				
16	Occupancy	115 560		22.225	
17	Travel	117,762.	29,633.	28,936.	59,193
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		111 - 22	100	
19	Conferences, conventions, and meetings	482,781.	111,738.	498.	370,545
20	Interest				
21	Payments to affiliates	2.2			
22	Depreciation, depletion, and amortization	98.		98.	
23	Insurance	6,882.		6,882.	
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	DELOCATION EXPENSES	8,127.		8,127.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,976,695.	3,040,749.	233,883.	702,063
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** (2019)

Form 990 (2019)
Part X | Balance Sheet

Part X	X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing		3,256,757.	1	4,704,827	
2		Savings and temporary cash investments		1,742,482.	2	37,133	
3		Pledges and grants receivable, net		1,809,581.	3	2,440,967	
4		Accounts receivable, net			2,820.	4	130,038
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
6	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
တ္ 7	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
č 9	9	Prepaid expenses and deferred charges			54,423.	9	185,200
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,766.			
	b	Less: accumulated depreciation	0.	10c	1,668		
11		Investments - publicly traded securities			11		
12		Investments - other securities. See Part IV, line		12			
13		Investments - program-related. See Part IV, lin		13			
14		Intangible assets		14			
15	5	Other assets. See Part IV, line 11		15	- 400 000		
16		Total assets. Add lines 1 through 15 (must ed			6,866,063.	16	7,499,833
17		Accounts payable and accrued expenses			344,083.	17	235,499
18		Grants payable		18			
19		Deferred revenue		19			
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
ဖွ 22		Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
혈		controlled entity or family member of any of th				22	
23		Secured mortgages and notes payable to unre				23	
24		Unsecured notes and loans payable to unrelat				24	
25	5	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	-	·		0.5	
00	•	of Schedule D			344,083.	25 26	235,499
26		Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl			344,003.	20	233,433
ဖွ		and complete lines 27, 28, 32, and 33.	IECK HEI				
ğ 27		Net assets without donor restrictions			4,690,432.	27	5,750,873
<u>eg</u> 28		Net assets with donor restrictions			1,831,548.	28	1,513,461
<u> </u>		Organizations that do not follow FASB ASC			2,002,0101	20	2,020,102
[]		and complete lines 29 through 33.	550, CIII	JOK HOTE P			
ō 29		Capital stock or trust principal, or current fund	le			29	
S 30		Paid-in or capital surplus, or land, building, or				30	
88 31		Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances 25 28 25 32 31 32 32 32 32 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35		Total net assets or fund balances			6,521,980.	32	7,264,334
2 33		Total liabilities and net assets/fund balances			6,866,063.	33	7,499,833
	_	Total habilitios and not assets/fully balances			2,220,000	_ 50	Form 990 (20

Form **990** (2019)

Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,71	<u>.9,0</u>	<u>49.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,97	6,6	<u>95.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3		2,3				
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	7,26	4,3	34.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	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	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	Act and OMB Circular A-133?	-	3a		х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Forr	n 990	(2019)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization THE FOLDED FLAG FOUNDATION 46-5371845 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 n 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	ction A. Public Support	, , , , , , , , , , , , , , , , , , ,	·	,								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
	Gifts, grants, contributions, and	, ,	, ,	` ,	, ,	, ,						
	membership fees received. (Do not											
	include any "unusual grants.")	828,834.	1886803.	2936017.	3909369.	4643918.	14204941.					
2	Tax revenues levied for the organ-	lues levied for the organ-										
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities	cilities										
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	828,834.	1886803.	2936017.	3909369.	4643918.	14204941.					
	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						3678279.					
6	Public support. Subtract line 5 from line 4.						10526662.					
	ction B. Total Support											
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
	Amounts from line 4	828,834.	1886803.	2936017.	3909369.		14204941.					
	Gross income from interest,	020,0020			0000000							
Ŭ	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	370.	4,125.	13,779.	28,904.	67,488.	114,666.					
۵	Net income from unrelated business	3,00	1,110	2071190	20,3010	07,1000	===,000					
3	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
10	or loss from the sale of capital											
	assets (Explain in Part VI.)		1,032.	1,122.	4,583.	7,643.	14,380.					
11	Total support. Add lines 7 through 10		1,052.	1,122.	1,303.	7,045.	14333987.					
	Gross receipts from related activities,	oto (soo instructio	ne)			12	<u> </u>					
	First five years. If the Form 990 is for			1 fourth or fifth ta								
10	organization, check this box and stor	_			•		ightharpoonup					
Sec	ction C. Computation of Publi		centage									
	Public support percentage for 2019 (li			olumn (f))		14	73.44 %					
	Public support percentage from 2018					15	/3111 %					
	33 1/3% support test - 2019. If the c											
100	stop here. The organization qualifies											
L	33 1/3% support test - 2018. If the o											
	and stop here. The organization qual	-										
174	10% -facts-and-circumstances test											
1/8	and if the organization meets the "fac	ū					*					
	G		•	•	•	•						
1.	meets the "facts-and-circumstances"											
į,	10% -facts-and-circumstances test	-										
	more, and if the organization meets the						┗					
10	organization meets the "facts-and-circ						.					
18	Private foundation. If the organization	in did flot check a	DUX UITIIITE TO, TO	a, 100, 178, 01 170			or 990-EZ) 2019					
					Sche	:uuie A (FUIII 99(ノ い ココリーロエノ とし 19					

