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Department of the Treasury Internal Revenue Service

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## \*\* 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.



AF	or the	2021 calendar year, or tax year beginning and e	ending				
B c a	heck if pplicable	C Name of organization		D Employer identific	ation number		
	Addres change	THE FOLDED FLAG FOUNDATION					
	Name change			46-5371845			
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite				
	Final return/	1550 S. PAVILION CENTER DRIVE		844-204-2856			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,430,137.		
	Amende	LAS VEGAS, NV 09155		H(a) Is this a group return			
	Applica	F Name and address of principal officer: KIM FKANK		for subordinates	? Yes X No		
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		mpt status: 🚺 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🚺 4947(a)(1) o	or 📃 527	If "No," attach a	list. See instructions		
		e: WWW.FOLDEDFLAGFOUNDATION.ORG		H(c) Group exemption			
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2014 N	I State of legal domicile: ${f FL}$		
Pa		Summary					
ø		Briefly describe the organization's mission or most significant activities: $\underline{TO}$ AS			GOF UNITED		
Ŭ		STATES MILITARY PERSONNEL WHO HAVE LOST T					
Governance	2 (	Check this box 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass			
Ň					21		
		Number of independent voting members of the governing body (Part VI, line 1b) $\ $			20		
es		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5		
Activities &		Total number of volunteers (estimate if necessary)			0		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	d l	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
				Prior Year	Current Year		
e		Contributions and grants (Part VIII, line 1h)		4,364,957.	5,134,005.		
Revenue		Program service revenue (Part VIII, line 2g)		0. 33,542.	0.		
Rev		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		466.	<u>22,484.</u> 152,467.		
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		400.	5,308,956.		
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,398,965.	2,761,382.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,450,293.	2,701,302.		
		Benefits paid to or for members (Part IX, column (A), line 4)		453,151.	484,984.		
ses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u> </u>	0.		
en:	102 1	Professional fundraising fees (Part IX, column (A), line 11e)	51		0.		
Expenses	17 (			404,464.	498,729.		
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,315,908.	3,745,095.		
		Revenue less expenses. Subtract line 18 from line 12		2,083,057.	1,563,861.		
or		levende less expenses. Oubtract line to nonnine 12		ginning of Current Year	End of Year		
ets c	20 1	Fotal assets (Part X, line 16)		9,448,698.	11,013,213.		
Net Assets	21	Fotal liabilities (Part X, line 26)		101,307.	101,961.		
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		9,347,391.	10,911,252.		
Pa	nt II	Signature Block		-,,	_ , , , , , , , , , , , , , , , , , , ,		

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

Sign	Signature of officer			Date	
Here	KIM FRANK, PRESIDENT				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	JEFF ALBACH, CPA			self-employed P01419189	
Preparer	Firm's name 🕒 RUBINBROWN LLP			Firm's EIN 🕨 43-0765316	
Use Only	Firm's address 🖌 10801 W CHARLEST	ON BLVD. STE 300			
	LAS VEGAS, NV 89	135		Phone no. (702) 415-2112	
May the IRS discuss this return with the preparer shown above? See instructions					
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)				

Form	990 (2021) THE FOLDED FLAG FOUNDATION	46-5371845	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		[
1	Briefly describe the organization's mission: THE MISSION OF THE FOLDED FLAG FOUNDATION IS TO PROVI		
	AND EDUCATIONAL SUPPORT GRANTS TO THE SPOUSES AND CHI		
	UNITED STATES MILITARY AND GOVERNMENT PERSONNEL WHO D		<u> </u>
	OF HOSTILE ACTION OR IN AN ACCIDENT RELATED TO U.S. C		5.
2	Did the organization undertake any significant program services during the year which were not listed on t prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv If "Yes," describe these changes on Schedule O.	rices? Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	o others, the total expenses, an	nd
4a	(Code:) (Expenses \$ 2,994,864. including grants of \$ 2,761,382. )	(Revenue \$	)
	IN ITS EIGHTH YEAR OF OPERATIONS, THE FOLDED FLAG FOU		
	678 SCHOLARSHIPS TO QUALIFYING INDIVIDUALS TOTALING \$	2,761,382	
	THROUGHOUT THE UNITED STATES. THE RECIPIENTS OF THE S		
	THE 2021-2022 SCHOOL YEAR RECEIVED MONEY FOR TUITION		
	EXPENSES RANGING FROM GRADE SCHOOL TO COLLEGE FOR SPO		EN
	OF THE UNITED STATES MILITARY AND GOVERNMENT PERSONNE		
	THEIR LIVES AS A RESULT OF HOSTILE ACTION OR IN AN AC		1.0
	U.S. COMBAT OPERATIONS. MULTIPLE INDIVIDUALS AND CORP SPECIAL EVENTS WHERE PROCEEDS BENEFITED THE FOUNDATIO		
	SPECIAL EVENIS WHERE PROCEEDS DENEFTIED THE FOUNDATIO	'IN •	
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
		·	
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 ► 2,994,864.		
		Form 9	<b>90</b> (2021)
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Form 990 (2021) THE FOLDED FLAG FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<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		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
	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		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		<u></u>
11				
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI			
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	X (2021)
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	continued)		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		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			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 the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
Ь	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 23
C	"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	25		
00	contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	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		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a 4</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b 0</b>			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1c	x	
13200/	(gambling) winnings to prize winners?			(2021)
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Form	990 (2021) THE FOLDED FLAG FOUNDATION 46-5371	845	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	<b>Sponsoring organizations maintaining donor advised funds.</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b		9b		
10	Section 501(c)(7) organizations. Enter:	55		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	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? If "No," provide an explanation on Schedule O	14b		L
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 the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069. 12-09-21 5		000	(0004)
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Form 990	(2021)
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### THE FOLDED FLAG FOUNDATION

