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Form	330	

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

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

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



Α	For th	e 2020 calendar year, or tax year beginning and e	ending		
	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre	THE FOLDED FLAG FOUNDATION			
	Name			46-537184	45
	Initial returr		Room/suite	E Telephone number	
	Final returr			844-204-2	
	termi ated			G Gross receipts \$	4,404,246.
	Amer returr	ded LAS VEGAS, NV 89135		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer: KIM I KANK		for subordinates	? Yes 🔀 No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🚺 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions
		te: WWW.FOLDEDFLAGFOUNDATION.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation Trust Association Other 🕨	L Year	of formation: 2014 N	1 State of legal domicile: FL
P	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: <u>TO AS</u>			G OF UNITED
anc		STATES MILITARY PERSONNEL WHO HAVE LOST T			
Governance	2	Check this box if the organization discontinued its operations or dispose			
200	3	Number of voting members of the governing body (Part VI, line 1a)			<u>21</u> 20
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u> </u>
ties	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
Activities &	0	Total number of volunteers (estimate if necessary)			0.
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		4,140,643.	4,364,957.
one	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		67,488.	33,542.
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		510,918.	466.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,719,049.	4,398,965.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,700,413.	1,458,293.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		328,988.	453,151.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b b	Total fundraising expenses (Part IX, column (D), line 25)  329,63			
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		947,294.	404,464.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,976,695.	2,315,908.
	19	Revenue less expenses. Subtract line 18 from line 12		742,354.	2,083,057.
Net Assets or			Be	ginning of Current Year	End of Year
Sset	<b>20</b>	Total assets (Part X, line 16)		7,499,833.	9,448,698.
etA	21	Total liabilities (Part X, line 26)		235,499.	<u>    101,307.</u> 9,347,391.
	<u>art II</u>	Net assets or fund balances. Subtract line 21 from line 20		7,264,334.	9,347,391.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	inter and to the best of my	knowledge and balief it is
	er pen e, corre				הווטשובטטב מווט שבוובו, וג 3
uut	,		ion proparel	וומס מווץ אווטישובעטב.	
Sig	ın			Date	
JIY		KIM FRANK, PRESIDENT			/19/2021

	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	ANNETTE CARRO, CPA			self-employed	P0130934	45
Preparer	Firm's name <b>RUBINBROWN LLP</b>			Firm's EIN 🕨 43	-0765316	5
Use Only	Firm's address 10801 W CHARLEST	ON BLVD. STE 300		·		
	Phone no. (702	) 415-21	L12			
May the II	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No
	1114 Example Device the Device March March March	and the second stratements the second			000	

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2020) THE FOLDED FLAG FOUNDATION 46-5371845 Page 2
Par	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
2	prior Form 990 or 990-EZ? Yes X No
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 \$1,655,149. including grants of \$1,458,293.) (Revenue \$) IN ITS SEVENTH YEAR OF OPERATIONS, THE FOLDED FLAG FOUNDATION AWARDED
	354 SCHOLARSHIPS TO QUALIFYING INDIVIDUALS TOTALING \$1,458,293
	THROUGHOUT THE UNITED STATES. THE RECIPIENTS OF THE SCHOLARSHIPS FOR
	THE 2020-2021 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.
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$ )
<u> </u>	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,655,149.
	Form <b>990</b> (2020)
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Form 990 (			FOLDED	
Part IV	Checklis	t of Require	d Schedule	es

