(Rev. January 2020)

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	FOF	ne 2019 calendar year, or tax year beginning and e	ending				
В	Check	if C Name of organization		D Employer identif	ication number		
	Add	children of Fallen Patriots Foundation	1				
		nge Doing business as	•	47-09022	95		
	niti	m Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Fina retu tern	44900 Prentice Drive	Western	(866) 91			
	ate	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,847,698.		
	App	Dulles, VA 20166-9305		H(a) Is this a group r	return		
	pen	F Name and address of principal officer:David Y. Kim same as C above		for subordinate:	The state of the s		
1	Tax-e	177		H(b) Are all subordinates i			
j	Webs	xempt status: Δ 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or site: \blacktriangleright www.fallenpatriots.org	r 527		a list. (see instructions)		
		of organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	on number M State of legal domicile; DE		
		Summary	L rear (oriorination, 2002	M State of legal domicile: DE		
ø	1	Briefly describe the organization's mission or most significant activities: Provi	des c	ollege scho	larshins		
Activities & Governance		and educational counseling to military ch	ildre	n who have	lost a		
ern	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.		
Go	3	Number of voting members of the governing body (Part VI, line 1a)		9	7		
ං ජ	4	Number of independent voting members of the governing body (Part VI, line 1b)		1	7		
ties	5	Total number of individuals employed in calendar year 2019 (Part V. line 2a)		-	20		
Stiv	6	Total number of volunteers (estimate if necessary)		6	20		
A	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
	+	Net unrelated business taxable income from Form 990-T, line 39	***************************************		0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	-	Prior Year 12,815,105.	Current Year		
	9	Program service revenue (Part VIII, line 2g)		0.	14,239,565.		
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		40,397.	208,083.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-157,621.	-184,627.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,697,881.	14,263,021.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,552,581.	6,772,148.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	*****	1,336,444.	1,484,991.		
ben	loa	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
E	17	Total fundraising expenses (Part IX, column (D), line 25) 885,305	5.	1 000 150			
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,003,152.			
	19	Revenue less expenses. Subtract line 18 from line 12	*****	7,892,177. 4,805,704.	9,417,572.		
Ces		The state of the s	Regi	inning of Current Year	4,845,449.		
Net Assets Fund Balanc	20	Total assets (Part X, line 16)	1	15,017,198.	End of Year 19,728,008.		
et As	21	Total liabilities (Part X, line 26)		210,869.	76,230.		
	22	Net assets or fund balances. Subtract line 21 from line 20	1	4,806,329.	19,651,778.		
	rt II	Signature Block					
true	corre	alties of perjury, I declare that I have examined this return, including accompanying schedules are	nd statemen	its, and to the best of my	knowledge and belief, it is		
uuo,	COLLEG	ct, and complete Declaration of preparer (other than officer) is based on all information of which	h preparer ha	as any knowledge.			
Sign	,	Signature of Officer		03/27/2	.020		
Here		David Y. Kim, Chief Executive Officer		Date			
		Type or print name and title					
		Print/Type preparer's name Premarer's signature	A / Dat	te Check	I PTIN		
Paid		Print/Type preparer's name Lori A. Collingsworth Firm's name Rogers & Company Preparer's signature Collingsworth	1003	/27/20 if self-employed			
Prep		Time shame Logers & Company PLLC	00	Firm's FIN 5	P00639819 8-2676261		
Use (Unly	Firm's address 8300 Boone Boulevard, Suite 600		THIN S LIN	20/0201		
		Vienna, VA 22182		Phone no. (70	3) 893-0300		
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