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

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			1	~	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		2	1		
	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		2	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?				2	X	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			sion	-		
3					3		x
	of officers, directors, trustees, or key employees to a management company or other person?						X
4	Did the organization make any significant changes to its governing documents since the prior Form 9						X
5	Did the organization become aware during the year of a significant diversion of the organization's ass					x	
6	Did the organization have members or stockholders?				6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?				7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				- <u>r</u>		
D	persons other than the governing body?		-		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?	-	-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?					Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
Ŭ	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
	tion 211 oncides (This Section & requests information about policies not required by the internal Re	venue	Code.)			Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?				10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				104		- 11
D		•			104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	betor	re ming th	le form?	11a		
	Describe on 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						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				. <b>12b</b>	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe				
	on Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?						X
14	Did the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approva	l by in	depende	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-	on			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
_	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow FL$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (sectio	n 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						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co				nd finar	ncial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records	▶			
	THE FOLDED FLAG FOUNDATION, INC 702-912-5374						
	1550 S. PAVILION CENTER DRIVE, LAS VEGAS, NV 89135						
32006	3 12-09-21				For	n <b>990</b>	(202
	6						
08	12 132842 52309.0000 2021.04014 THE FOLD	ED I	FLAG	FOUNI	DATI	52	30

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Part VII	Compensation of Offi	cers, Directors,	Trustees, K	ey Employees,	Highest	Compensated
	Employees, and Indep	pendent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		l	πzαι			peri	out			
(A)	(B)			(C)				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is fficer and a director/			s both	n an	compensation	compensation	amount of
	week			uau		i/irus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		9	suadi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tri	ional		ploye	t com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JENNIFER RAMIEH	40.00	-	-	0	×	Ξē	Ē			
CHIEF OPERATING OFFICER				х				135,000.	0.	7,899.
(2) WILLIAM P. FOLEY II	2.00									.,
CHAIRMAN		х		х				0.	0.	0.
(3) FRED SCHREMP	8.00									
VICE CHAIRMAN		Х		х				0.	0.	0.
(4) PETER SADOWSKI	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) BRYAN COY	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) PETER BRUAL	2.00									
TRUSTEE		Х						0.	0.	0.
(7) MICHELLE KERSCH	2.00									_
TRUSTEE		Х						0.	0.	0.
(8) MONTGOMERY C. MEIGS	2.00									_
TRUSTEE		Х						0.	0.	0.
(9) MICHAEL OATES	2.00									
TRUSTEE		Х						0.	0.	0.
(10) RANDALL M. PAIS	2.00									
TRUSTEE		Х						0.	0.	0.
(11) THOMAS A. SCHWARTZ	2.00									
TRUSTEE		Х						0.	0.	0.
(12) MICHAEL W. SHELTON	2.00									
TRUSTEE		Х						0.	0.	0.
(13) JAMES B. STALLINGS, JR	2.00									<u> </u>
TRUSTEE		Х						0.	0.	0.
(14) CHRIS AZUR	2.00									<u> </u>
		Х						0.	0.	0.
(15) FRANK R. MARTIRE	2.00							_		0
TRUSTEE		Х						0.	0.	0.
(16) PHIL DISMUKES	2.00	37								0
TRUSTEE		Х						0.	0.	0.
(17) ANTHONY JABBOUR										
TRUSTEE	2.00	x						0.	0.	0.

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Form **990** (2021)