THE FOLDED FLAG FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	000	Х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X 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%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X 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			v
	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? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		- 23
U	"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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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 X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V	
4 -	Enter the number reported in Roy 2 of Form 1006. Enter 0, if not applicable 1, 1, 2, 3		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a2Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b2			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
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Part W         Statements Regarding Other IRS Flings and Tax Compliance (continued)         Yes         No           2a         Enter the number of employees reported on Form W3, Transmital of Wage and Tax Statements.         2a         11           b         If a least one is reported on line 2a, diff the organization file all required federal employment tax returns?         2a         X           b         If a least one is reported on line 2a, diff the organization face all spaces than to 20, your my be required to <i>c</i> -dis (see instruction)         2a         X           b         If a least one is reported on line 2a, diff the organization have an insteal, no a significance or after automy over, a financial account in a foreign country SUM as a task account, securities account, or other financial account?         4a         X           b         If a visci and progin country SUM as a task account, securities account, or other financial account?         4a         X           b         If a visci and account is finance and visci and the reganization from 14, peord of foreign Bank and Financial Accounts (FBAF).         5a         X           b         If a visci and account is a torget country SUM as a party to a prohibite tas shelt transaction?         5a         X           b         If a visci and account is a torget country SUM as a party to a prohibite tas shelt and is a shelt transaction?         5a         X           b         If visci and duritis dis is and transe on trans shelt and account is a shelt	Form	990 (2020) THE FOLDED FLAG FOUNDATION		46-5371	845	P	_{age} 5
2a         Enter the number of employees reported on Form W4, Transmittal of Wage and Tax Statements,         2a         11           b         If at least one is reported on line 2a, dd the organization file all required federal employment tax returns?         2b         X           b         If at least one is reported on line 2a, dd the organization file all required federal employment tax returns?         2b         X           b         If "res, 'hast filed a Form 800-17 for this year." If "vo' to line 3b, provide an explanation or Schedule O         3b           b         If "res, 'hast filed a Form 800-17 for this year." If "vo' to line 3b, provide an explanation or Schedule O         3b           b         If "res, 'hast filed a Foreign country         year.         4a         X           b         If "res, 'hast filed a Foreign country         year white any time during the tax year?         5c         X           Se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5c         X           Se a bast dista were not tax deductible a charitable contributions and prost prost any transfer any tro during the ary time d	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					0
The data of the calendar year ending with or within the year covered by this return     2a     11       b If at least one is reported on time 2.A dith erogranization fiel al required decial employment tax returns?     2a     X       3a OL the origination have unreture business grows income of \$1,000 or more during the year?     3a     X       3b If Yes, " has it flied a form 990 Tor this year? If 'No' to be 2b, provide an explanation on Schedule 0     3a     X       3b If Yes, " has it flied a form 990 Tor this year? If 'No' to be 2b, provide an explanation on Schedule 0     3a     X       3c Wash     Cale year     A al y the council is a toring occurity luck as a bank accourd, security accurits accourd, or other financial accourds (FBAR),     4a     X       3c Wash the originization have unretures to FIGCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),     5a     X       3c Wash the originization have annual gross receipts that are onnual greater than \$100,000, and did the originization solitot are yourchibid tax sheller transaction?     5a     X       3c Wash the originization have annual gross receipts that are onnual greater than \$100,000, and did the originization solitot are yourchibid tax sheller transaction?     5a     X       3c Wash the originization near that are onnual greater than \$100,000, and did the originization solitot are yourchibid tax sheller transaction?     5a     X       3c Wash the originization near that are onnual greater than \$100,000, and did the originization solitot are orisolatito an explanation that yource wash of the goold can be arel						Yes	No
b       If a least one is reported on line 28, did the organization file all required tearline project at returns?       26       X         3a       Dot the organization have unrelated business grass income of \$1,000 on one during the year?       3a       X         3b       Thes: "has it filed a form 990-1" for this year? If "No" to line 3b, provide an explanation on schedule O       3b       X         3b       If "Yes: "has it filed a form 990-1" for this year? If "No" to line 3b, provide an explanation on schedule O       3b       X         3b       If "Yes: "has it filed a form 990-1" for this year? If "No" to line 3b, provide an explanation on schedule O       3b       X         3b       If "Yes: "has it filed a form 990-1" for this year? If "No" to line 3b, provide an explanation on other functional account?       4a       X         3b       If "Yes: "has it filed a form 990-1" for this year? If "No" to line 3b, provide an any time during the tax year?       5a       X         3c       Use any taxable party notify the organization the form 988671".       5a       X       5a       X         3c       If "Yes: "dot the organization and year it was on that such contributions or gifts were not tax deductible as charatable contributions?       5a       X         3c       If "Yes: "dot the organization necked with walke of the goal or services provided to the provide?       7a       X         3c       If "Yes: "dot the organization neck	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note:         If the sum of lines 1 and 2a is greater than 250, you may be required to e-fig. (see instructions)         Image:		filed for the calendar year ending with or within the year covered by this return	2a	11			
3a       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 390-176 this year? // Wo's to <i>ine 3b, provide an explanation or Schedule O</i> 3b       X         b       If Yes," has it filed a Form 390-176 this year?       X       3b       X         b       If Yes," has it filed a Form 390-176 this year?       X       X         b       If Yes," inter the name of the foreign country, such as a bark acount, or other financial acounts (FBAP),       5a       X         5a       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file from 380-17.       5a       X         6b       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 under section 170(c).       6a       X         0 If Yes," indicate the organization incide with every receive adout the value of the pools or sovices provided 10 the payor?       7a       X         0 If the organization nordity the donor of the value of the pools or sovices provided 10 the payor?       7a       X         0 If the organization nordity the donor of the value of the pools or sovices provided?       7a       X         0 If the organization nordity the donor of the value of the pools or sovices provided?       7a       X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
b       If "Yes," has it filted a form 590.1" for this yea?       Yilo't of files &b, provide an exploration on Solewide O       30         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a transation account is a Contra second. The contrible account, or other financial account?       4a       X         b       1' Yes," enter the name of the foreign country b       5c       5c       5c         See instructions for filing requencements for FiniCNP Form 114, Report of Foreign Bank and Financial Accounts (FEAP).       5a       X         b       Did any tasseb party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       5c         a Does the organization new annual gross neceptity to a prohibited tax shelter transaction?       5c       5c       6d         a Does the organization new annual gross neceptity to a prohibited tax shelter transaction?       6b       7c       X         f       7cs, 'ddt the organization new annual gross neceptity to a prohibited tax shelter transaction?       7a       X         f       Did the organization new annual gross neceptity as contributions and startices provided?       7a       X         f       Toganization setup any temperation neew a party for donor of the value of the goods or services provided?       7a       X         f       Tys,'' ddt the organization nelew angle and startices any t		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other funancial account!?       4a       X         b       if 'Yes, 'enter the name of the foreign country ▶       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Sea       X         b       Was the organization approximation that it was or is a party to a prohibited tax shefter transaction?       Sea       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?       Sea       X         cl       I'Yes' to ise faor 5b, did the organization field from B88F?       Sea       X         cl       I'Yes', to ite faor 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax doductible accortibutions and error the value of the organization receive a payment in eaccess of \$7 made partly as a contribution and partly for goods and services provided T       7a       X         d       I'Yes, 'idid the organization notify the doors or the value of the organization notify the doors or the value of the organization notify the doors or the value of the organization field as contribution of called personal benefit contract?       7a       X         d       I'Yes, 'idid the organization cortify the organization notify the doors active approach benefit contract?       7a       X         d       I'Yes, 'indicate the number of Forms 8282?       Ite org	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other funancial account!?       4a       X         b       if 'Yes, 'enter the name of the foreign country ▶       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Sea       X         b       Was the organization approximation that it was or is a party to a prohibited tax shefter transaction?       Sea       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?       Sea       X         cl       I'Yes' to ise faor 5b, did the organization field from B88F?       Sea       X         cl       I'Yes', to ite faor 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax doductible accortibutions and error the value of the organization receive a payment in eaccess of \$7 made partly as a contribution and partly for goods and services provided T       7a       X         d       I'Yes, 'idid the organization notify the doors or the value of the organization notify the doors or the value of the organization notify the doors or the value of the organization field as contribution of called personal benefit contract?       7a       X         d       I'Yes, 'idid the organization cortify the organization notify the doors active approach benefit contract?       7a       X         d       I'Yes, 'indicate the number of Forms 8282?       Ite org	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	ο		3b		
b       If "Yes," enter the name of the forsign country.       ▶         See instructions for filing requirements for FinCEN Form 114, Report of Forsign Bank and Financial Accounts (FBAR).       5a       X         b       Was the organization approximation that it was or is a party to a prohibited tax shelter transaction?       5b       X         cline instanctions for filing requirements that it was or is a party to a prohibited tax shelter transaction?       5c       X         cline instanctions have annual gross receipts that are normally greater than \$100,000, and did the organization solioit any contributions that were not tax deductible as charitable contributions?       5c       X         b       If "Yes," (did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       6b         a       If "Yes," (did the organization neity the doorn of the value of the goods or services provided?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Id       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year?       7d       7d </th <td></td> <td></td> <td></td> <td>ty over, a</td> <td></td> <td></td> <td></td>				ty over, a			
See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5         56       Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?       5a       X         57       Did any taxelip arty notify the organization that it was or is a party to a prohibited tax sheller transaction?       5a       X         58       Dot any taxelip arty notify the organization taxe annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions include with every solicitation an express statement that such contributions of the organization neal symmet in excess of 57 made party as a contribution and party for goods and services provided to the pavi?       7a         70       Torganization receive apprent in excess of 57 made party as a contribution and party for goods and services provided to the pavi?       7a         74       X       If 'Yes,' id the organization neal service sprovided?       7a         74       Y       X       If 'Yes,' id the organization neal or the donor of the value of the goods or services provided?       7b         75       If 'Yes,' id the organization neal or the value of the goods or services provided?       7c       X         76       Id the organization neal organization ne		financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	it)?	4a		X
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization file from 888617     5b     X       6a     Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?     5a     X       b     If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions?     6a     X       b     If 'Yes,' did the organization notify the door of the value of the goods or services provided to the pary?     7a     X       b     If 'Yes,' did the organization notify the door of the value of the goods or services provided?     7b     7c     X       c     Did the organization notify the door of the value of the goods or services provided?     7c     X       did the organization notify the door of the value of the goods or services provided?     7c     X       did the organization notify the door of the value of notifications on a personal benefit contract?     7t     X       did the organization received a contribution of qualified intellectual property. did the organization file Form 8882     7d     X       did the organization makes any taxable distributions under section 4966?     3a     3a     3a       Did the organization dime secoses business ordines at ny tinn	b	If "Yes," enter the name of the foreign country					
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes" to line 5a or 5b, did the organization REFORM 8886 T7       5c       5c         d       Does the organization neve annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions include with every solicitation an express statement that such contributions or gitts       5c       5c         b       If "Yes," to id the organization include with every solicitation an express statement that such contributions or gitts       6b       7c       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided to the part?       7c       X         b       Did the organization neeves any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Cd       7d       7d         d       If the organization neeview any tunds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Id the organization neeview a contribution of cars, boats, anjthenes, of ther valibles, dift the organization fiele 4086/27       7d       7d         g       If the organization neeview a contribution of cars, boats, anjthenes, or ther valibles, dift the organization fiele 4086/27       7d<		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
c       If "Yes" to line 5a or 5b, did the organization file Form 8886 T?       5c         6a       Desc 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 chartable contributions?       6e       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6e       X         7       Organizations that may receive deductible contributions and parity for goods and services provided to the pary?       7a       X         8       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         11       If "Yes," did the organization incetive a payment in hexces of \$75 made parity as a contribution of the organization receive a payment in the scales of straights personal property for which it was required to tite Form 8282?       7b       X         12       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       X       X         12       If the organization received a contribution of qualified intellectual property. Gif the organization file Form 8998 as required?       7a       X         13       If the organization received a contribution of advised funds. Did a donor advised fund maintained by the sponsoring organization make and statibuid form advised funds.       9a       9b       9a <td>5a</td> <td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td> <td></td> <td></td> <td>5a</td> <td></td> <td>X</td>	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