Pai	Oheale if Oaksalula Oassaluia a saas	-		
_		onse or note to any line in this Part III	<u></u>	<u></u>
1	Briefly describe the organization's mission The Foundation was for	: rmed for the purpose o	of providing college	Δ
		ational counseling to		
	lost a parent in the		military children	wiio liave
	TOSC a parent in the	ine or ducy.		
	Did the composition and orders are a inviti-	ant program services during the year which		
2				Yes X No
		orbadula O		Tes No
•	If "Yes," describe these new services on S		to any management of the control of	Yes X No
3		make significant changes in how it conduct	.s, any program services?	TesNo
	If "Yes," describe these changes on Sche			
4		ce accomplishments for each of its three large		
		ns are required to report the amount of gran	its and allocations to others, the total	expenses, and
40	revenue, if any, for each program service r	62,729. including grants of \$	772 148) (2	
4a	(Code:) (Expenses \$ 8,0 Educational Scholarsh	including grants or \$	(Revenue \$,
	Provided college scho	larships and education	nal counseling to m	ilitary
		t a parent in the line		<u> </u>
	- Intraren wile mave res	e a parene in one iine	s or adog .	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	<u> </u>
	, (Disposion +		, (vievenius ¢	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Sche		N (,
_	•	8,062,729.) (Revenue \$)
<u>4e</u>	Total program service expenses	0,004,143.		Form 990 (2019)
				FUITH 330 (2019)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			. v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Α.
8	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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		37	
	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	10-	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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			3,7
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		^ <u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
.5	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

	$_{1990(2019)}$ Children of Fallen Patriots Foundation $47-0902$	<u> 2295</u>	P	age '
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		,,	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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		3,7	
	Schedule J	23	X	<u> </u>
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			۱.,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ .		
-	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	"		
٠.	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	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	30		 -
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31	\vdash	
30		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> 1</u> 36		Щ
. a				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u> </u>
	Established with the property of the property	-	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a	\exists		
	Enter the harmon of femile with a mineral and the applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Form 990 (2019) Children of Fallen Patriots Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 20							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2 b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	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 Ac								
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 that it was or is a party to a prohibited tax shelter transaction.		5b 5c		X				
	, , , , , , , , , , , , , , , , , , , ,								
6a									
	any contributions that were not tax deductible as charitable contributions?		6a		X				
D	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
7	were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c).								
7	Pill I I I I I I I I I I I I I I I I I I								
a h	 a 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 								
c	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
Ü	to file Form 8282?								
d	I	7d	7c		Х				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9									
а									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:								
а		10a							
b	, , , , ,	10b							
11	Section 501(c)(12) organizations. Enter:	1							
	F	11a							
р	Gross income from other sources (Do not net amounts due or paid to other sources against	441.							
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	11b	100						
		12b	12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.		iou						
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
		13b							
С	Г	13c							
			14a		Х				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
excess parachute payment(s) during the year?									
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X				
	If "Yes," complete Form 4720, Schedule O.			222					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		٦,	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b		
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		x
	taxable entity during the year?	16a		
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ►AL , AK , AR , CA , CO , CT , FL , GA , H	тт.	KS	ΚV
17 10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))			
18		אוואס פנים	ı) avall	aule
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	ad fina	ncial	
19	statements available to the public during the tax year.	iu iiildi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	Peter J. Hogarth, CFO - (866) 917-2373			
	44900 Prentice Drive, Dulles, VA 20166-9305			

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

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one box, unless person is both an					one	Reportable	Reportable	Estimated
	hours per week	box offi	, unle cer an	ss pe id a d	rson i irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	æ			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	Institutional trustee		99	Highest compensated employee		(W-2/1099-MISC)		organization and related
	below	dual tr	ıtional	_	Key employee	stcor	5			organizations
	line)	Indivi	Institu	Officer	Key e	Highe emplo	Former			J
(1) Thomas M. McGann	1.00									
Chair		Х		Х				0.	0.	0.
(2) Michael L. Buettner	1.00									
Treasurer		Х		Х				0.	0.	0.
(3) David Y. Kim	1.00							_	_	_
Co-Founder & Chief Executive Officer		Х		Х				0.	0.	0.
(4) Stephen Cannon	1.00								_	
Director		Х						0.	0.	0.
(5) Robert J. Sweeney	1.00	l								
Director	1 00	Х						0.	0.	0.
(6) Nancy Armstrong	1.00	١							•	•
Director	1 00	Х						0.	0.	0.
(7) Benjamin Y. Carter	1.00	,,							0	0
Director	40 00	Х						0.	0.	0.
(8) Peter J. Hogarth	40.00	-		x				222 500	0.	22 021
Chief Financial Officer (9) Harrison Overcash	40.00			^				222,500.	0.	22,021.
Corporate Development Officer	40.00	1				X		113,334.	0.	5,907.
Corporate Development Officer						^		113,334.	0.	3,301.
		1								
		1								
		1								
		1								
		1								
		1								
		L	L	L	L		L			