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	orm 990 (2021) THE FOLDED FLAG FOUNDATION 46-5371845 Page 8								age <b>8</b>					
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)				than o is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	a	<b>(F)</b> stimat mount other	of	
		(list any hours for related organizations below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	t org ar	npensa from th ganiza nd rela janizat	ne tion ted	
(18) TRUS	PAUL KERN	2.00	x	_		×	1		0.	0.			0.	
	KIRK LARSEN	2.00	^						0.	0.			0.	
TRUS		2.00	x						0.	0.			0.	
(20) TRUS	JAMES WOODALL	2.00	x						0.	0.			0.	
	CRAIG BARBER	2.00												
TRUS	TEE		х						0.	0.			0.	
(22)	KIM FRANK	40.00												
PRES	IDENT		X		X		$\vdash$		0.	0.	-		0.	
							-							
1b	Subtotal								135,000.	0.		7,8	99.	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.	0.		0.7,899.		
	Total number of individuals (including but n							o re		000 of reportable	•		1	
	compensation from the organization											Yes	No	
	Did the organization list any <b>former</b> officer,	-		-	•	-		Ŭ	• •	•				
	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su										3		X	
	and related organizations greater than \$150	,		'							4		X	
5	Did any person listed on line 1a receive or a										E		X	
Sect	rendered to the organization? <i>If "Yes," con</i> ion B. Independent Contractors	plete Schedule	e J f	or sl	ich į	pers	ion .				5			
1	Complete this table for your five highest co	•	•							•	ation fi	om		
	the organization. Report compensation for (A)	the calendar ye	ear e	enair	ig w		or wi	tnin	the organization's tax y	ear.		C)		
	Name and business	address	N	ONE	3				Description of s	ervices	Compe	ensatio	on	
_														
2	Total number of independent contractors (i	ncluding but no	ot lir	nited	d to			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation 🕨				(	)				Form	990	(2021)	

132008 12-09-21

	n 990 (		AG FOUNDA	ATION		46-5371	845 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin				
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
6 0	1 0	Federated campaigns 1a					30010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts	Га	Membership dues 1b					
ភ្លិត្ត	0		381,623.				
r Ai	с 	Related organizations 1d	501,025.				
ia i	u	Government grants (contributions) 1e					
Sins	f	All other contributions, gifts, grants, and					
er ti	•		752,382.				
etib		Noncash contributions included in lines 1a-1f	/52/5021				
non	9 h	Total. Add lines 1a-1f		5,134,005.			
0.0			Business Code	<u>, 10 1 / 000 1</u>			
0	2 a						
Program Service Revenue	h						
Ser	c						
am Ser	d						
Base	e						
Pro		All other program service revenue					
	q	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		22,484.			22,484.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	►				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)	►				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
en		and sales expenses					
venue	с	Gain or (loss)					
<b>(</b> )	d	Net gain or (loss)	►				
Other R	8 a	Gross income from fundraising events (not					
đ		including \$ 1,381,623. of					
		contributions reported on line 1c). See					
			121,181.				
		• • • • • • • • • • • • • • • • • • • •	121,181.				
		Net income or (loss) from fundraising events	<b>▶</b>	0.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses9b	)				
		Net income or (loss) from gaming activities	🕨				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10k	<u>)</u>				
	c	Net income or (loss) from sales of inventory					
sr		CAIN ON EVENIOUT OUMENE	Business Code 900099	152,467.	152,467.		
10el	11 a	GAIN ON EXTINGUISHMENT	300033	192,40/.	,40/.		
llan /en	b						
Miscellaneous Revenue	С С						
Ž	d	All other revenue		152,467.			
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instructions		5,308,956.	152,467.	0.	22,484.
13200	9 12-09-			_ , , 5	,,, .		Form <b>990</b> (2021)

9

Form 990 (2021) 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 co	Jump (A)
Section 30 (c)(3) and 30 (c)(4) organizations must complete all columns. All other organizations must complete co	numm (A).

0000	Chock if Schodulo O contains a response			•	
	Check if Schedule O contains a respons	(A)	(B) Program service	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21	2,000.	2,000.		
•		2,000.	2,000•		
2	Grants and other assistance to domestic	2,759,382.	2 750 392		
-	individuals. See Part IV, line 22	2,759,502.	2,759,382.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	224,040.	83,053.	51,312.	89,675.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	260,944.	96,734.	59,764.	104,446.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting	55,800.		55,800.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
g		111,829.	31,593.	44,076.	36 160
40	column (A), amount, list line 11g expenses on Sch 0.)	73,180.	3,172.	4,335.	<u>36,160.</u> 65,673.
12	Advertising and promotion	15,417.	9,386.	4,339.	1,692.
13	Office expenses	34,824.	9,155.	2,202.	23,467.
14	Information technology	54,024.	9,100.	2,202.	23,407.
15	Royalties	1 250		1 250	
16	Occupancy	1,352.	200	1,352.	20.000
17	Travel	40,227.	389.	9,610.	30,228.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	150 000			150 000
19	Conferences, conventions, and meetings	152,320.			152,320.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,988.		2,988.	
23	Insurance	10,792.		10,792.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а					
b					
с					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,745,095.	2,994,864.	246,570.	503,661.
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 Fifth following SOP 98-2 (ASC 958-720)				
					<b>000</b> (0001)

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Form 990 (2021)

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33

Total liabilities and net assets/fund balances

9,448,698.

33

11,013,213.