Ga       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?       Ga       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       Ga       X         b If "Yes," did the organization netly the donor of the value of the goods or services provided?       7a       X         b If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f.       X         f If the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f.       X         f If the organization receive a contribution of cars, boats, aiplanes, or other vehicles, did the organization file Form 8098 as required?       7h       H         h If the organization maker any taxable distributions under section 4966?       9a       9a       9a       9a         9 Ud the organization make any taxable distributions or advisor, or related person?       9a       9a       9a       9a       9a       9a       9a	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
any contributions that were not tax deductible as charitable contributions?     6a     X       b     If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       a     Did the organization notify the donor of the value of the goods or services provided?     7a     X       b     If 'Yes,' indicate the number of Forms 8282 filed during the year     7d     7c     X       d     Did the organization oreceive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?     7t     X       g     If the organization oreceive a contribution of qualified intellectual property, did the organization file Form 8899 as required?     7a     X       g     If the organization directly or indirectly, or a personal benefit contract?     7t     X       g     If the organization directly or indirectly, or a personal benefit contract?     7t     X       g     If the organization maintaining door advised funds.     Did the organization directly or indirectly, or indirectly, or a personal benefit contract?     7t     X       g     Sponsoring organization maintaining door advised funds.     Did the organization file Form 8899 as required?     7a     X       g     Sponsoring organization make a distribution to a door, doror advised fund maintainted by the spon	с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         O Organizations that may receive deductible contributions under section 170(c).       10       1         a) Id the organization receive a payment in excess of \$75 made party as a contribution and party for yoods and services provided?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       If the organization received a contribution of cars. boats, airplanes, or other vehicles, did the organization file Form 1098 Cf       8         g       Sponsoring organization maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds.       9a       9a         b       Did the sponsoring organization maintaining donor advised funds.       10a       10a       9a       9b       9a       9b       9a       9b       9a       9b       9a       9b       9a       9b       9b       9a       9b <td< th=""><td>6a</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	6a						
were not tax deductible?     60       7     Organizations that may receive deductible contributions under section 170(c).     10       b     If "Yes," did the organization netwess 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 netwess of \$75 made partly as a contribution and partly for goods and services provided?     7c     X       c     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X       f     Did the organization received a contribution of qualified intellectual property, did the organization freedward a contribution of cars, beats, anplanes, or other vehicles, did the organization freedward a contribution of cars, beats, anplanes, or other vehicles, did the organization face form 1088.C?     7f       8     Sponsoring organization make any taxable distributions under section 4966?     9a       9     Did the sponsoring organization make any taxable distributions under section 4966?     9a       9     Did the sponsoring organization make any taxable distributions under sources against amounts due or received from them.)     10a       10     10     10a     10a       10     10a     10a     10a       10     10a     10a     10a       10     <		any contributions that were not tax deductible as charitable contributions?			6a		X
7       Organizations that may receive deductible contributions under section 170(c).       a) did the organization receive a payment in excess of \$7\$ made partly as a contribution and partly for goods and services provided to the payor?       Ta       X         b) If 'Yes,' tid the organization notity the donor of the value of the goods or services provided?       To       To         c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       To       To         d) If 'Yes,' indicate the number of Forms 8282 filed during the year       Td       Td       X         f) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Tg       X         f) Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Th       Tg         g) If the organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       Th       Th         g) Did the sponsoring organization make any taxable distributions under section 4966?       Spa       Spa       Spa         g) Did the sponsoring organization make any taxable distributions under sources against anounts due or received from them.)       Ta       Ta         l) Did the sponsoring organization make any taxable distributions under sources against anounts due or received from them.)       Spa       Spa	b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or	gifts			
a       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c       Did the organization networks elispose 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       7d       X       Y         d       Did the organization received a contribution of qualified intellectual property, did the organization to received a contribution of ax, boats, aiplanes, or other vehicles, did the organization frequencies       7f       X         g       If the organization received a contribution of ax, boats, aiplanes, or other vehicles, did the organization file a Form 1098-C7       7h       X         g       Sponsoring organization maintaining door advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667       9a       9a         g       Did the sponsoring organization make any taxable distributions under section 49667       9a       9a       9a         Did the sponsoring organizations. Enter:       Imitation fees and capital contributions included on Part VIII, line 12       Imitation       Imitation       Imitation         Gross income from member		were not tax deductible?			6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         f       Did the organization receive any funds, directly or indirectly on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       7h         Sponsoring organizations maintaining door advised funds.       9       9       9       9         9       Sponsoring organization make a distribution to a donor, advised funds.       9a       9b       9b         10       the sponsoring organization make a distribution to a donor, advisor, or related person?       9a       9b         10       bestons for (Q12) organizations. Enter:       10a       10b       10b       10b         11       Section 5016(Q12) organizations. Enter:       10a       10b       10b       10b       10b         12       Section 5016(Q12) organization in	7	Organizations that may receive deductible contributions under section 170(c).					
c       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       7d       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         f       Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8090 as required?       7n       X         g       Sponsoring organizations maintaining door advised funds.       B       B       B         g       Sponsoring organization make any taxable distributions under section 4966?       9a       B       B         g       Did the sponsoring organizations. Enter:       a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b       10b       10b       10b       10c	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	vices p	rovided to the payor?	7a		X
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         Did the organization receive any funck, directly or indirectly, on a personal benefit contract?       7t       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8099 as required?       7n       X         g Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9         g Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(7) organizations. Enter:       10a       10b       9b       9b         11 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization file or ganization numbers or shareholders       11a       10a       10b         13 Section 501(c)(2)(2) qualified namp plans in more than one state?       13a       13a       13a         14 Gross income from members or shareholders       13a       13a       13a       13a       13a <td< th=""><td>b</td><td>If "Yes," did the organization notify the donor of the value of the goods or services provided?</td><td></td><td></td><td>7b</td><td></td><td></td></td<>	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tf       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       The organization received a contribution of acas, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       The organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       Ba         9       Sponsoring organization make any taxable distributions on devised of ub advised person?       9b       Ba         10       Initiation fees and capital contributions included on Part VIII, line 12       10a       10a       10b         11       Section 501(c)(7) organization make ad istribution to a donor, donor advised run maintain due or series the amounts included on Form 990, Part VIII, line 12, for public use of club facilities       10b       11a       10a       10a       11a       10b       12a	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
e       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?       7g       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         8       Sponsoring organizations maintaining door advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         10       bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11b       10b       10b       10b       10b       10b       10c		to file Form 8282?			7c		X
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       7n         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       Bestion 501(c)(17) organizations. Enter:       10a       10a       10b       9b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10c       10c       10c       10c       10c       10c	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
g       If the organization received a contribution of qualified intellectual properly, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organization smaintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a         b       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         13a       13a       13a         13b       13c       13a         13b       13c       13a         13b	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9       Sponsoring organizations maintaining donor advised funds.       8       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       9b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b       9c         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a       12a         a       Gross income from members or shareholders       11a       10b       12a       12a         12       Section 501(c)(12) organizations. Enter:       12b       12a       12a       12a         13       Section 501(c)(29) qualified nonprofit heatth insurance issuers.       11b       12a       12a       12a       12a       13a       1	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Betting organizations make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a         11       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       11a       11a         12       Gross income from members or shareholders       11a       11b       12a         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(22) qualified nonprofit health insurance issuers.       13a       13a         14       Is the organization is licensed to issue qualified health plans in more than one state?       13a       13a         13       Settion 501(c)(22) qualified health plans       13b       13a       13a         14       Did the organization is licensed to issue qualif	g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(7) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       10b         b       Gross income from members or shareholders       11a       11b       12a         b       Gross income from them.)       11b       12a       12a         28       Section 501(c)(2) qualified nonprofit health insurance issuers.       12b       12a       12a         b       If "Yes," enter the amount of reserves the organization ins required to maintain by the states in which the organization is cludied health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b       If "Yes," has it filed a Fo	h				7h		
9       Sponsoring organizations maintaining donor advised funds.       9a         a       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:       10a         a       Gross income from thembers or shareholders       10b         11       Section 501(c)(12) organizations. Enter:       10a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14       Types," 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 in more than one state?       13a         14a       X       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exccess parachute payment(s) during the year?       14a <td>8</td> <td></td> <td>l by th</td> <td>9</td> <td></td> <td></td> <td></td>	8		l by th	9			
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b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter: <ul> <li>a</li> <li>Initiation fees and capital contributions included on Part VIII, line 12</li> <li>b</li> <li>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</li> <li>10b</li> </ul> 10a         10a           11         Section 501(c)(12) organizations. Enter: <ul> <li>a</li> <li>Gross income from members or shareholders</li> <li>b</li> <li>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> </ul> <ul> <li>11a</li> <li>11b</li> <li>12a</li> <li>Section 501(c)(29) qualified nonprofit health insurance issuers.</li> <li>a Is the organization licensed to issue qualified health plans in more than one state?</li> <li>Note: See the instructions for additional information the organization must report on Schedule O.</li> <li>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</li> <li>c Enter the amount of reserves on hand</li> <li>13a</li> <li>14a</li> <li>X</li> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O</li> <li>14b</li> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excees parachute payment(s) during the year?</li></ul>	9						
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         3       Section 501 (c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         13a       Insuration is licensed to issue qualified health plans       13b       13c       13a       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excees parachube payment(s) during the year?       15       15       X         15       Is the org	_						
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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:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exccese parachute payment(s) during the year? <td>10</td> <td></td> <td>1</td> <td>I</td> <td></td> <td></td> <td></td>	10		1	I			
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       11b       11b       12a         b       ff "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X         If "Yes," see instructional institution subject to the section 4968 excise tax on net investment income?       16       X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
a Gross income from members or shareholders       11a       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       13         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       14a       X         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X			10b				
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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       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	a	· · · · ·	445				
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X	40-			<u> </u>	10-		
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       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.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X				( 	12a		
a 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.       Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X			120				
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Construction of the organization of the organization receives on hand       Image: Construction of the organization receives on hand       Image: Construction of the organization receives on hand       Image: Construction of the organization receives any payments for indoor tanning services during the tax year?       Image: Construction of the organization receives any payments for indoor tanning services during the tax year?       Image: Construction of the organization receives any payments for indoor tanning services during the tax year?       Image: Construction of the organization receives any payments for indoor tanning services during the tax year?       Image: Construction of the organization receives any payments for indoor tanning services during the tax year?       Image: Construction of the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       Image: Construction of the organization and file Form 4720, Schedule N.         If "Yes," see instructions and file Form 4720, Schedule N.       Image: Construction of the organization an educational institution subject to the section 4968 excise tax on net investment income?       Image: Construction of the organization and the organization of the section 4968 excise tax on net investment income?					12-		
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	а				138		
organization is licensed to issue qualified health plans       13b       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	h	•					
c       Enter the amount of reserves on hand	D	- · · ·	126	I			
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	~						
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15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X							<u> </u>
excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X       X					1-10		
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?	.0				15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?							
	16		t incor	ne?	16		Х
		•					