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
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					+	
6 Total. Add lines 1 through 5					1	
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	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 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						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10b		

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C	Pal	Supporting Organizations (Continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 59% controlled with or a special person described in (a) a for (a) bove? if Yes' to a, b, or c, provide detail in Pert VI. 11b				Yes	No
below, the governing body of a supported organization? 1 A family member of a person described in (a) above? 2. AS\$6 controlled entity of a person described in (a) or (b) above? 3. AS\$6 controlled entity of a person described in (a) or (b) above? 4. Yes 1 to a. b. or c. provide detail in Pert VI. 11b 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year 2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization of the than the supported organization and the supported organizations and the supported organizations of the supported organization of the supported organization or trustees of each of the organization and provided during the supported organization or trustees of each of the organization and provided organization or trustees described in the supported organization or the supported organization or the supported organization or the suppo	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "Yes" describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or embers delectors or trustees, are allocated omong the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how the powers to appoint and/or embers upsopreed organization? If "Yes," explain in Part VI how the powers to appoint acroid remove supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supposes of the supported organization? If "Yes," explain in Part VI how control or management of the supporting Organizations 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 organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organization, by the last day of the fifth month of the organization provide to each of its supported organization, to the extent not previously provided? 2 Were any of the organization or the source of the supported organiz	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
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By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1		, ,	2		
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Section E. Type III Functionally Integrated Supporting Organizations 1			3		
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		За		
	h				
	-		3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organia	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in 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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrated	d Type III supporting orga	anization (see
	inches (ations)			

Schedule A (Form 990 or 990-EZ) 2019

Par	LV I	pe III Non-Functionally integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Dis	tributions			Current Year
1	Amounts	paid to supported organizations to accomplish exer	npt purposes		
2	Amounts				
	organizati				
3	Administr				
4	Amounts				
5	Qualified	set-aside amounts (prior IRS approval required)			
6	Other dist	ributions (describe in Part VI). See instructions.			
7	Total ann	ual distributions. Add lines 1 through 6.			
8	Distribution	ns to attentive supported organizations to which th	e organization is responsive		
	(provide d	etails in Part VI). See instructions.			
9	Distributa	ble amount for 2019 from Section C, line 6			
10	Line 8 am	ount divided by line 9 amount			
Secti	on E - Dis	tribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributa	ole amount for 2019 from Section C, line 6			
2	Underdist	ributions, if any, for years prior to 2019 (reason-			
	able caus	e required- explain in Part VI). See instructions.			
3	Excess di	stributions carryover, if any, to 2019			
а	From 201	4			
b	From 201	5			
С	From 201	6			
d	From 201	7			
е	From 201	3			
f	Total of li	nes 3a through e			
g	Applied to	underdistributions of prior years			
h	Applied to	2019 distributable amount			
i	Carryover	from 2014 not applied (see instructions)			
j	Remainde	r. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribution	ns for 2019 from Section D,			
	line 7:	\$			
а	Applied to	underdistributions of prior years			
b	Applied to	2019 distributable amount			
С	Remainde	r. Subtract lines 4a and 4b from 4.			
5	Remaining	g underdistributions for years prior to 2019, if			
	any. Subt	ract lines 3g and 4a from line 2. For result greater			
	than zero	explain in Part VI. See instructions.			
6	Remaining	g underdistributions for 2019. Subtract lines 3h			
	and 4b fro	m line 1. For result greater than zero, explain in			
	Part VI. S	ee instructions.			
7	Excess d	stributions carryover to 2020. Add lines 3j			
	and 4c.				
8	Breakdow	n of line 7:			
а	Excess fro	om 2015			
b	Excess fro	om 2016			
С	Excess fro	om 2017			
d	Excess fro	om 2018			
е	Excess fro	om 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part V	I Suppler	nental	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;	<u> </u>							
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)										
SCHEI	DULE A,	PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:								
OTHER	R REVENU	Έ									
2016	AMOUNT:	\$	1,032.								
2017	AMOUNT:	\$	1,122.	_							
2018	AMOUNT:	\$	4,583.								
2019	AMOUNT:	\$	7,643.								
-											
-											
				_							
				_							
-											
_											
				_							
				_							