Form 990 (2021)

OLDED FLAG FOUNDATION

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 130,489. 1,034,638. 1 1 Cash - non-interest-bearing 6,756,237. 8,077,672. 2 Savings and temporary cash investments 2 2,227,928. 1,783,613. 3 3 Pledges and grants receivable, net 245,914. 105,108. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 81,227. 8,271. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 8,214. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 4,303. 6,903. 3,911. b Less: accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 9,448,698. 11,013,213. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 94,229. 33,548. Accounts payable and accrued expenses 17 17 18 18 Grants payable 1,610. 0. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 60,052. 0. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 6,097. 7,732. 25 of Schedule D 101,307. 101,961. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 9,829,972. 8,024,385. 27 27 Net assets without donor restrictions Net assets with donor restrictions 1,323,006. 1,081,280. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 9,347,391. 10,911,252. Total net assets or fund balances 32 32

orm 990 (	(2021)	)	THE	F
Part X	Ba	ance Sheet		

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part VIII, column (A), line 12)       1       5, 308, 956.         2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 745, 095.         3       Revenue less expenses. Subtract line 2 from line 1       3       1, 563, 861.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       9, 347, 391.         5       0       6       7       6         7       8       7       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.       9	Form	990 (2021) THE FOLDED FLAG FOUNDATION	46-5	371845	Pag	<sub>ge</sub> 12			
1Total revenue (must equal Part VIII, column (A), line 12)15, 308, 956.2Total expenses (must equal Part IX, column (A), line 25)23, 745, 095.3Revenue less expenses. Subtract line 2 from line 131, 563, 861.4Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))49, 347, 391.5Net unrealized gains (losses) on investments56677878Prior period adjustments89Other changes in net assets or fund balances (explain on Schedule O)90.	Par	t XI Reconciliation of Net Assets							
2Total expenses (must equal Part IX, column (A), line 25)3Revenue less expenses. Subtract line 2 from line 14Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))54999000		Check if Schedule O contains a response or note to any line in this Part XI							
2Total expenses (must equal Part IX, column (A), line 25)3Revenue less expenses. Subtract line 2 from line 14Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))54999000									
3       Revenue less expenses. Subtract line 2 from line 1       3       1,563,861.         4       9,347,391.         5       4       9,347,391.         6       5         7       6         7       7         8       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9	1	Total revenue (must equal Part VIII, column (A), line 12)	1						
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       9,347,391.         5       5         6       6         7       6         8       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9	2	Total expenses (must equal Part IX, column (A), line 25)	2						
5       Net unrealized gains (losses) on investments       5         6       6       6         7       1nvestment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.	3								
6       6         7       6         7       7         8       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,347	7,3	<u>91.</u>			
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.	5	Net unrealized gains (losses) on investments	5						
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.	6	Donated services and use of facilities	6						
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.	7	Investment expenses	7						
	8	Prior period adjustments	8						
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	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))		column (B))	10	10,911	.,2	<u>52.</u>			
Part XII Financial Statements and Reporting	Par	t XII Financial Statements and Reporting							
Check if Schedule O contains a response or note to any line in this Part XII		Check if Schedule O contains a response or note to any line in this Part XII							
Yes No					Yes	No			
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	1			_					
		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		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, or both:							
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis							
b Were the organization's financial statements audited by an independent accountant?	b			2b	X				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		•	e basis,						
consolidated basis, or both:									
X Separate basis Consolidated basis Both consolidated and separate basis									
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
review, or compilation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.									
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a		gle Audit						
Act and OMB Circular A-133? 3a X				3a		<u> </u>			
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L			

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

## **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
	2021
	Open to Public Inspection
Employer	identification number

### Name of the organization

		THE	FOLDED FLAG	G FOUNDATION				4	6-5371845			
Pa	irt I	Reason for Public (			omplete th	nis part.) S	ee instructions					
The	organ	ization is not a private found										
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
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).										
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe										
9		An agricultural research org	-					-	-			
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of I	he college	eor			
		university:										
10		An organization that norma										
		activities related to its exem		-					•			
		income and unrelated busin		(less section 511 tax) iro	m busines	ses acqui	red by the org	anization a	alter Julie 30, 1975.			
11		See <b>section 509(a)(2).</b> (Con An organization organized a		volu to tost for public sat	aty Soo	coction 5(	O(a)(4)					
12	H	An organization organized a	-	•	•			ny out the	nurnoses of one or			
12		more publicly supported or		-				•				
		lines 12a through 12d that	•									
а		<b>Type I.</b> A supporting orga						-	aivina			
-		the supported organization	-	-	• • • •	-						
		organization. You must c			, ,				11 5			
b		<b>Type II.</b> A supporting org	-		ion with its	s supporte	ed organization	ı(s), by hav	/ing			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionall	y integrate	ed with,			
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.					
d		<b>Type III non-functionally</b>	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its support	ed organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	quirement and	an attentiv	veness			
		requirement (see instructi	,	•								
е		Check this box if the orga					Type I, Type I	l, Type III				
	<b>-</b> .	functionally integrated, or	51	nally integrated supportin	ng organiz	ation.						
f		er the number of supported of	•	d arganization(a)								
<u> </u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
				above (see instructions)								
Tota	al											