Form **990** (2020)

032005 12-23-20

Form	990	(2020)
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### THE FOLDED FLAG FOUNDATION

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

46-5371845 Page 6

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. X

				(		Yes	N	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		21				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		20				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other					
	officer, director, trustee, or key employee?				2	Х		
	Did the organization delegate control over management duties customarily performed by or under the							
					3		X	
	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X	
	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X	
	Did the organization have members or stockholders?			ſ	6	х		
	Did the organization have members, stockholders, or other persons who had the power to elect or ap				<u> </u>			
	more members of the governing body?				7a		X	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?				7b		X	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea							
	The governing body?		0		8a	х		
	Each committee with authority to act on behalf of the governing body?				8b	X		
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X	
	ion B. Policies (This Section B requests information about policies not required by the Internal Re			····· I	•			
	This section b requests information about policies not required by the internal Re	<u>venue</u> (	<i>Joue.)</i>			Yes	N	
0a	Did the organization have local chapters, branches, or affiliates?			]	10a	100	Z	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				IVa		-	
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b			
						Х		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body		e ming the id		11a	~		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					v		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				37		
	in Schedule O how this was done				12c	X	-	
	Did the organization have a written whistleblower policy?				13		2	
4	Did the organization have a written document retention and destruction policy?				14		Z	
5	Did the process for determining compensation of the following persons include a review and approva	l by ind	ependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official				15a	Х		
b	Other officers or key employees of the organization				15b		Σ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wit	th a					
	taxable entity during the year?				16a		Z	
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	-	-					
	exempt status with respect to such arrangements?				16b			
	ion C. Disclosure							
7	List the states with which a copy of this Form 990 is required to be filed $igstar{ extsf{FL}}$							
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-	T (Section 5	501(c)(3)s	only)	availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.				.,			
	X Own website Another's website X Upon request Other (explain	on Sch	nedule ())					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	licy, and	financ	cial		
statements available to the public during the tax year.								
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	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.

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

Name and title     Average hours per veek (list any block indees person is both and organizations block unless person is both and organizations (W-2/1099-MISC)     Reportable compensation from related organizations (W-2/1099-MISC)       (1)     Robert CLAPPER (1)     40.00     X     X     154,166.     (C       (2)     JENNIFER RAMIEH     40.00     X     72,916.     (C       (3)     WILLIAM P. FOLEY II     2.00     X     X     0.     (C       (4)     FRED SCHREMP     8.00     X     X     0.     (C       (5)     PETER SADOWSKI     2.000     X     X     0.     (C       SECRETARY     X     0.     (C     (C     (C     (C       (6)     BRY AN COY     2.000     X     X     0.     (C       (7)     PETER SADOWSKI     2.000     X     0.     (C       (7)     PETER SADOWSKI     2.000     X     0.     (C       (1)     MICHELLE KERSCH     2.000 <t< th=""><th>(A)</th><th>(B)</th><th>gu</th><th>mzai</th><th></th><th>)</th><th></th><th>Joure</th><th>(D)</th><th>(E)</th><th>(F)</th></t<>	(A)	(B)	gu	mzai		)		Joure	(D)	(E)	(F)
hours per (list any hours for related organizations below line)     box, unless person is both an office and a director visual below line)     compensation from related organizations below line)     compensation from the organizations (W-2/1099-MISC)       (1) ROBERT CLAPPER     40.00     x     154,166.       (2) JENNIFER RAMISH     40.00     x     154,166.       (3) WILLIAM P, FOLEY II     2.00     x     0.       (4) FRED SCHREMP     8.00     x     0.       (5) FETER SADOWSKI     2.000     x     x     0.       (6) BRYAN COY     2.000     x     x     0.       (7) FETER BRUAL     2.000     x     0.     0.       TRUSTEE     x     0.     0.     0.       (10) MORTGOREKY C, MEIGS     2.000     x     0.     0.       TRUSTEE     x     0.     0.     0.       (11) RANDALL M, PAIS     2.000     x     0.     0.       TRUSTEE     x     0.     0.     0.       (11) RANDALL M, PAIS     2.000     x     0.     0.       TRUSTEE     x     0.     0.     0.       (11) RANDALL M, PAIS     2.000     x     0.     0.       TRUSTEE     x     0.     0.     0.       (11) RANDALL M, PAIS <td< td=""><td></td><td></td><td>(do</td><td></td><td>Posi</td><td>ition</td><td></td><td>ne</td><td></td><td></td><td>Estimated</td></td<>			(do		Posi	ition		ne			Estimated
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(1)       ROBERT CLAPPER       40.00       X       154,166.       (1)         (2)       JENNIFER RAMIEH       40.00       X       72,916.       (1)         (3)       WILLIAM P. FOLEY II       2.00       X       72,916.       (1)         (4)       FRED SCHREMP       8.00       X       0.       (1)         (4)       FRED SCHREMP       8.00       X       0.       (1)         (5)       FETE SADOWSKI       2.00       X       X       0.       (1)         SECRETARY       X       X       0.       (1)       (1)       (1)       (1)       (1)       (1)         (6)       BRYAN COY       2.00       X       X       0.       (1)       (1)       (1)         (7)       PETER BRUAL       2.00       X       X       0.       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1) <td< td=""><td></td><td></td><td></td><td>er an</td><td>u a u</td><td>recio</td><td>r/trus</td><td>lee)</td><td></td><td></td><td>other</td></td<>				er an	u a u	recio	r/trus	lee)			other
(1)       ROBERT CLAPPER       40.00       X       154,166.       (1)         (2)       JENNIFER RAMIEH       40.00       X       72,916.       (1)         (3)       WILLIAM P. FOLEY II       2.00       X       72,916.       (1)         (4)       FRED SCHREMP       8.00       X       0.       (1)         (4)       FRED SCHREMP       8.00       X       0.       (1)         (5)       FETE SADOWSKI       2.00       X       X       0.       (1)         SECRETARY       X       X       0.       (1)       (1)       (1)       (1)       (1)       (1)         (6)       BRYAN COY       2.00       X       X       0.       (1)       (1)       (1)         (7)       PETER BRUAL       2.00       X       X       0.       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1) <td< td=""><td></td><td>(list any</td><td>irecto</td><td></td><td></td><td></td><td></td><td></td><td></td><td>, and a second s</td><td>compensation</td></td<>		(list any	irecto							, and a second s	compensation
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TRUSTEEX0.(11) RANDALL M. PAIS2.00TRUSTEEX(12) THOMAS A. SCHWARTZ2.00TRUSTEEX(13) MICHAEL W. SHELTON2.00TRUSTEEX(14) JAMES B. STALLINGS, JR2.00TRUSTEEX0.0.(14) JAMES B. STALLINGS, JR0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0.Contract0. <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х						0.	0.	0.
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TRUSTEEX0.(13) MICHAEL W. SHELTON2.00TRUSTEEX(14) JAMES B. STALLINGS, JR2.00TRUSTEEX0.			Х						0.	0.	0.
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TRUSTEEXO.(14) JAMES B. STALLINGS, JR2.00TRUSTEEX			Х						0.	0.	0.
(14) JAMES B. STALLINGS, JR 2.00 X 0.	HAEL W. SHELTON	2.00									
TRUSTEE X 0. (			Х						0.	0.	0.
	ES B. STALLINGS, JR	2.00									
(15) CHRIS AZUR 2.00 2.00			Х						0.	0.	0.
	IS AZUR	2.00									
			Х						0.	0.	0.
(16) FRANK R. MARTIRE 2.00	NK R. MARTIRE	2.00									
			Х						0.	0.	0.
(17) PHIL DISMUKES 2.00	L DISMUKES	2.00									
TRUSTEE X O.			Х						0.	0.	0 . Form <b>990</b> (2020)