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

<u>-</u>	THE FOLDED FLAG FOUNDATION	46-5371845
Organization type (checl	c one):	
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 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	
• •	n is covered by the General Rule or a Special Rule .	uda Caa isatuustiassa
Note: Only a section 501	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See Instructions.
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a)(any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of the properties of the properties of the greater of (1) \$5,000; or (2) 2% of the amount of the properties of the properties of the greater of (1) \$5,000; or (2) 2% of the amount of the properties o	a, or 16b, and that received from
year, total contri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educelty to children or animals. Complete Parts I, II, and III.	
year, contribution is checked, enter purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from some exclusively for religious, charitable, etc., purposes, but no such contributions totaled or here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box ous, charitable, etc., it received <i>nonexclusively</i>
Caution: An organization	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B	Form 990, 990-F7, or 990-PF)

but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization Employer identification number

THE FOLDED FLAG FOUNDATION

46-5371845

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, audress, and Zir + 4	\$ 493,101.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$171,971.	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_		\$341,065.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE FOLDED FLAG FOUNDATION

46-5371845

Part II	Noncash Property (see instructions). Use duplicate copies of Par	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
		<u> </u>	
(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** THE FOLDED FLAG FOUNDATION 46-5371845 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 Open to Public Inspection

Name of the organization

THE FOLDED FLAG FOUNDATION

Employer identification number 46-5371845

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
	(a) Donor advised funds (b) Fund	ds and other accounts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	,
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

932051 10-02-19

Schedule D (Form 990) 2019

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

	t III Organizations Maintaining Co				agurag o	r Other	Similar		7101		age Z
									(contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	s, cneck	any of the	rollowing that	ı make sı	gnificant u	ise of its			
	collection items (check all that apply):		. $ egin{array}{c} $								
a	Public exhibition	c			hange progra						
b	Scholarly research	е	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's coll							se in Part	XIII.		
5	During the year, did the organization solicit or								_		1
D :	to be sold to raise funds rather than to be main								_ Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part	·									
1a	Is the organization an agent, trustee, custodial								_		1
	on Form 990, Part X?							L	_ Yes		No
b	If "Yes," explain the arrangement in Part XIII are	nd complete the fol	llowing t	able:							
									Amount		
	Beginning balance										
d	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance										
2 a	Did the organization include an amount on For	rm 990, Part X, line	21, for 6	escrow or co	ustodial acco	unt liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII. C										
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt vear end balance	e (line 1c	ı. column (a)) held as:	•			•		
а	Board designated or quasi-endowment	•	%	,, ,	,,						
b	Permanent endowment	%									
	Term endowment ▶ %										
_	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.									
3a	Are there endowment funds not in the possess	•	ation tha	t are held a	nd administer	red for the	e organiza	tion			
-	by:	order or the organiza	ation tha	aro mora a	ia aariiiiiotoi	00 101 111	o organiza			Yes	No
	(i) Unrelated organizations								3a(i)		110
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati	one listed as requir	ed on S	hedule R2					3b		
4	Describe in Part XIII the intended uses of the co								00		
	t VI Land, Buildings, and Equipme	ent.	WITTOTTE I	arido.							
	Complete if the organization answered). Part IV	. line 11a. S	See Form 990	. Part X.	line 10.				
	Description of property	(a) Cost or o			or other		ccumulate	а	(d) Book	c value	
	becomplien or property	basis (investr			(other)		oreciation	<u> </u>	(u) 2001	· vaia	•
12	Land	<u> </u>	7								
b	Buildings										
	Leasehold improvements										
d		1			1,766.		-	98.	1	L,66	58.
	Equipment Other				-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· •		_,	<i>,</i>
	. Add lines 1a through 1e. (Column (d) must eq		V ool	n /D) line 1	00)			•	-	L,66	58.
· otal	. , .a.a iii loo Ta ti ii ougit To. [Colullill (a) [[ilust ea	uai i Uilli 330. Pält	A. COIUIT	ii i i i i i i i i i i i i i i i i i i	UU.1					<u>- , </u>	.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 THE FOLDEI	D FLAG FOUNDATIO	N	46-5371845 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Ye	es" on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security		(c) Method of valuation: Cost o	r end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye		1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B)	line 15)		•
Part X Other Liabilities.	<u> </u>		<u>, F 1</u>
Complete if the organization answered "Ye	es" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	e 25.
(a) Description of liability	, ,	,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(2)			