Part II

THE FOLDED FLAG FOUNDATION

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.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not	0000010	2000260	4642010		E12400E			
	include any "unusual grants.")	2936017.	3909369.	4643918.	4364957.	5134005.	20988266.		
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	0006017	22222	4642040	4064055	E10400E			
4	Total. Add lines 1 through 3	2936017.	3909369.	4643918.	4364957.	5134005.	20988266.		
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)						5371350.		
	6 Public support. Subtract line 5 from line 4. 15616916. Section B. Total Support								
							1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7		2936017.	3909369.	4643918.	4364957.	5134005.	20988266.		
8									
	dividends, payments received on								
	securities loans, rents, royalties,	10 550	~ ~ ~ ~ ~	67 400		~ ~ ~ ~ ~	1.6.6 1.0.5		
	and income from similar sources	13,779.	28,904.	67,488.	33,542.	22,484.	166,197.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	1 1 0 0	4 500		1.00	150 469	1.00.001		
	assets (Explain in Part VI.)	1,122.	4,583.	7,643.	466.	152,407.	166,281.		
11	5						21320744.		
12									
13									
organization, check this box and stop here <b>Section C. Computation of Public Support Percentage</b>									
			-	(1)			73.25 %		
	Public support percentage for 2021 (I		•			14 15			
15	Public support percentage from 2020 33 1/3% support test - 2021. If the								
108		-							
	stop here. The organization qualifies		•		line 15 in 00 1/00/		······································		
L.	<b>33 1/3% support test - 2020.</b> If the c	-							
47-	and <b>stop here.</b> The organization qual				10 10 10-				
1/8	10% -facts-and-circumstances test								
	and if the organization meets the fact			-	-	-			
L	meets the facts-and-circumstances te	-		• • • •	-	Za and line 15 is			
C	10% -facts-and-circumstances test	-							
	more, and if the organization meets the								
10	organization meets the facts-and-circle		•		• •				
10	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <b>Schedule A (Form 990) 2021</b>								

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Schedule A						FOUNDATION	
Part III	Support	Schedule f	or Orga	nizations	Describe	ed in Section 50	9(a)(2)

### THE FOLDED FLAG FOUNDATION

(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		•	-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 (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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 (f) Total
9	Amounts from line 6						
	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						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgai	nization,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20			line 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						<b>&gt;</b>
b	<b>33 1/3% support tests - 2020.</b> If the						
~~	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n ald not check a	box on line 14, 19	a, or 19b, check t	nis box and see ins		
13202	23 01-04-22		15	5		Sched	dule A (Form 990) 2021

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#### THE FOLDED FLAG FOUNDATION

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Yes No

#### 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

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#### Schedule A (Form 990) 2021 THE FOLDED FLAG FOUNDATION

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i>			

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.
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.

			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		1

Section D. All Type III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	C	on used to satisfy the Integral Part Test during the year (see instruction	ns).
--	---	--	------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* line 3 *below*.

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a d	overnmental entity	(see instructions)	
---	--	---	-------------------------	-------------------	--------------------	--------------------	--

- 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **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.* 

Schedule A (Form 990) 2021

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1	Check here if the organization satisfied the Integral Part Test as a qualifyi All other Type III non-functionally integrated supporting organizations must			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

#### THE FOLDED FLAG FOUNDATION Schedule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2021

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Part V

instructions).

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	dule A (Form 990) 2021 THE FOLDED FL			46-5371845 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<u> </u>	
_4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
-	able cause required - explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2021			
	From 2016			
	From 2017			
	From 2018			
	From 2019			
-	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
с	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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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:

OTHER REVENUE	
2017 AMOUNT: \$	1,122.
2018 AMOUNT: \$	4,583.
2019 AMOUNT: \$	7,643.
2020 AMOUNT: \$	466.
2021 AMOUNT: \$	0.
GAIN ON EXTINGU	ISHMENT OF DEBT
2021 AMOUNT: \$	152,467.
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50812 132842 52	20 309.0000 2021.04014 THE FOLDED FLAG FOUNDATIO 5230

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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# Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

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					
Form 990-PF	527 political organization					
	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

46-5371845

### THE FOLDED FLAG FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$695,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$585,312.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>500,100.</u>	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		\$\$\$\$\$	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		\$120,000.	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
123452 11-11		. \$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Schedule B (Form	990)	(2021)
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Name of organization

Page **3** 

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

23

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2021.04014 THE FOLDED FLAG FOUNDATIO 52309.01

Schedule E	3 (Form 990) (2021)				Page 4				
Name of or	rganization				Employer identification number				
ጥዘድ ፑር	OLDED FLAG FOUNDATION				46-5371845				
Part III	Exclusively religious, charitable, etc., contributi								
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	) through (e) and the followir charitable, etc., contributions of \$	ig line entry. For o <b>1,000 or less</b> for tl	rganizations he year. (Enter this info. onc	.e.) ► \$				
	Use duplicate copies of Part III if additional	space is needed.							
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held				
Part I									
-									
		(e) Transfe	er of gift						
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee				
Γ				•					
(a) No. from									
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held				
	(e) Transfer of gift								
ŀ	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee				
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held					
Faili									
ŀ		(e) Transf	er of gift						
		(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held				
Part I	(	(-,3		(-)					
		(e) Transfe	er of gift						
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee				
F									