032007 12-23-20

Form 990 (2020)

16330818 132842 52309.0000

	990 (2020) THE FOLDE	ED FLAG	FC	UN	DA	TI	ON			46-537	184	5 r	-age <b>8</b>
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
		(B) Average hours per week	box offic	not cl , unles	Pos heck i ss per	rson i	than c s both pr/trust	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		(F) Estimat amount othe	t of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	0	ompens from tl organiza and rela rganizat	he ation ated
(18) TRUS	ANTHONY JABBOUR	2.00	x						0.	0			0.
	PAUL KERN	2.00	x						0.	0			0.
	KIRK LARSEN	2.00	x						0.	0			0.
	JAMES WOODALL	2.00	x						0.	0			0.
(22) TRUS	CRAIG BARBER TEE	2.00	x						0.	0			0.
	KIM FRANK SIDENT	40.00	x		x				0.	0			0.
с	Subtotal Total from continuation sheets to Part VI	I, Section A							227,082.	0	•	16,1	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n							> re	227,082.	000 of reportable	•	16,1	
	compensation from the organization											Yes	1 No
3	Did the organization list any <b>former</b> officer,	-		•	•	•		Ŭ	• •	•			X
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	3		
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	iccrue compen	Isati	on fr	om	any	unre	late	ed organization or individ	dual for services	4		X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	<u> </u>	or su	icn į	oers	<u>on</u> .						- 21
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							· ·	sation	from	
	(A) Name and business			ONE					(B) Description of s			<b>(C)</b> pensatio	on
2	Total number of independent contractors (ir		nt lin	nitor	1 to 1	thee		had	above) who received m	ore than			
2	\$100,000 of compensation from the organiz	•		mec				eu	above, who received mo		For	m <b>990</b>	(2020)
													()

032008 12-23-20

		(2020) THE FOLDED FLA	G FOUNDA	ATION		46-5371	845 Page <b>9</b>
Pa	rt V	III Statement of Revenue					
		Check if Schedule O contains a response or	note to any lin	(	(B)	(0)	
				<b>(A)</b> Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ي ق			36,685.				
ifts ar A		d Related organizations 1d					
s, G milå		e Government grants (contributions) 1e					
ion Sign	1	f All other contributions, gifts, grants, and					
ibut		similar amounts not included above 1f 3 , 6	28,272.				
ontr od O		g Noncash contributions included in lines 1a-1f					
<u>0</u>		h Total. Add lines 1a-1f		4,364,957.			
			Business Code				
Program Service Revenue	2 8						
erv ue		b					
am Ser		c   d					
gra Re		d					
Pro		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
		other similar amounts)	►	33,542.			33,542.
	4	Income from investment of tax-exempt bond pro	oceeds 🕨 🕨				
	5	Royalties	►				
		(i) Real	(ii) Personal				
		a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) <mark>6c     d Net rental income or (loss)    </mark>					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>	(.,				
		<b>b</b> Less: cost or other basis					
е		and sales expenses <b>7b</b>					
venue		c Gain or (loss)					
0		<b>d</b> Net gain or (loss)	►				
Other Ro	8 8	a Gross income from fundraising events (not					
₫		including \$ 736,685. of					
		contributions reported on line 1c). See	F 0.01				
		Part IV, line 18	5,281.				
		b Less: direct expenses 8b	5,281.	0.			
		<ul> <li>c Net income or (loss) from fundraising events</li> <li>a Gross income from gaming activities. See</li> </ul>	····· ►	0.			
	90	Part IV, line 19					
	1	b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns	···· •				
		and allowances 10a					
	- 1	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
S			Business Code				
eou	11 :	a OTHER REVENUE	900099	466.			466.
Miscellaneous Revenue		b					
Scel							
Miš		d All other revenue		466.			
	12	e Total. Add lines 11a-11d		4,398,965.	0.	0.	34,008.
03200	19 12-2		····· F	,,			Form <b>990</b> (2020)

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THE FOLDED FLAG FOUNDATION Part IX Statement of Functional Expenses

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

Check if Schedule O contains a respon Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic				
individuals. See Part IV, line 22	1,458,293.	1,458,293.		
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	243,230.	83,409.	61,525.	98,296
6 Compensation not included above to disqualified		,		
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	209,921.	71,986.	53,099.	84,836
7 Other salaries and wages		,		/
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
0 Payroll taxes				
I Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	58,127.		58,127.	
d Lobbying			/	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	124,528.	822.	118,622.	5,084
12 Advertising and promotion	21,875.	12,500.	9,300.	<u>5,084</u> 75,
13 Office expenses	63,759.	18,353.	4,053.	41,353
14 Information technology	27,731.	8,119.	6,798.	12,814
15 Royalties	•		,	•
16 Occupancy	3,110.		3,066.	44.
17 Travel	8,580.		4,786.	3,794
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,125.			21,125
20 Interest	, , , , , , , , , , , , , , , , , , , ,			,
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,213.		1,213.	
23 Insurance	10,532.		10,532.	
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.)				
a BAD DEBT EXPENSE	63,884.	1,667.		62,217
b				•
c				
d				
e All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,315,908.	1,655,149.	331,121.	329,638
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 Time if following SOP 98-2 (ASC 958-720)				

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032010 12-23-20

Form 990 (2020)

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THE	FOLDED	FLAG	FOUNDATION
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Т (A) (B)

<u>Form 990 (</u>			FOLDED	FLAG	FOUNDATION
Part X	Balance Sheet				
	Check if Schedule	O conta	ins a response	or note to	o any line in this Part X

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			4,704,827.	1	130,489.
	2	Savings and temporary cash investments			37,133.	2	6,756,237.
	3	Pledges and grants receivable, net	2,440,967.		2,227,928.		
	4	Accounts receivable, net			130,038.	4	245,914.
	5	Loans and other receivables from any current or				_	
	_	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disgualif	•				
	_	under section 4958(f)(1)), and persons described	•	,		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	<b>_</b>			185,200.	9	81,227.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,214.			
	b	Less: accumulated depreciation		1,311.	1,668.	10c	6,903.
	11	Investments - publicly traded securities		-	-	11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			7,499,833.	16	9,448,698.
	17	Accounts payable and accrued expenses			235,499.	17	33,548.
	18	Grants payable		18			
	19	Deferred revenue				19	1,610.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa	antial co	ntributor, or 35%			
abil		controlled entity or family member of any of thes	e perso	าร		22	
Ë	23	Secured mortgages and notes payable to unrelation	ted thirc	l parties		23	
	24	Unsecured notes and loans payable to unrelated	l third pa	arties		24	60,052.
	25	Other liabilities (including federal income tax, pay	ables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			0.	25	6,097.
	26	Total liabilities. Add lines 17 through 25			235,499.	26	101,307.
		Organizations that follow FASB ASC 958, chee	ck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27				5,750,873.	27	8,024,385.
Ba	28	Net assets with donor restrictions			1,513,461.	28	1,323,006.
pun		Organizations that do not follow FASB ASC 95	58, cheo	k here 🕨 📃			
Ē		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	0.045.001
Ne	32	Total net assets or fund balances			7,264,334.	32	9,347,391.
	33	Total liabilities and net assets/fund balances			7,499,833.	33	9,448,698.