Gection A. Officers, Directors, Trus	tees, ney cill	npioyees, and nighest c				gne	st Compensated Employees (Continued)						
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	(do		Pos		than o	nne	Reportable	Reportable		Est	timate	ed .
	hours per	box	, unle	ss pe	rson	is both	n an	compensation compensati			am	ount	of
	week	\vdash	cer an	a a a	irecto	or/trus	ee)	from	from related		(other	
	(list any	ecto						the	organizations			oensa	
	hours for	or dir	يو			ated		organization	(W-2/1099-MISC)		om the	
	related	stee	ruste			bens		(W-2/1099-MISC)			_	anizat	
	organizations below	lal tru	onal		loye	co m						l relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizati	ons
		Ē	ü	b	ъ,	E E	요			+			
		1											
						Н				+			
		1											
						Н				+			
		1											
						Н				+			
		-											
						\vdash				+			
										\dashv			
										\dashv			
										\dashv			
										\perp			
1b Subtotal						l	>	335,834.		0.	27	7,9	28.
c Total from continuation sheets to Part V	I, Section A					l	>	0.		0.			0.
d Total (add lines 1b and 1c)]	<u> </u>	335,834.	(0.	27	7,9	28.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	o r	eceived more than \$100	,000 of reportable				
compensation from the organization													2
										_		Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		X
4 For any individual listed on line 1a, is the su	ım of reportab												
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jt	for such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch ,	pers	son .					5		X
Section B. Independent Contractors													
Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	rs t	that received more than	\$100,000 of comp	ensa	tion fr	om	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	thir	n the organization's tax	year.				
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Co	mpen	satio	n
Ciprianis 42nd Street													
110 E 42nd Street, New Yo	ork, NY	1(001	L 7				Event Space			163	3,5	56.
Dion Marketing, 421 N. T	nird Sti	ree	et,	,									
Jacksonville Beach, FL 32	2250						į	Awareness			120	0,6	66.
							\dashv						
							T						
							\dashv						

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

1 4			Check if Schedule O contain	ns a respons	e or note to any lir	ne in this Part VIII			
			Officer if Octreduce O Contain	із а тезропа	e or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
nts nts	1 :	a	Federated campaigns	1a	15,193.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
S, (С	Fundraising events	1c	4,738,584.				
ar,			Related organizations						
ini,		е	Government grants (contribution	ns) 1e					
tion in	1	f	All other contributions, gifts, grants,	and					
ig i			similar amounts not included above	1f	9,485,788.				
d d		g	Noncash contributions included in lines 1a	-1f 1g \$					
<u>3 E</u>		h	Total. Add lines 1a-1f		>	14,239,565.			
					Business Code				
Se	2	а							
e Zi	١	b							
n Si		С							
lran 3ev		d							
Program Service Revenue		е							
۵			All other program service revenu						
_		g	Total. Add lines 2a-2f						
	3		Investment income (including di						
			other similar amounts)			208,083.			208,083.
	4		Income from investment of tax-e	=	-				
	5		Royalties						
			. I. ⊢	(i) Real	(ii) Personal				
	6		Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)	(i) Securities					
	7 :	а		(i) Securities	(ii) Other				
			assets other than inventory 7a						
<u>o</u>		D	Less: cost or other basis						
her Revenue		_	and sales expenses 7b Gain or (loss) 7c						
Şe (Gain or (loss)						
P.			Gross income from fundraising even						
g H	0	а	including \$ 4,738,5	· .					
			contributions reported on line 10						
			Part IV, line 18		a 400,050.				
		b	Less: direct expenses						
			Net income or (loss) from fundra		- ,	-184,627.			-184,627.
			Gross income from gaming activ	· -		·			·
			Part IV, line 19		a				
	ı	b	Less: direct expenses		b				
			Net income or (loss) from gamine		>				
	10	а	Gross sales of inventory, less re-	turns					
			and allowances	10)a				
	- 1	b	Less: cost of goods sold)b				
		С	Net income or (loss) from sales of	of inventory					
က္					Business Code				
e e	11 :	а							
lan en	- 1	b							
Miscellaneous Revenue		С							
Σ			All other revenue						
		е	Total. Add lines 11a-11d			14.050.55	-	-	22 17
	12		Total revenue. See instructions		<u></u>	14,263,021.	0.	0.	23,456.