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Schedule B (Form 990) (2021)

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24 2021.04014 THE FOLDED FLAG FOUNDATIO 52309.01

Department of the Treasury

(Form	990)
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Assets included in Form 990, Part X

## **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.

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number THE FOLDED FLAG FOUNDATION 46-5371845 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? No Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a а Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No \_\_\_\_\_ [ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ► \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1

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the following amounts required to be reported under FASB ASC 958 relating to these items:

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

(ii) Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

FOLDED FLAG FOUNDATIO 52309.01

▶ \$

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Schedule D (Form 990) 2021

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Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	torical Tre	easures, o	r Other	Similar	Assets	(contir	ued)	
3	Using the organization's acquisition, accessio	n, and other record	s, chec	k any of the	following that	make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	change progra	am					
b	Scholarly research	e	•								
с	Preservation for future generations										
4	Provide a description of the organization's col	llections and explair	n how tl	hev further tl	he organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	-		-	-						
	to be sold to raise funds rather than to be mai								Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Parl			o organizatio				,			
1a	Is the organization an agent, trustee, custodia		liary for	contribution	s or other ass	sets not in	ncluded				
14	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a							∟			
D			liowing	LADIE.					Amoun		
_	Designing belongs						4.		/ inour		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance										<b>.</b>
	Did the organization include an amount on Fo						y?	L	Yes	-	No
Par	If "Yes," explain the arrangement in Part XIII. ( <b>t V</b> Endowment Funds. Complete if										
I ai								ears back	(e) Four	Voare	back
	_ · · · · · · · ·	(a) Current year	(0)	Prior year	(c) Two year	IS DACK (	<b>a</b> ) mee y	Ears Dack	(e) roui	years	Dack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships				-						
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	at are held a	nd administer	ed for the	e organiza	ition			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								Зb		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990	), Part l'	V, line 11a. S	See Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)	• •	cumulate	d	( <b>d)</b> Boo	< valu	е
10	Land	<u> </u>		24510	()		selation				
	Land										
	Buildings										
	Leasehold improvements				8,214.		4,30	13		2 0	11.
	Equipment				0,2140		-, , , , (		•	נ, נ	<u>+ + •</u>
	Other									3,9	11
<u>i ota</u>	. Add lines 1a through 1e. (Column (d) must eq	uai ⊢orm 990, Part	<u>X, colui</u>	<u>mn (В), line 1</u>	UC.)			<b>P</b>			

Schedule D (Form 990) 2021

Schedule D (Form 9	990) 2021	THE	FOLDED	FLAG	FOUNDATION	

Complete if the organization answered "Yes" o		-	d african 1 1 1
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" o (a) D	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" o (a) □ (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►         Part IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►         Part IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)         (5)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)         (5)         (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Art IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)         (5)         (6)         (7)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	escription		(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) line	escription		
Atal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes" o	escription		
Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes" o         (a) Description of liability	escription		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes" o         (a) Description of liability         (1)	escription		5. (b) Book value
Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes" o         (a) Description of liability         (1) Federal income taxes         (2) DUE TO RELATED PARTY	escription		
ottal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes" o         (a) Description of liability         (1) Federal income taxes         (2) DUE TO RELATED PARTY         (3)	escription		5. (b) Book value
Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes" o         (a) Description of liability         (1) Federal income taxes         (2) DUE TO RELATED PARTY         (3)         (4)	escription		5. (b) Book value
Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes" o         (a) Description of liability         (1) Federal income taxes         (2) DUE TO RELATED PARTY         (3)         (4)         (5)	escription		5. (b) Book value
ottal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         ottlal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" o         .         (a) Description of liability         (1) Federal income taxes         (2) DUE TO RELATED PARTY         (3)         (4)         (5)         (6)	escription		5. (b) Book value
Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" o         (a) Description of liability         (1) Federal income taxes         (2) DUE TO RELATED PARTY         (3)         (4)         (5)         (6)         (7)	escription		5. (b) Book value
ottal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         ottlat. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" o         .         (a) Description of liability         (1) Federal income taxes         (2) DUE TO RELATED PARTY         (3)         (4)         (5)         (6)	escription		5. (b) Book value