Form 990 (2020)

Form	1990 (2020) THE FOLDED FLAG FOUNDATION	46-5	5371845	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,398		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,315		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,083		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,264	<b>1,3</b>	34.
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	9,347	7,3	<u>91.</u>
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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2020)

032012 12-23-20

SCH	IEDL	JLE A
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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# **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
2020
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	eorı	ne organization										
Pa	41	Reason for Public C		G FOUNDATION		ia mant ) C	:	4	6-5371845			
							ee instruction	IS.				
	organ	ization is not a private found										
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)											
3												
4	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:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
•		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
1	X	-	-	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	Dublic described in			
•		section 170(b)(1)(A)(vi). (C										
8		A community trust describe										
9		An agricultural research org										
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or			
10		university:	Illy reacing (1) mare	than 22 1/20/ of its sum	art from a	optribution	a mambarah	in face on	d areas ressints from			
10		An organization that normal										
		activities related to its exem income and unrelated busin		-					-			
				(less section 511 tax) iro	m busines	ses acqui	red by the org	janization a	iller June 30, 1975.			
11		See <b>section 509(a)(2).</b> (Cor An organization organized a		wolv to tost for public sat	aty Soo	soction 50	O(a)(4)					
12		An organization organized a		•	•			rny out the	nurnoses of one or			
12		more publicly supported or	•	•	•							
		lines 12a through 12d that of	-									
а		<b>Type I.</b> A supporting orga	• •					-	aivina			
u	L	the supported organization	-	-	• • • •	-						
		organization. You must c			majority o				pporting			
b		<b>Type II.</b> A supporting orga			ion with its	s sunnorte	ed organizatio	n(s) by hay	ina			
~	L	control or management o	-				-		-			
		organization(s). You mus						ge the cup				
с		Type III functionally inte			in connect	tion with. a	and functional	llv integrate	d with.			
	-	its supported organization										
d		Type III non-functionally		-				rted organiz	zation(s)			
		that is not functionally int	• •				• •	•				
		requirement (see instructi	0	<b>e</b> ,	•		•					
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type	II, Type III				
		functionally integrated, or					<b>31</b> / <b>31</b>	<i>,</i> <b>,</b>				
f	Ente	er the number of supported o	organizations									
g	Pro	vide the following information	about the supporte									
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o		(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)			
Tota	1											
		aperwork Reduction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020			

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# Schedule A (Form 990 or 990 EZ) 2020 THE FOLDED FLAG FOUNDATION Part II Support Schedule for Organizations Described in Sections 1

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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	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1886803.	2936017.	3909369.	4643918.	4364957.	17741064.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1886803.	2936017.	3909369.	4643918.	4364957.	17741064.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4741078.
	Public support. Subtract line 5 from line 4.						12999986.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1886803.	2936017.	3909369.	4643918.	4364957.	17741064.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	4,125.	13,779.	28,904.	67,488.	33,542.	147,838.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,032.	1,122.	4,583.	7,643.	466.	
11	Total support. Add lines 7 through 10						17903748.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage			r	
	Public support percentage for 2020 (I		•			14	72.61 %
	Public support percentage from 2019					15	73.44 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		U U				
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	•	• •		•		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>s</u> ▶∟_
					Sche	dule A (Form 990	or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 THE FOLDED FLAG FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	<u>, picace comp</u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
	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						
	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 <i>a</i>	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizat	ion,
_							
	ction C. Computation of Publi					г	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
17 18	Investment income percentage for <b>20</b> Investment income percentage from a					17 18	<u>%</u>
	<b>1 33 1/3% support tests - 2020.</b> If the					· · · · ·	
130	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-25-21			, c			90 or 990-EZ) 2020
20201			15		501		

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### Schedule A (Form 990 or 990-EZ) 2020 THE FOLDED FLAG FOUNDATION

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

Yes No

1	
2	
3a	
3b	
3c	
4a	
4b	
4c	
5a	
5b	 
5c	
6	
7	
8	
9a	
9b	
9c	
10a	
10h	

### Schedule A (Form 990 or 990-F7) 2020 THE FOLDED FLAG FOUNDATION

		/101	JFa	age <b>5</b>
Гd	rt IV Supporting Organizations (continued)			
	n		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
~	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
Sec	supported organizations played in this regard. Ction E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box payt to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			

- ne method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	<u>s).</u>	
		Yes	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Schedule A	(Form 990 or 990-EZ) 2020	THE	FOLDED	FLAG	FOUNDATI	ON
Part V	Type III Non-Functio	nally	Integrated	509(a)(3	) Supporting	Organizations

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

or Year (B) Current Year (optional)
Current Yea

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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# Schedule A (Form 990 or 990 EZ) 2020 THE FOLDED FLAG FOUNDATION

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	led)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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### Schedule A (Form 990 or 990-EZ) 2020 THE FOLDED FLAG FOUNDATION

01

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

### SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

032028 01-25-21	Schedule A (Form 990 or 990-EZ) 2
2020 AMOUNT: \$ 466.	
2019 AMOUNT: \$ 7,643.	
2017 AMOUNT: \$ 1,122.	
2016 AMOUNT: \$ 1,032.	

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue <u>Service</u>

Name of the organization

### ** PUBLIC DISCLOSURE COPY **

# Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

46-5371845	)
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Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

THE FOLDED FLAG FOUNDATION

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

46-5371845

### THE FOLDED FLAG FOUNDATION

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$137,546.	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		\$667,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	, , , , , , , , , , , , , , , , ,	\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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Name of organization

Employer identification number

46-5371845

THE FOLDED FLAG FOUNDATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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Page **4** 

Name of or	ganization		Employer identification number
	LDED FLAG FOUNDATION		46-5371845
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line e charitable, etc., contributions of <b>\$1,000</b> c	entry. For organizations or less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
_		(e) Transfer of g	gift
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	-
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
  -		(e) Transfer of g	  gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
023454 11-25-;	20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020

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16330818 132842 52309.0000

SCHEDULE D	)
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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.



Name	of the organization THE FOLDED FLAG FOU	NDATION			Employer identification number $46-5371845$
Par			r Simila	ar Funds or Ac	
	organization answered "Yes" on Form 990, Part IV, line (				
		(a) Donor ac	vised fun	ds (	b) Funds and other accounts
1	Total number at end of year				•
2	Aggregate value of contributions to (during year)				
3					
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in wri	iting that the asset	s held in	donor advised fund	S
-	are the organization's property, subject to the organization's ex	•			
6	Did the organization inform all grantees, donors, and donor adv				
	for charitable purposes and not for the benefit of the donor or c				
	impermissible private benefit?		•		·
Par					
1	Purpose(s) of conservation easements held by the organization	(check all that app	oly).		
	Preservation of land for public use (for example, recreation	on or education)	Pre	servation of a histo	rically important land area
	Protection of natural habitat		Pre	servation of a certif	ied historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	d conservation cor	tribution	in the form of a cor	servation easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
с	Number of conservation easements on a certified historic struct	ture included in (a)			2c
d	Number of conservation easements included in (c) acquired after	er 7/25/06, and no	t on a his	oric structure	
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished,	or termir	ated by the organiz	zation during the tax
	year ►				
4	Number of states where property subject to conservation easer	ment is located 🕨			
5	Does the organization have a written policy regarding the period	dic monitoring, ins	pection, h	andling of	
	violations, and enforcement of the conservation easements it he				
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violation	s, and ent	orcing conservation	n easements during the year
	•				
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and	d enforcir	g conservation eas	ements during the year
•	►\$				<b>N</b>
8	Does each conservation easement reported on line 2(d) above s	•			
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	aaaamanta in ita r		d overence statem	
9	balance sheet, and include, if applicable, the text of the footnot			-	
	organization's accounting for conservation easements.	le to the organizati	un s iniai		it describes the
Par		Art, Historical	Freasur	es, or Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form 99	-			
<b>1</b> a	If the organization elected, as permitted under FASB ASC 958,		revenue	statement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, educa	tion, or re	search in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financi	al statements that	describe	s these items.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its rev	enue state	ement and balance	sheet works of
	art, historical treasures, or other similar assets held for public ex				
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				▶ \$
	(ii) Assets included in Form 990, Part X				▶ \$
2	If the organization received or held works of art, historical treas				rovide
	the following amounts required to be reported under FASB ASC				
а	Revenue included on Form 990, Part VIII, line 1				▶ \$
	Assets included in Form 990, Part X				► \$
	For Paperwork Reduction Act Notice, see the Instructions for				Schedule D (Form 990) 2020