Section 501(c)(3) and 501(c)(4)	organizations must comp	olete all columns. All other c	organizations must com	plete column (A).

3601	ion 501(c)(3) and 501(c)(4) organizations must com			impiete columni (A).	
	Check if Schedule O contains a respon		/= \	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	6 550 140	6 550 140		
	individuals. See Part IV, line 22	6,772,148.	6,772,148.		
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,	244,521.	135,051.	54,767.	54,703.
_	trustees, and key employees	244,321.	133,031.	34,707.	34,703.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,037,793.	573,184.	232,437.	232,172.
7	Other salaries and wages Pension plan accruals and contributions (include	±,UJI,IJJ•	J/J, 104.	434,431.	232,112.
8	section 401(k) and 403(b) employer contributions				
9	Other employee benefits	115,373.	64,898.	24,326.	26,149.
10	Payroll taxes	87,304.	49,090.	18,528.	19,686.
11	Fees for services (nonemployees):	07,301.	45,050.	10,320.	13,000.
	Management				
	Legal				
	Accounting	24,404.		24,404.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O.)	134,559.	15,220.		119,339.
12	Advertising and promotion	103,738.	70,545.		33,193.
13	Office expenses	185,708.	41,745.	22,827.	121,136.
14	Information technology	109,180.	64,621.	17,846.	26,713.
15	Royalties				
16	Occupancy	152,442.	67,137.	43,660.	41,645.
17	Travel	191,774.	124,536.	4,107.	63,131.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				4.4
19	Conferences, conventions, and meetings	230,778.	84,554.		146,224.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11 110		0 005	1 01 /
23	Insurance	11,119.		9,905.	1,214.
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	Annual filing fee	13,905.		13,905.	
b	Licenses and permits	2,000.		2,000.	
c	Membership dues	826.		826.	
d					
	All other expenses				_
25	Total functional expenses. Add lines 1 through 24e	9,417,572.	8,062,729.	469,538.	885,305.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
00004	0.01.00.00				Earm 990 (2010)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 2,638,279. 2,467,807. Cash - non-interest-bearing 1 5,738,031. 10,216,836. 2 Savings and temporary cash investments 6,725,461. 6,809,323. 3 3 Pledges and grants receivable, net 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% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 63,570. 85,899. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 15,017,198. 19,728,008. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 42,323. 76,230. 17 Accounts payable and accrued expenses 17 168,546. 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties _____ 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 210,869. 76,230. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 5,702,993. 7,868,874. 27 Net assets without donor restrictions 27 9,103,336. 11,782,904. Net assets with donor restrictions 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 14,806,329. 19,651,778. 32 Total net assets or fund balances 32 15,017,198. 19,728,008. 33 Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,26					
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,41	7,5	72.			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 14,							
5	Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	19,65	1,7	78.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

Employer identification number Name of the organization Children of Fallen Patriots Foundation 47-0902295 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 Children of Fallen Patriots Foundation 47-0902295 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,027,968.	4,105,662.	12,469,224.	12,815,105.	14,239,565.	48,657,524.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5,027,968.	4,105,662.	12,469,224.	12,815,105.	14,239,565.	48,657,524.
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)						16,748,705.
_6	Public support. Subtract line 5 from line 4.						31,908,819.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	5,027,968.	4,105,662.	12,469,224.	12,815,105.	14,239,565.	48,657,524.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	773.	2,304.	2,404.	40,397.	208,083.	253,961.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						48,911,485.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12 2	,112,143.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
0-	organization, check this box and stor						<u></u> ▶□
<u>Sec</u>	ction C. Computation of Publ						CE 24
14	Public support percentage for 2019 (14	65.24 %
15	Public support percentage from 2018					15	68.46 %
16a	33 1/3% support test - 2019. If the c	•		,		,	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	ū					·
	and if the organization meets the "fac		•	-	•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•				·
40	organization meets the "facts-and-circ		•	•			P
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 17b	, cneck this box a	ina see instruction	s

