2021 TAX RETURN

	GOVERNMENT COPY
Client:	2172043
Prepared for:	UNITED AMERICAN PATRIOTS INC. 1800 DIAGONAL ROAD SUITE 600 ALEXANDRA, VA 22314 571-366-1835
Prepared by:	JOHN DOMINGUEZ, CPA CWDL, CPAS 5151 MURPHY CANYON RD, STE 135 SAN DIEGO, CA 92123 (858) 565-2700
Date:	MARCH 23, 2023
Comments:	
Route to:	

FDIL2001L 06/09/21

CWDL, CPAS 5151 MURPHY CANYON RD, STE 135 SAN DIEGO, CA 92123 (858) 565-2700

March 23, 2023

United American Patriots Inc. 1800 Diagonal Road Suite 600 Alexandra, VA 22314

Dear Client:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

JOHN DOMINGUEZ, CPA

United American Patriots Inc. 1800 Diagonal Road #600 Alexandra, VA 22314 571-366-1835

FEDERAL FORMS

Form 990 2021 Return of Organization Exempt from Income Tax

Schedule A Organization Exempt Under Section 501(c)(3)

Schedule D Schedule D

Schedule G Fundraising or Gaming Activities

Schedule I Grants and Other Assistance Inside U.S.

Schedule O Supplemental Information

Form 8879-TE IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	roi tile z	LUZ I Calell	uar year, or lax year begin	iiiiiig		, 2021,	and endin	iy		-	20
В	Check if ap	plicable:	С						D Employ	er identif	ication number
	Addres	ss change	UNITED AMERICAN	PATRIOT	S INC.				41-	21720	143
		change	1800 DIAGONAL RO						E Telepho		
		-	ALEXANDRA, VA 22						· ·		
	Initial	return							5/1	-366-	1835
	Final ret	urn/terminated									
	Amend	ded return							G Gross r	eceipts \$	759,729.
	Applica	ation pending	F Name and address of princip	al officer: ראם	VID GURF	'FTN		H(a) Is this	a group retur	n for subc	ordinates? Yes X No
	ш		SAME AS C ABOVE	DA	VID GOIL	LIN		H(b) Are all	subordinates	included	? Yes No
_	Tay oven	npt status:	X 501(c)(3) 501(c) () • (insert no.)	4947(a)(1) or	527	. If "No,"	attach a list	. See inst	ructions.
÷) - (ilisert ilo.)	4347(a)(1) 01	327				
J	Websit		W.UAP.ORG	1	1	T		H(c) Group			
K		organization:	X Corporation Trust	Association	Other ►	LY	ear of format	ion: 200	5 M s	State of le	gal domicile: NC
Pa	rt I	Summar	У								
	1 Bri	iefly descri	be the organization's miss	ion or most	significant a	activities:UNI	TED AM	ERICAN	PATRI	OTS I	INC.
۵.			S PUBLIC AWARENE								
ဦ			FOR OUR NATIONS						======		
nai		<u> </u>	1011 0011 111110110	<u> </u>	·						
ē	2 Ch	eck this bo	ox ► if the organization	n discontin	und its oper	ations or disp	ocod of mo	oro than 2	5% of itc	not acc	otc
õ			oting members of the gove							3	
જ			dependent voting member							4	5
Se			of individuals employed i	•		•	•			5	4
ŧ			of volunteers (estimate it							6	4
Activities & Governance			ed business revenue from							7a	10
⋖											0.
	b ive	t unrelated	I business taxable income	from Form	990-1, Part	i, line II				7b	0.
									rior Year		Current Year
d)			and grants (Part VIII, line	•					,001,1	.03	759,729.
Revenue	9 Pro	ogram serv	rice revenue (Part VIII, lin	e 2g)							
Š	10 Inv	estment ir	ncome (Part VIII, column (A), lines 3,	4, and 7d)				3	362.	
<u>~</u>	11 Oth	her revenu	e (Part VIII, column (A), li	nes 5, 6d, 8	Bc, 9c, 10c, a	and 11e)					
	12 To	tal revenue	e - add lines 8 through 11	(must equa	al Part VIII, o	column (A), lir	ne 12)	. 1	,001,9	965.	759,729.
-	13 Gra	ants and s	imilar amounts paid (Part	IX. column	(A), lines 1-	3)			601,9		543,678.
			to or for members (Part			•			001/3	,10.	313/070.
		•	er compensation, employe						410 220		
တ္ဆ									518,2		419,229.
use I	16a Pro	ofessional	fundraising fees (Part IX,	column (A),	line 11e)				19,4	180.	58,524.
Expenses	b To	tal fundrais	sing expenses (Part IX, co	lumn (D), li	ne 25) ►	23	3,178.				
Ш			ses (Part IX, column (A), I						517,5	07	567,339.
			es. Add lines 13-17 (must								
		•	•	•					,657,2		1,588,770.
		venue less	expenses. Subtract line	18 from line	12				-655,2	278.	-829,041.
0 or									ng of Currer		End of Year
Net Assets Fund Balan	20 To		(Part X, line 16)						134,4	183.	1,210,598.
Aş H Bğ	21 To	tal liabilitie	s (Part X, line 26)						747,7	781.	2,295,503.
ĕĔ	22 Ne	t assets or	fund balances. Subtract	ine 21 from	line 20				-613,2	98	-1,084,905.
Da		Signatur							010,2		1,004,005.
Comp	r penalties blete. Declar	of perjury, I de ration of prepa	eclare that I have examined this re- arer (other than officer) is based or	urn, including a all information	ccompanying sci of which prepare	nedules and staten er has any knowled	nents, and to	the best of m	y knowledge	and belie	f, it is true, correct, and
		· ·									
			re of officer								
Sig He	jn	Signatu	re or officer					Da	te		
He	re	DAV	ID GURFEIN					CEO			
		Type or	print name and title								
		Print/Type p	preparer's name	Preparer's si	gnature		Date		Check	if F	PTIN
D = 1	ام!	TOUN T	OMINCHE? CDA	TUTIN D	OMINCHE	7 CDX			L		001055072
Pai			OMINGUEZ, CPA	Тооци р	OMINGUE 2	i, CPA	<u> </u>		self-employ	eu L	201955973
Pre	parer	Firm's name									
US	e Only	Firm's addre			RD, STE	135			Firm's EIN	> 95-	3606498
			SAN DIEGO, C	A 92123		_			Phone no.	(858)) 565-2700
May	the IRS	discuss th	is return with the prepare		wa2 Saa ins	tructions					Y Ves No