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) 2019

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	rt XI Reconciliation of Revenue per Audited Financial S	Statements With	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,839,049.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	120,000.		
С					
d	()				
е	Add lines 2a through 2d			2e	120,000.
3	Subtract line 2e from line 1			3	4,719,049.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	4,719,049.
		12./			- / · / · ·
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With	Expenses per R		n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV	Statements With /, line 12a.	Expenses per R		n.
Pai	rt XII Reconciliation of Expenses per Audited Financial	Statements With /, line 12a.	Expenses per R		4,096,695.
	rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV	Statements With /, line 12a.	Expenses per R		n.
1	rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IN Total expenses and losses per audited financial statements	Statements With /, line 12a.	Expenses per R		n.
1 2	Complete if the organization answered "Yes" on Form 990, Part IX Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Statements With /, line 12a.	Expenses per R		n.
1 2 a	Table 1 Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Statements With	Expenses per R		n.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IX Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	Statements With /, line 12a. 2a 2b 2c	Expenses per R		n. 4,096,695.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	120,000.		120,000.
1 2 a b c	Table 1 Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IN Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	120,000.	1	n. 4,096,695.
1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	120,000.	1 2e	120,000.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	120,000.	1 2e	120,000.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IX Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	120,000.	1 2e	120,000.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	120,000.	1 2e	120,000.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION IS A NON-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE IRC AND CHAPTER 220.13 OF THE FLORIDA STATUTES, RESPECTIVELY. AS SUCH, ONLY UNRELATED BUSINESS INCOME IS SUBJECT TO INCOME TAX.

THE FOUNDATION EVALUATES ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITIONS TAKEN. THE FOUNDATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHELD ON EXAMINATION BY TAXING

AUTHORITIES. THE FOUNDATION HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

46-5371845 THE FOLDED FLAG FOUNDATION Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

932081 09-11-19

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	irt i	of fundraising events. Complete if the	•	-		· · · · · · · · · · · · · · · · · · ·
	Ι	or fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	s greater than \$5,000.
			1		(c) Other events	(d) Total events
				ROCK CREEK	5	(add col. (a) through
			SERVICE GALA			col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	879,508.	215,846.	177,814.	1,273,168.
	2	Less: Contributions	762,467.	215,846.	116,027.	1,094,340.
	3	Gross income (line 1 minus line 2)	117,041.		61,787.	178,828.
	4	Cash prizes				
ø	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	117,041.			117,041.
	8	Entertainment				
	9	Other direct expenses			61,787.	61,787.
	10					178,828.
	11	Net income summary. Subtract line 10 from li				0.
Pa	irt I					
		\$15,000 on Form 990-EZ, line 6a.				
une			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			686,737.	686,737.
Se	2	Cash prizes			183,462.	183,462.
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % X No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	183,462.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	503,275.
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming action," explain:		states?		X Yes No
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes X No
9320	82 09	D-11-19			Schedule G (For	rm 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 THE FOLDED FLAG FOUNDATION	46-5371845 Page 3
11 Does the organization conduct gaming activities with nonmembers?	X Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	cords:
Name ▶ THE FOLDED FLAG FOUNDATION, INC.	_
Address ► 1550 S. PAVILION CENTER DRIVE - LAS VEGAS, NV 8913	35
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
 b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the a of gaming revenue retained by the third party ► \$ c If "Yes," enter name and address of the third party: 	amount
Name	
Address	_
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or specific. 	
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	d (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
PART III LINE 2(C)	
THE CALCULATION OF OTHER GAMING CASH PRIZES OF \$183,462 IS	THE
COMBINATION OF FORM W2-G WINNINGS OF \$159,145 AND FORM 1042	?-s winnings
OF \$24,317.	