032051 12-01-20

Sche		DED FLAG F						<u>46-53</u>			_{age} 2
Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, or	r Other	r Similar	⁻ Assets	contir	ued)	
3	Using the organization's acquisition, accessi	ion, and other record	ls, check	any of the	following that	make si	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 t	Loan or exc	change progra	am					
b	Scholarly research	e									
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	n's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	-		•	-						
	to be sold to raise funds rather than to be ma		,		,				Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa							, ·, ·			
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for o	contribution	s or other ass	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII									L	
			nowing a	4010.					Amoun		
с	Beginning balance						1c		/ inour		
	Additions during the year										
ŭ	Distributions during the year										
f	Ending balance						. 16 1f				
	Did the organization include an amount on F						·		Yes		No
	If "Yes," explain the arrangement in Part XIII.										1
Par											<u></u>
		(a) Current year		Prior year	(c) Two year		(d) Three y	ears hack		Veare	hack
1a	Beginning of year balance	(a) Ourrent year		noi yeai		3 Dack				yours	Dack
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance				)) In a link in a s						
2	Provide the estimated percentage of the curr		e (line 1g	g, column (a	i)) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		_%									
_	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held a	nd administer	ed for th	e organiza	ation	ſ		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the		wment f	unds.							
Fai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)	• •	ccumulate preciation	d	( <b>d)</b> Boo	< value	ə
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				8,214.		1,31	11.		5,90	03.
	Other				-					-	
	. Add lines 1a through 1e. (Column (d) must e		X colum	nn (R) line 1	0c)					5,90	03.
		gaari onn ooo, i alt			<u></u>			<u>F</u>			

Schedule D (Form 990) 2020

032052 12-01-20

### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

### Part IX Other Assets.

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

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

(a) Description of liability (b) Book value 1 (1) Federal income taxes DUE TO RELATED PARTY 6,097 (2) (3) (4) (5) (6) (7) (8) (9) 6,097. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020

032053 12-01-20

	edule D (Form 990) 2020 THE FOLDED FLAG FOUNDAT				5371845 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			1 1 5 6 5 6 6
1				1	4,469,662.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	<b>J</b>				
b	Donated services and use of facilities		70,697.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	70,697.
3	Subtract line 2e from line 1			3	4,398,965.
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	4,398,965.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	leturi	า.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	tements With	Expenses per F	leturi	
<b>Pa</b>	Complete if the organization answered "Yes" on Form 990, Part IV, lin	tements With		leturi	n. 2,386,605.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	tements With e 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements	e 12a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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	tements With e 12a. 			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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	e 12a.			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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	2a           2b           2c			2,386,605.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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	70,697.		2,386,605.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a           2b           2c           2d	70,697.	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, lin 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	70,697.	1 2e	2,386,605.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a           2b           2c           2d	70,697.	1 2e	2,386,605.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	70,697.	1 2e	2,386,605.
1 2 3 4 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a           2b           2c           2d           4a           4b	70,697.	1 2e	2,386,605. 70,697. 2,315,908. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	70,697.	1 2e 3	2,386,605.

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 032054 12-01-20 Schedule D (Form 990) 2020 28

2020.04011 THE FOLDED FLAG FOUNDATIO 52309.01

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Schedule D (Form 990) 2020 Part XIII Supplemental Inform	THE FOLDED FLAG	FOUNDATION	40	5-5371845 Page 5
	actor (continued)			
CONCLUDED THAT AS OF	DECEMBER 31, 20	20 AND 2019,	THERE WERE NO	UNCERTAIN
TAX POSITIONS TAKEN,	OR EXPECTED TO	BE TAKEN, THA	T WOULD REQUIE	ξE
RECOGNITION OF A LIAN	BILITY OR DISCLO	SURE IN THE F	INANCIAL STATE	EMENTS.
			So	hedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the							2020	
	organization entered more than \$15,000 on Form 990-EZ, line 6a. ∠U∠U ► Attach to Form 990 or Form 990-EZ. Open to Public								
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organization		DED FLAG FOUNDATIO	N				Employer ide	ntification number 845	
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
	complete this part e organization rais	ed funds through any of the followin	g activ	rities. (	Check all that apply.				
a 📃 Mail solicitat	ions	e 📃 Solicita	tion of	non-g	overnment grants				
<b>b</b> Internet and <b>c</b> Phone solici	email solicitations	s f Solicita g Special		-	nment grants				
d In-person so		g Opecial	Turiura	using	events				
•		or oral agreement with any individual		Ū		tees,		<u> </u>	
		art VII) or entity in connection with p /iduals or entities (fundraisers) pursu			•	ne fur	Ves		
compensated at le	•	· /·						-	
			(iii)	Did		(v)	Amount paid	(vi) Amount paid	
(i) Name and addres or entity (func		(ii) Activity	fùndr have c or cor contrib	ustody	(iv) Gross receipts from activity		or retained by) fundraiser ted in col. <b>(i)</b>	to (or retained by) organization	
			Yes	No	-				
Total									
<b>3</b> List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration	
or neeroing.									
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form S	990 or	990-E	Z. 9	Sche	dule G (Form 9	90 or 990-EZ) 2020	

032081 11-25-20

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DOCK CREEK	DENNIC ODEN	3	(add col. (a) through
			ROCK CREEK (event type)	TENNIS OPEN (event type)	(total number)	col. <b>(c)</b> )
nue			(	() )	(,	
Revenue	1	Gross receipts	693,046.	20,000.	28,920.	741,966.
ш	2	Less: Contributions	687,765.	20,000.	28,920.	736,685.
	3	Gross income (line 1 minus line 2)	5,281.			5,281.
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E>	7	Food and beverages	5,281.			5,281.
Δ	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	.,			5,281.
Pa	rt l	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization a		990. Part IV. line 19. or r		0.
		\$15,000 on Form 990-EZ, line 6a.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	1	Gross revenue				
s	2	Cash prizes				
ense	_					
Exp	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				X Yes No
		he organization licensed to conduct gaming ac No," explain:				X Yes No
~						
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes X No
03204	22 1-	-25-20			Schedule G (For	m 990 or 990-EZ) 2020
0200	<i>2</i> - 1	. 20 20				

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

Schedule G (Form 990 or 990-EZ) 2020 THE FOLDED FLAG FOUNDATION

46-537<u>1845 Page 2</u>

Sch	edule G (Form 990 or 990-EZ) 2020 THE FOLDED FLAG FOUNDATION 4	6-5371845	Page <b>3</b>
	Does the organization conduct gaming activities with nonmembers?		No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
á	The organization's facility	13a	%
	An outside facility		.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name <b>THE FOLDED FLAG FOUNDATION, INC.</b>		
	Address ▶ 1550 S. PAVILION CENTER DRIVE - LAS VEGAS, NV 89135		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	X No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie	
	organization's own exempt activities during the tax year 🕨 💲		
Pa	<b>ITTIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
0320	83 11-25-20 Schedule G	(Form 990 or 990	-EZ) 2020
	32		

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Schedule G	(Form 990 or 990-EZ)	THE	FOLDED	FLAG	FOUNDATION
Part IV	Supplemental Info	rmation	(continued)		

Schedule G (Form 990 or 990-FZ)

SCHEDU (Form 99			arants and Oth vernments, ar					⊢	OMB No. 1545	
			lete if the organizatio						202	ĽU
Department	of the Treasury	•	0	Attach to For		,			Open to P	ublic
Internal Reve			Go to www.ii	rs.gov/Form990 fo	or the latest inform	nation.		_	Inspecti	ion
Name of	the organization THE FOLDE	D FLAG FO	UNDATION						lentification 46-5371	
Part I	General Information on Grants a							•		
crit	es the organization maintain records t eria used to award the grants or assis	stance?	-			-		_	X Yes	No
	scribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.					
Part II	Grants and Other Assistance to	Domestic Organia	zations and Domestic	c Governments.	Complete if the org	anization answered "Y	'es" on Form 990, Par	t IV, line 21, fo	or any	
	recipient that received more than					(f) Mothod of				
1 (a)	Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		urpose of gra rassistance	ınt
2 Ent	er total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table						
	er total number of other organization							····· •		
	w Demonstrayly Deducation Act Matica	للمربط مماليه محم	ana fau Fauna 000					Cabadul		NO 0000