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 1, 255, 166.

Form 990 (2021) UNITED AMERICAN PATRIOTS INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
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? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
k	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	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.	11 c		Х
C	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a	Χ	
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
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

Form 990 (2021) UNITED AMERICAN PATRIOTS INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
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		Χ
	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		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Χ
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Χ
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Χ	
D A /		_	990 (0001

Form 990 (2021) UNITED AMERICAN PATRIOTS INC.

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

			res	NO
2 a	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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		Х
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b	olf 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
h	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	, ,		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
Q	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
0	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	If 'Yes,' see the instructions and file Form 4720, Schedule N. 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.	10		77
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If 'Yes,' complete Form 6069.			

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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 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..... 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: SEE SCHEDULE O a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ **14** Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. . O. 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **b** 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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records ELIZABETH BROWN 1800 DIAGONAL ROAD ALEXANDRA VA 22314 571-366-1835

Form 990 (2021)	TIMITUED	AMERICAN	$D\Lambda TDT \cap TC$	TNC
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41-2172043

age **7**

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

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

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

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

		(C)						_		
(A) Name and title	(B) Average hours per	is	both dire	an o ector/	ot che unles fficer truste	-		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) DAVID GURFEIN	40					ĕ				
CEO	0	Χ		Χ				0.	0.	0.
(2) ROBERT WEIMANN CHAIRMAN	50	Х		Х				0.	0.	0.
(3) BRIAN VOWINKLE	5									
DIRECTOR	0	Χ						0.	0.	0.
(4) MARK MURRAY	5									
DIRECTOR	0	Χ						0.	0.	0.
(5) JAMES REISTRUP	5									
DIRECTOR	0	Χ						0.	0.	0.
(6) TARYRN GUDE	5									_
DIRECTOR	0	Χ						0.	0.	0.
(7) ELIZABETH BROWN	40									
OPERATIONS MGR.	0			Χ				0.	0.	0.
_(8)										
<u>(9)</u>										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