Schedule G	G (Form 990 or 990-EZ)	${ m THE}$	FOLDED	FLAG	FOUNDATION	46-5371845	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Inform	mation	(continued)				
			(continued)				

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.

2019

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2019)

Name of the organization THE FOLDE	D FLAG FO	UNDATION					Employer identification number 46-5371845
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?				for the grants or assis		on X Yes No
Part II Grants and Other Assistance to I	Domestic Organiz	zations and Domestic	C Governments. C	omplete if the orga	anization answered "Y	'es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	55,000. Part II can	be duplicated if additi	ional space is neede	ed.	(f) Mathead of		1
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SHRINERS HOSPITAL FOR CHILDREN 1680 VILLAGE CENTER CIRCLE							
LAS VEGAS, NV 89134	36-2193608	501(C)(3)	15,000.	0.			OPERATIONAL SUPPORT
ST. ROSE DOMINICAN HOSPITAL 8280 W WARM SPRINGS ROAD LAS VEGAS, NV 89113	88-0059427	501(C)(3)	10,000.	0.			OPERATIONAL SUPPORT
A SOLDIER'S CHILD FOUNDATION PO BOX 11242 MURFEESBORO, TN 37129	26-3032468	501(C)(3)	55,000.	0.			OPERATIONAL SUPPORT
WHITEFISH VETERANS SUPPORT TEAM 200 PARKHILL DRIVE WHITEFISH, MT 59937			58,559.	0.			OPERATIONAL SUPPORT
OPERATION FIRST RESPOSE INC. 20037 DOVE HILL ROAD CULPEPER, VA 22701	20-1622436		7,541.	0.			OPERATIONAL SUPPORT
P.A.W.S 848 N. RAINBOW BLVD, STE 2992 LAS VEGAS, NV 89107	26-4792744		5,000.	0.			OPERATIONAL SUPPORT
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations 	•	•					

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

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEAD STRONG							
63 LYNDEL RD							
POUND RIDGE, NY 10576	45-5261907		25,000.	0.			OPERATIONAL SUPPORT
							0-1

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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
					2019-2020 SCHOOL YEAR
SCHOLARSHIPS	350	2,518,363.	0.	FMV	EDUCATIONAL SCHOLARSHIPS
Part IV Supplemental Information. Provide the information req	I uired in Part I, lin	e 2; Part III, column	(b); and any other a	l dditional information.	
PART I, LINE 2:					
THE FOLDED FLAG FOUNDATION ACCEPTS	APPLICAT	IONS FOR E	EDUCATIONAL	GRANTS AND	
SCHOLARSHIPS FROM MARCH 1 THROUGH N					
SCHOLARSHIPS AWARDED IN TIME FOR TH					
YEAR. APPLICANTS ARE NOTIFIED BY JU					
EMAIL AS TO THE STATUS OF THEIR API					
MATE AD TO THE DIATOR OF THEIR ALL	LICHITON				
FULL DETAILS ON WWW.FOLDEDFLAGFOUND	OATTON, OR	G/APPLY			

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

THE FOLDED FLAG FOUNDATION

 $Employer\ identification\ number \\ 46-5371845$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any naven listed on Form 200. Part VII. Costian A. line 1s, with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization: Receive a severance payment or change-of-control payment?	4a	Х	
a h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	21	x
C		4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred benefits compensation		(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JOHN COOGAN	(i)	220,047.	0.	36,736.	0.	0.	256,783.	0.
FORMER PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)						<u> </u>	

Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						
PART I, LINE 4A:						
FORMER PRESIDENT JOHN COOGAN RECEIVED \$36,736 IN SEVERANCE WAGES.						

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE FOLDED FLAG FOUNDATION

Employer identification number 46-5371845

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD OF TRUSTEES, BY RESOLUTION ADOPTED BY A MAJORITY OF THE FULL

BOARD OF TRUSTEES, MAY DESIGNATE FROM AMONG ITS MEMBERS AN EXECUTIVE

COMMITTEE AND ONE OR MORE OTHER COMMITTEES, EACH OF WHICH, TO THE EXTENT

PROVIDED IN THE RESOLUTION, SHALL HAVE AND MAY EXERCISE ALL OF THE

AUTHORITY OF THE BOARD OF TRUSTEES, EXCEPT AS LIMITED BY THE LAWS OF THE

STATE OF FLORIDA. ALL REQUIREMENTS APPLYING TO THE BOARD OF TRUSTEES

REGARDING MEETINGS, NOTICE, WAIVER OF NOTICE, QUORUM AND VOTING APPLY TO

COMMITTEES AND THEIR MEMBERS AS WELL.