Schedule A (Form 990 or 990-EZ) 2019 Children of Fallen Patriots Foundation 47-0902295 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6		, ,	, ,	, ,	, ,	()
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	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 in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first second this	rd fourth or fifth t	ax vear as a section	n 501(c)(3) organi:	zation
•		-			-		
Se	ction C. Computation of Publ						
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	/ 6
	ction D. Computation of Inves						70
	Investment income percentage for 20					17	%
	Investment income percentage from					18	
	a 33 1/3% support tests - 2019. If the					$\overline{}$	
.50	more than 33 1/3%, check this box a						
	o 33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

932024 09-25-19

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	SD		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	7		
	8		
	-		
	9a		
	9b		
	00		
	9c		
	10a		
	10b		
m 9	90 or 99	90-EZ)	2019

Sche	dule A (Form 990 or 990-EZ) 2019 Children of Fallen Patriots Foundation $47-09$	0229	5 Pa	age 5
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 in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
_	Did the director to the company has been decompany to the company		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
800	tion C. Type II Supporting Organizations	2		
360	tion 6. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u>'</u>		
000	tion 5.7th Type in cupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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 in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 Children of Fallen Patriots Foundation 47-0902295 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3

8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	Current Year						
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see						

<u>4</u> 5

6

7

Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,

Net value of non-exempt-use assets (subtract line 4 from line 3)

Schedule A (Form 990 or 990-EZ) 2019

see instructions).

Multiply line 5 by .035.

instructions).

Recoveries of prior-year distributions

Schedule A (Form 990 or 990-EZ) 2019 Children of Fallen Patriots Foundation 47-0902295 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2019 Pre-2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 **c** From 2016 **d** From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015

Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016c Excess from 2017d Excess from 2018e Excess from 2019

Schedule A	(Form 990 o	r 990-EZ) 2019	Chi	ldr	en o	£Ι	alle	en	Pati	riots	For	undat	tion	47-	09022	95 P	age 8
Part VI	Supplem Part IV, Sec line 1; Part Section D, (See instruc	nental ction A, I IV, Secti lines 5, 6	Inforrines 1,	natio 2, 3b, ines 2 a	n. Pro 3c, 4b, and 3;	vide the 4c, 5a, Part IV, S	expl 6, 9a Secti	lanations a, 9b, 9c, ion E, line	requ 11a es 1d	uired by ı, 11b, a c, 2a, 2l	/ Part II, li and 11c; F o, 3a, and	ine 10; Part IV, d 3b; P	Part II, li Section art V, line	ine 17a o B, lines e 1; Part \	1 and 2; I V, Sectio	Part IV, Se n B, line 1	12; ection C	2.
	(000 111011141	<u> </u>																

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

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

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

Children of Fallen Patriots Foundation 47-0902295

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 not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
• •	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, 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; line 1. Complete Parts I and II.						
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ations of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the lty to children or animals. Complete Parts I, II, and III.						
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{\bigsim}{\bigsim} \big						
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

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

Name of organization Employer identification number

Children of Fallen Patriots Foundation

47-0902295

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>4,750,000</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
2		\$ <u>1,250,000</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
3		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
4	Name, audress, and ZIF + 4	\$316,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Children of Fallen Patriots Foundation

47-0902295

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
		. \$	

Employer identification number Name of organization Children of Fallen Patriots Foundation 47-0902295 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Children of Fallen Patriots Foundation