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 THE FOLDED FLAG FOUNDATION			46-	5371845	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	eturn.		G
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	5,461,	,552.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	152,596.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines <b>2a</b> through <b>2d</b>			2e	152	,596.
3	Subtract line 2e from line 1			3	5,308	<u>,956.</u>
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 <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,308	.956.
	in the second seco				- / /	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per l		n.	
Pa	Reconciliation of Expenses per Audited Financial Stateme           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per I	Retur	n.	
Pa 1	Reconciliation of Expenses per Audited Financial Statemed           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents With	Expenses per I		n. 3,897	
	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per I	Retur	n.	
1	Reconciliation of Expenses per Audited Financial Statemed           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents With	Expenses per I	Retur	n.	
1 2	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per I	Retur	n.	
1 2	Image: Second liable of the organization of the organization answered "Yes" on Form 990, Part IV, line 12a.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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	ents With	Expenses per I	Retur	n.	
1 2 a b	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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	Expenses per I	Retur	n. <u>3,897</u>	,691.
1 2 b c d	Image: Second liable of the organization of the organization answered "Yes" on Form 990, Part IV, line 12a.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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 2d	Expenses per I	Retur	n. <u>3,897</u> 152	<u>,691.</u>
1 2 b c d	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         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	Expenses per I	1	n. <u>3,897</u>	<u>,691.</u>
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	Expenses per I	1 2e	n. <u>3,897</u> 152	<u>,691.</u>
1 2 b c d 3	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per I	1 2e	n. <u>3,897</u> 152	<u>,691.</u>
1 2 b c d 3	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	Expenses per I	1 2e	n. <u>3,897</u> 152	<u>,691.</u>
1 2 2 3 4 3 4 5	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	Expenses per I	Return 1 2e 3 4c	n. <u>3,897</u> <u>152</u> <u>3,745</u>	, <u>691.</u> , <u>596.</u> ,095.
1 2 d e 3 4 b c 5	It XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses per I	Return 1 2e 3	n. <u>3,897</u> 152	, <u>691.</u> , <u>596.</u> ,095.

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
132054 10-28-21								Sched	lule D (F	Form 990) 2021

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<sup>2021.04014</sup> THE FOLDED FLAG FOUNDATIO 52309.01

Schedule D (Form 990) 2021     THE     FOLDED     FLAG       Part XIII     Supplemental Information     (continued)	FOUNDATION	46-5371845 Page 5
CONCLUDED THAT AS OF DECEMBER 31, 20		
TAX POSITIONS TAKEN, OR EXPECTED TO		
RECOGNITION OF A LIABILITY OR DISCLO		
RECOGNITION OF A DIABIDITI ON DISCUO	SORE IN THE FINANCIAL S	STATEMENTS.
		Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities					ities	OMB No. 1545-0047			
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury	Attach to Form 990 or Form 990-EZ.								
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection	
Name of the organization		DED FLAG FOUNDATIO	N				46-5371	entification number	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not	
· · · ·	· · ·	ed funds through any of the followin	g activ	rities. (	Check all that apply.				
a Mail solicitat	tions email solicitations			•	overnment grants				
<b>b</b> Internet and <b>c</b> Phone solici		f Solicita g Special			nment grants events				
d 🗌 In-person so		<b>3</b>							
		r oral agreement with any individual				tees,		<b>—</b>	
, , ,		art VII) or entity in connection with p viduals or entities (fundraisers) pursu			•	ne fur	draiser is to b		
compensated at le	0	( /1		ugroor					
	a a filmali dale a l		(iii) fundr	Did	(		Amount paid	(vi) Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	have c or con contribu	ustody itrol of	(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 c	contrib	utions	or has been notified	it is e	exempt from r	egistration	
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z.		Schedu	e G (Form 990) 2021	

THE FOLDED FLAG FOUNDATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SALUTE TO			(add col. (a) through
		SERVICE GALA	ROCK CREEK		col. (c)
1		(event type)	(event type)	(total number)	coi. (c))
1	Gross receipts	1,144,081.	321,150.	37,573.	1,502,804
2	Less: Contributions	1,026,102.	321,150.	34,371.	1,381,623
3	Gross income (line 1 minus line 2)	117,979.		3,202.	121,181
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	117,979.			117,979
7	Food and beverages			3,202.	3,202
8	Entertainment				
9	Other direct expenses				
10	Direct expense summary. Add lines 4 through		· · · · · · · · · · · · · · · · · · ·	•	121,181
11	Net income summary. Subtract line 10 from li				(
irt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
	\$15,000 on Form 990-EZ, line 6a.	1			1
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ac col. (a) through col.
			billigo/progressive billigo		col. (a) through col. (
4	Gross revenue				
	Gloss levelue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
	· · · · · · · · · · · · · · · · · · ·	<b>Yes</b> %	Yes %	Yes %	
6	Volunteer labor	No	No	No	
7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•	
					ł
En	ter the state(s) in which the organization condu	icts gaming activities: $\underline{\mathbf{N}}$	V		
EU.	he organization licensed to conduct gaming a	ctivities in each of these s	states?		X Yes
ls t	No," explain:				
ls t	No," explain:				
ls t If "	No," explain:				Yes XI

132082 10-21-21

Schedule G (Form 990) 2021

Scł	nedule G (Form 990) 2021 THE FOLDED FLAG FOUNDATION 46	5-5371845	Page 3
11	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?	Ves	XNo
13	Indicate the percentage of gaming activity conducted in:		
i	a The organization's facility	<b>13</b> a	%
	b An outside facility	1зы 1100	.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► THE FOLDED FLAG FOUNDATION, INC. Address ► 1550 S. PAVILION CENTER DRIVE - LAS VEGAS, NV 89135		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
I	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party  \$		
	<b>c</b> If "Yes," enter name and address of the third party:		
	Name		
	Address		
40			
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
	Director/officer		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	X No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e	
	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	I Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
1320		hedule G (Form	990) 2021
	32		