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

WILLIAM P. FOLEY II, PETER T. SADOWSKI, AND RICHARD L. COX HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS TWO CLASSES OF MEMBERS: VOTING MEMBERS AND REGULAR

MEMBERS. THE BOARD OF TRUSTEES MAKE UP THE VOTING MEMBERS OF THE

ORGANIZATION. VOTING MEMBERS ARE THE ONLY MEMBERS OF THE ORGANIZATION WITH

VOTING RIGHTS. ALL OTHER MEMBERS OF THE ORGANIZATION ARE REGULAR MEMBERS

WHO HAVE NO VOTING RIGHTS. REGULAR MEMBERS ARE ADMITTED FROM APPLICANTS WHO

INDICATE THEIR SUPPORT FOR ORGANIZATION'S EXEMPT PURPOSE. REGULAR MEMBERS

ARE ADMITTED UPON THE AFFIRMATIVE VOTE OF THE BOARD OF TRUSTEES.

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

THE ORGANIZATION WILL PROVIDE A COPY OF THE FORM 990 TO EVERY BOARD MEMBER
BEFORE FILING THE FORM WITH THE IRS.

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

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

932211 09-06-19

Employer identification number Name of the organization 46-5371845 THE FOLDED FLAG FOUNDATION FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON. IF A BOARD MEMBER HAS ANY CONNECTION WITH ANY PROPOSED TRANSACTION OR ARRANGEMENT THAT RAISES AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS DECIDES THE PRESIDENT'S SALARY AND ANY INCREASES/BONUSES EACH YEAR AT THE ANNUAL BOARD MEETING. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE ON THEIR WEBSITE WWW.FOLDEDFLAGFOUNDATION.ORG. RECENT FILINGS OF THE FORM 990 ARE MADE AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG. THE FORM 990 IS ALSO AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C THIS PROCESS DID NOT CHANGE.

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

THE FOLDED FLA	G FOUNDATION					46-53718	45	
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes'	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) Total inco	me End-of-year		Direct c	(f) ontrolling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, b	pecause it had one	or more	related tax-exer	npt	
(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))	Direc	(f) et controlling entity	cont	g) 512(b)(13) rolled tity?
VEGAS GOLDEN KNIGHTS FOUNDATION - 81-5478336 1701 VILLAGE CENTER CIRCLE LAS VEGAS , NV 89134	NON PROFIT	NEVADA	501(C)(3)		N/A		163	X

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)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	l	l	l .	l .		l			I	-	

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	(c) Legal domicile (state or foreign country)	(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

Page 3

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Giπ, grant, or capital contribution to related organization(s)				מו	Δ	
c Gift, grant, or capital contribution from related organization(s)				1c	X	
d Loans or loan guarantees to or for related organization(s)				1d		_X
e 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		X
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		_X_
I Performance of services or membership or fundraising solicitations for related or				11		X
m Performance of services or membership or fundraising solicitations by related or	ganization(s)			1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organiz	ation(s)			1n		X
				10	Х	
p Reimbursement paid to related organization(s) for expenses				1 p		_X
q Reimbursement paid by related organization(s) for expenses				1q	X	
r Other transfer of cash or property to related organization(s)				1r		<u>X</u>
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 or	who must complete th	is line, including covered relat	ionships and transaction thresholds.			
(a)	(b)	(c)	(d)			
(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
	type (a-s)					
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
332163 09-10-19			Schedule	R (Forr	n 990)	2019

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	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040

Form **8868**

(Rev. January 2020)

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.

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

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 46-5371845 THE FOLDED FLAG FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 1701 VILLAGE CENTER CIRCLE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAS VEGAS, NV 89134 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 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 THE FOLDED FLAG FOUNDATION, INC. • The books are in the care of ▶ 1550 S. PAVILION CENTER DRIVE - LAS VEGAS, NV 89135 Telephone No. ► 702-912-5374 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 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 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 3a If this application is for Forms 990-BL, 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

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

instructions

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

3b