Employer identification number 47-0902295

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	ents that describes the
Da	organization's accounting for conservation easements.	4 Aut Historical Tracerryce au O	they Circilay Accets
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pu		•
	service, provide in Part XIII the text of the footnote to its fina		
D	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		▶ •
	(i) Revenue included on Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical tre		ı gain, provide
_	the following amounts required to be reported under FASB A		. σ
a	Revenue included on Form 990, Part VIII, line 1		

3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by:		Yes	1						
	(i) Unrelated organizations	3a(i)								
	(ii) Related organizations	3a(ii)								
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		_						

Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total Add lines 1a through 1e (Column (d) must equa	I Form 990 Part X colum	nn (R) line 10c)	•	0.

Schedule D (Form 990) 2019

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

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

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

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Children of Fallen Patriots Foundation 47-0902295 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

required to complete this part		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00 01	11 01111 000,1 01111,		Thoro are riot			
1 Indicate whether the organization rais	ed funds through any of the followir	ng acti	vities.	Check all that apply					
a Mail solicitations				overnment grants					
b Internet and email solicitations	f Solicitat	tion of	gover	nment grants					
c Phone solicitations	g Special	fundra	ising	events					
d In-person solicitations	-		_						
2 a Did the organization have a written o	r oral agreement with any individual	(includ	ding o	fficers, directors, trus	stees, or				
key employees listed in Form 990, Pa						☐ No			
b If "Yes," list the 10 highest paid indiv						е			
compensated at least \$5,000 by the			Ü						
(i) Name and address of individual		(iii) fundr have ci	Did aiser	(iv) Gross receipts	(v) Amount paid	(vi) Amount paid			
or entity (fundraiser)	(ii) Activity	have con	ustody trol of	from activity	to (or retained by) fundraiser	to (or retained by)			
c. c.m.y (rama.a.c.,		contrib	itions?		listed in col. (i)	organization			
		Yes	No						
「otal									
3 List all states in which the organization	n is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration			
or licensing.									

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 Children of Fallen Patriots Foundation 47-0902295 Page 2

| 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 gre	oss income on Form 990	0-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Greenwich		None	
			Gala	NYC Gala		(add col. (a) through
4			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	2,042,048.	3,096,586.		5,138,634.
	2	Less: Contributions	1,876,848.	2,861,736.		4,738,584.
	3	Gross income (line 1 minus line 2)	165,200.	234,850.		400,050.
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs	24,517.	29,400.		53,917.
Direct Expenses	7	Food and beverages	73,833.	134,156.		207,989.
]	8	Entertainment				
	9	Other direct expenses	133,673.	189,098.		322,771.
	10	Direct expense summary. Add lines 4 through			•	584,677.
		Net income summary. Subtract line 10 from li				-184,627.
Pa	rt l			n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	_	_				
	1	Gross revenue				
	_	Cook svince				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No 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)		_	
	0	Net garning income summary. Subtract line r	nomine i, column (a)		······	
a	En	ter the state(s) in which the organization condu	icts damind activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		NI - II I - i		otatoo:		
J		No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
		Yes," explain:			<i>y</i> - **	
-	•	· · ·				
	_					

Sch	edule G (Form 990 or 990 Ez) 2019 Children of Fallen Patriots Foundation 47-0	<u> 1902295</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility	13b	<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	.02	
••	Enter the harre and address of the person who propares the organization organization of garming, special events books and resorted.		
	Name >		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
	of "Yes," enter name and address of the third party:		
-			
	Name >		
	Address >		
16	Gaming manager information:		
	Carning manager information.		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	∴ L Yes	└─ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
•			

Schedule G	G (Form 990 or 990-EZ)	Children of	Fallen	Patriots	Foundation	47-0902295 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)				
•						
-						
· · · · · ·						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

								Employer identification number		
Dow	Children of Fallen Patriots Foundation 47-09 Part I General Information on Grants and Assistance									
	Does the organization maintain records									
2 [criteria used to award the grants or assi Describe in Part IV the organization's pro	stance?	toring the use of great	funds in the Unite	nd States			X Yes No		
2 Part						anization anawarad "\	Voo" on Form 000 Port	t IV line 21 for any		
	recipient that received more than	_				ariizatiori ariswered	res on ronn 990, Fan	17, III e 21, 101 arry		
1((a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
	Enter total number of section 501(c)(3) a			ne line 1 table			1	_		