	G (Form 990
Dort IV	Gunnla

Part IV	Supplemental Information	(continued)
132084 11-18-	21	Schedule G (Form 990)

SCHEDULE I (Form 990)	G	arants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)		vernments, ar					2021
Department of the Treasury	Comp		Attach to For		11 IV, III 2 1 01 22.		Open to Public
Internal Revenue Service		Go to www.in	rs.gov/Form990 fo		nation.		Inspection
Name of the organization THE FOLDE	D FLAG FO	UNDATION					Employer identification number $46-5371845$
Part I General Information on Grants a							
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the select	
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>							▶

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

Schedule I (Form 990) 2021

$\mathbf{THE}$	FOLDED	FLAG	FOUNDATION
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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
					2021-2022 SCHOOL YEAR
CHOLARSHIPS	678	2,759,382.	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

SCHEDULE O (Form 990)

(Form 990)

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 Form 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 1A:

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

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

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

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

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

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

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

COMMITTEES AND THEIR MEMBERS AS WELL.

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

WILLIAM P. FOLEY II 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.

	Employer identification numbe
THE FOLDED FLAG FOUNDATION	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.
F 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	OF HIS OR HER
FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DI	SCLOSE ALL
ATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES	WITH BOARD

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

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CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THIS PROCESS DID NOT CHANGE.

132212 11-11-21

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

2021 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	(e) 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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
VEGAS GOLDEN KNIGHTS FOUNDATION - 81-5478336	4						
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) 2021

#### Schedule R (Form 990) 2021 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		ortionate tions?		Genera manag partn	<sup>ll or</sup> Percentage <sup>jing</sup> ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
											<u> </u>
	1										
	1	1	1			1		I	1		

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)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	l contr	i) tion o)(13) rolled ity?
		country)		01 11 03 0		233013		Yes	No

### Schedule R (Form 990) 2021 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			
110	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?		Tes	NO			
'							
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a 1b	x	X			
	Loans or loan guarantees to or for related organization(s)	1d	'	X			
е	Loans or loan guarantees by related organization(s)	1e		X			
f	Dividends from related organization(s)	1f		X			
g	Sale of assets to related organization(s)	1g		X X			
h	h Purchase of assets from related organization(s)						
i	i Exchange of assets with related organization(s)						
j	j Lease of facilities, equipment, or other assets to related organization(s)						
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х			
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х			
n	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			
	Sharing of paid employees with related organization(s)	10	X				
		10					
	Beimbursement naid to related organization(s) for expenses	1p		x			
ч С	Reimbursement paid to related organization(s) for expenses		x				
q		1q					
		1r		x			
r	r Other transfer of cash or property to related organization(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) 2021 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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(€ Are partner 501(c org:		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h</b> Dispr tior allocat	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	) ging ier?	<b>(k)</b> Percentage ownership
		oounry)	Sections 512-514)	Yes	<u>No</u>			Yes	No		Yes	NO	

Schedule R (Form 990) 2021

#### Part VII Supplemental Information

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

Schedule R (Form 990) 2021

132165 11-17-21

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

►	File a	a separate	application	for each	return.
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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.

Type or	Name of exempt organization or other filer, see instruct	ctions.		Taxpayer	identificatio	n number (TIN)			
print	THE FOLDED FLAG FOUNDATION				46-53	71845			
File by the due date for filing your return. See			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	e a separat	e application for each return)						
Applicat	ion	Return	Application			Return			
ls For		Code	Is For			Code			
Form 990	) or Form 990-EZ	01	Form 1041-A			08			
Form 472	20 (individual)	03	Form 4720 (other than individual)			09			
Form 990	)-PF	04	Form 5227			10			
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	D-T (trust other than above)	06	Form 8870			12			
Form 990	D-T (corporation) THE FOLDED FLAG	07							
<ul> <li>If the</li> <li>If this box</li> <li>1 I retting</li> <li>2 If t</li> </ul>	hone No. ► <u>702-912-5374</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit ( 	Aroup Exe and atta <b>NOVE1</b> anization's , an heck rease	mption Number (GEN) I ch a list with the names and TINs of <b>IBER 15, 2022</b> , to file return for: d ending on: Initial return I	f this is fo all memb	r the whole geners the exten	ision is for.			
	his application is for Forms 990-PF, 990-T, 4720, or 6069, y nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.			
	his application is for Forms 990-PF, 990-T, 4720, or 6069,			0-	\$	0.			
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b						0.			
	lance due. Subtract line 3b from line 3a. Include your pa				3c \$ 0.				
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	<b>\$</b>				
instruction	If you are going to make an electronic funds withdrawal ns.	uirect det	bily with this form 8868, see Form 84			-i E for payment			
LHA F	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ctions.		Form 8	3868 (Rev. 1-2022)			