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Schedule I (Form 990) 2020

46-5371845

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					2020-2021 SCHOOL YEAR
CHOLARSHIPS	354	1,458,293.	0.	FMV	EDUCATIONAL SCHOLARSHIPS

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

PART I, LINE 2:

THE FOLDED FLAG FOUNDATION ACCEPTS APPLICATIONS FOR EDUCATIONAL GRANTS AND

SCHOLARSHIPS FROM MARCH 1 THROUGH MAY 15 OF EACH YEAR, WITH GRANTS AND

SCHOLARSHIPS AWARDED IN TIME FOR THE FALL SEMESTER ENROLLMENT IN THE SAME

YEAR. APPLICANTS ARE NOTIFIED BY JULY 15 VIA U.S. POSTAL SERVICE AND/OR

EMAIL AS TO THE STATUS OF THEIR APPLICATION.

FULL DETAILS ON WWW.FOLDEDFLAGFOUNDATION.ORG/APPLY

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47	
(Fo							
•	-	Compensated Employees		20	ΖU	J	
-		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	ne of the organizatio	n	Employer	identificatio	on nui	mber	
		THE FOLDED FLAG FOUNDATION	46-!	537184	5		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	ate 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 o	charter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal res	sidence				
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, 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 organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	n committee Written employment contract					
	Independent of	compensation consultant Compensation survey or study					
	Form 990 of c	ther organizations Approval by the board or compensation c	ommittee				
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а	Receive a severand	e payment or change-of-control payment?		<u>4a</u>		X	
b	Participate in or rec	ceive payment from a supplemental nonqualified retirement plan?		4b		X	
С	-	ceive payment from an equity-based compensation arrangement?		4c		X	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	<b>.</b>						
-		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the			_		v	
						X X	
b		ation?		<u>5</u> b			
-		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r	-				v	
						X X	
b		ation?		<u>6b</u>			
-		or 6b, describe in Part III.					
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		v	
•		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		0		x	
0				8			
9		id the organization also follow the rebuttable presumption procedure described in		9			
	Regulations section				. 000	0000	
LHA	For Paperwork H	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2020	

032111 12-07-20

### 46-5371845

Page **2** 

### 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.

(A) Name and Title         (B) Breakdown of W2 and/or 1099-MISC compensation (I) Bases compensation         (II) Other reportable compensation         (II) Other compensation         (II) Other compensation         (III) Nontaxable compensation         (IIII) Nontaxable compensation         (IIII) Nontaxable compensation         (IIII) Nontaxable compensation         (IIIII) Nontaxable compensation         (IIIIIIIII) Nontaxable compensation         (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII									
(A) Name and Title         (i) Base compensation         (ii) Bons & neervice compensation         compensation reported as deferred compensation         compensation         compensation         reported as deferred on prior Form 990           (1) ROBERT CLAPPER         (i)         154,166.         0.         0.         0.         0.         154,166.         0.           (ii)         0         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation		(D) Nontaxable	(E) Total of columns	
CHIEP DEVELOPMENT OFFICER       (1)       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.			compensation incentive reportable		reportable		Denents	(B)(I)-(D)	reported as deferred
CHIEP DEVELOPMENT OFFICER       (1)       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(1) ROBERT CLAPPER	(i)	154,166.	0.	0.	0.	0.	154,166.	0.
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Schedule J (Form 990) 2020

### 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.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 46-5371845

THE FOLDED FLAG FOUNDATION

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

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

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 AND PETER T. SADOWSKI 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. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization THE FOLDED FLAG FOUNDATION	Employer identification number $46-5371845$
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 AFF	IRMS SUCH PERSON.
IF A BOARD MEMBER HAS ANY CONNECTION WITH ANY PROPOSED TRA	NSACTION OR
ARRANGEMENT THAT RAISES AN ACTUAL OR POSSIBLE CONFLICT OF	INTEREST, AN
INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE O	F HIS OR HER
FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DI	SCLOSE ALL
MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES	WITH BOARD
DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR A	RRANGEMENT.
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

40

CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THIS PROCESS DID NOT CHANGE.

032212 11-20-20

SCHEDULE R
(Form 990)

### (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.

OMB No. 1545-0047

2020 Open to Public Inspection

Employer identification number 46-5371845

Department of the Treasury Internal Revenue Service

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

Name of the organization

### THE FOLDED FLAG FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
VEGAS GOLDEN KNIGHTS FOUNDATION - 81-5478336							
1701 VILLAGE CENTER CIRCLE							
LAS VEGAS, NV 89134	NON PROFIT	NEVADA	501(C)(3)		N/A		х
	-						

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

Schedule R (Form 990) 2020

### Schedule R (Form 990) 2020 THE FOLDED FLAG FOUNDATION

46-5371845 Page 2

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 entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?				or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
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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.

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

### Schedule R (Form 990) 2020 THE FOLDED FLAG FOUNDATION

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

No	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No				
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?		165	NU				
'	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		x				
	b Gift, grant, or capital contribution to related organization(s)							
	Gift, grant, or capital contribution from related organization(s)	1c	X	x				
	Loans or loan guarantees to or for related organization(s)	1d	┝───┦	X				
е	Loans or loan guarantees by related organization(s)	1e						
	Dividende from related examination(a)	1f		X				
י מ	Dividends from related organization(s)			X				
	Sale of assets to related organization(s)	1g 1h	┢───┦	X				
n	Purchase of assets from related organization(s)		<b>├</b> ──┦	X				
	Exchange of assets with related organization(s)	<u>1i</u>	┝───┦	X				
1	Lease of facilities, equipment, or other assets to related organization(s)	1j						
				37				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	$\vdash$	X				
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		X				
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		X				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X				
0	Sharing of paid employees with related organization(s)	10	X					
р	Reimbursement paid to related organization(s) for expenses	1p		X				
q	q Reimbursement paid by related organization(s) for expenses							
r	r Other transfer of cash or property to related organization(s)							
s	s Other transfer of cash or property from related organization(s)							
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
(3)				
(4)				
<u>(5)</u>				
(6)				

### Schedule R (Form 990) 2020 THE FOLDED FLAG FOUNDATION

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)	(b)	(c)	(d)	6	2)	(f)	(g)	(۲	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile		Are partne 501(i org	all	Share of			opor-	Code V-UBI	Genera	al or F	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(	c)(3) s ?	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partn	ging er?	ownership
-		country)	sections 512-514)	Yes	No	income		Yes	No	(Form 1065)	Yes	NO	
			· · · ·										
											$\square$		
											$\square$		
											$\square$		
											$\square$		

Schedule R (Form 990) 2020

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2020

032165 10-28-20

(Rev. January 2020)

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

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

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

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instru	Taxpaye	Taxpayer identification number (TIN)						
print									
File by the	THE FOLDED FLAG FOUNDATION		46-5371	.845					
due date fe filing your return. See	1550 S. PAVILION CENTER DRI		ions.						
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAS VEGAS, NV 89135									
Enter the Return Code for the return that this application is for (file a separate application for each return)									
Applica	tion	Return	Application			Return			
ls For		Code	Is For			Code			
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 99	90-BL	02	Form 1041-A			08			
Form 47	720 (individual)	03	Form 4720 (other than individual)			09			
Form 99	90-PF	04	Form 5227			10			
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	90-T (trust other than above)	06	Form 8870			12			
Telep If the If this box 1 If this box 1	<ul> <li>I request an automatic 6-month extension of time until <u>NOVEMBER 15, 2021</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for:</li> <li>X calendar year <u>2020</u> or</li> <li>tax year beginning, and ending</li> </ul>								
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, ny nonrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less	3a	\$	0.			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
e	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.			
сB	alance due. Subtract line 3b from line 3a. Include your pa	yment witl	n this form, if required, by						
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.			
Caution instruct	If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879-E0	O for payment			
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ctions.		Form <b>886</b>	8 (Rev. 1-2020)			

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