Scriedule I (Form 990) (2019) CIII I GI CII					47 0002200 Page
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed		e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Educational Scholarships	993	6,772,148	. 0.	N/A	N/A
Part IV Supplemental Information. Provide the information re	quired in Part L lin	ne 2: Part III. column	a (h): and any other a	dditional information	
Part I, Line 2:	quired ii i art i, iii	ie z, i art iii, coluiiii	r (b), and any other a	dditona information.	
Children of Fallen Patriots grant	s are awa	rded to ch	nildren of	deceased	
service-members who died in the 1					
The purpose of Fallen Patriots gr		_			
college tuition, student loans, r	oom, boar	d, living	expenses,	books fees	
and other miscellaneous education	al expens	es.			
To monitor the use of grant funds	, the fol	lowing cor	ntrols are	in place:	
Potential grant recipients are ve	rified th	rough Depa	artment of	 Defense	

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Children of Fallen Patriots Foundation

Employer identification number 47-0902295

D	art I Questions Regarding Compensation		-	
F	art I Questions Regarding Compensation		Vaa	Na
4-	Check the appropriate boy/co) if the argonization provided any of the following to ay far a parson listed on Form 000		Yes	No
ıa	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J				
_	contingent on the revenues of:	En		Х
d h	The organization?	5a 5b		X
D	Any related organization?	30		21
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and (D) Nontaxable		(E) Total of columns (F) Compensation		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) Peter J. Hogarth	(i)	200,000.	22,500.	0.	0.	22,021.	244,521.	0.	
Chief Financial Officer	(ii)	0.	0.	0.	0.	0.			
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
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	(ii)								
	(i)								
	(ii)								

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Children of Fallen Patriots Foundation

Employer identification number 47-0902295

Form 990, Part I, Line 1, Description of Organization Mission: parent in the line of duty. Form 990, Part I, Line 1, Description of Organization Mission: Our mission is to provide college scholarships and educational counseling to military children who have lost a parent in the line of We are dedicated to serving the families of service members from all branches of the armed forces who have died as a result of combat casualties, military training accidents, service related illnesses, suicide, as well as other duty-related deaths as ruled by the Department of Veterans Affairs. We aim to bridge the gap in funding between the VA (and/or other resources) and the total cost of undergraduate college education. The vision of Children of Fallen Patriots Foundation is to ensure that every child of a fallen patriot receives all necessary college funding. - We believe a college education is the single most important gift we can give these children. - We believe this is an important investment in the future of America. - We believe this is one of the best ways we can honor those who died defending our country.

Form 990, Part VI, Section A, line 8b:

There are no committees with the authority to act on behalf of the

Form 990, Part VI, Section B, line 11b:

The Form 990 is prepared by the organization's CPA and reviewed and approved by the organization's Chief Executive Officer and Chief Financial Officer. The final copy of the return is presented to the Board of Directors for review and approval before filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

The Conflict of Interest Policy is reviewed annually by the Board of

Directors. Any potential conflicts of interest are documented and reviewed

with outside legal counsel if required in accordance with the policy.

Form 990, Part VI, Section B, Line 15:

The Chief Executive Officer receives no compensation. The compensation of the Chief Financial Officer and other upper management is determined by a Compensation Committee and approved by the Board of Directors.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC,ND

OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

Form 990, Part VI, Section C, Line 19:

The organization's governing documents, conflict of interest policy,

financial statements, and tax returns are available to the public.

Governing documents and conflict of interest policy can be requested by

calling our office or in writing. Financial statements and tax returns are

available on our website.

Name of the organization C	hildren of Fallen Patri	ots Foundation	47-0902295
Form 990, Part	XII, Line 2c:		
The organization	n's Board of Directors	is responsible for	oversight of
the audit, incl	uding selection of the	independent account	ant. The
process has not	changed from previous	years.	