Part VII	Section A. Officers, Directors, Tru	1	Key	En	ıplo	oye	es,	and	d Highest Com	pensated Emp	loyees	S (conti	inued)
		(B)			((•							
	(A) Name and title		offic	, unle cer ar	ess pe nd a d	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	((F) ated am of other	
		(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	the c	ensation organizat d related anization	ion d
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
	al							•	0.	0.	•		0.
d Total (a	om continuation sheets to Part VII, Section delines 1b and 1c)							<u> </u>	0.	0. 0.			0.
	imber of individuals (including but not limited e organization ► 0	to those I	isted	abo	ve) \	who	recei	ved	more than \$100,00	0 of reportable comp	pensatio	n	
3 Did the	organization list any former officer, direc	tor, truste	ee, ke	ey e	mple	oyee	e, or	high	nest compensated	employee		Yes	No
	1a? If 'Yes,' complete Schedule J for suc individual listed on line 1a, is the sum of anization and related organizations greate										. 3		X
such in	anization and related organizations greate dividual							· · · ·			. 4		Х
for serv	rices rendered to the organization? If 'Yes Independent Contractors	s,' comple	ete So	chec	dule	J fo	r suc	ch p	erson		. 5		Χ
1 Comple	ete this table for your five highest compensation from the organization. Report compen	sated ind	epen the c	den alen	t cor dar :	ntra year	ctors endi	tha	t received more the	nan \$100,000 of ganization's tax yea	r.		
(A) Name and business address						(B) Description (of services	Compe	(C) Compensation				
2 Total nu	imber of independent contractors (including b	out not lim	ited to) the	ا می	lister	1 aho	Ve)	who received more	than			
	00 of compensation from the organization		nou ll	o uil	ا تادر		. ubU	••)	THE TOUCHVOU HIGH	Ciuri			

	990 (2021) UNITED AMERICAN PATRIOTS INC.			41-2172043	Page 9
Par	t VIII Statement of Revenue				
	Check if Schedule O contains a response or note to any				
		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
		Total Tovolido	exempt	business	excluded from tax
			function revenue	revenue	under sections 512-514
y v	1 a Federated campaigns 1 a				3.2 3.1
護	b Membership dues				
وَ ق	c Fundraising events				
ar A	d Related organizations 1 d				
s, G	e Government grants (contributions) 1 e				
S	f All other contributions, gifts, grants, and				
ള	similar amounts not included above 1f 759,729. g Noncash contributions included in				
Contributions, Gifts, Grants, and Other Similar Amounts	lines 1a-1f				
<u> </u>	h Total. Add lines 1a-1f	759,729.			
E	Business Code				
₹	2a				
Ë	b				
<u>Ş</u> .					
Š	a				
Program Service Revenue	f All other program service revenue				
ğ	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest, and				
	other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents 6a				
	b Less: rental expenses 6b 6c				
	d Net rental income or (loss)				
	(i) Convition (ii) Other				
	sales of assets				
	other than inventory b Less: cost or other basis				
	and sales expenses 7b				
	c Gain or (loss) 7c				
	d Net gain or (loss)▶				
Φ	8 a Gross income from fundraising events				
en E	(not including \$				
ě	of contributions reported on line 1c).				
7	See Part IV, line 18				
Other Revenue	c Net income or (loss) from fundraising events				
Ų					
	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less				
	b Less: cost of goods sold 10b				
	c Net income or (loss) from sales of inventory Business Code				
scellaneous Revenue	11a				
3 3 2 3 2 C	b				
scellaneo Revenue	c				
S &	d All other revenue				

759,729

0.

0.

e Total. Add lines 11a-11d.

12 Total revenue. See instructions......

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	esponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	543,678.	543,678.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	,	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	419,229.	255,730.	71,269.	92,230.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	113,223.	233,730.	71,203.	52,230.
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
ŀ) Legal				
(Accounting				
(Lobbying				
6	Professional fundraising services. See Part IV, line 17	58,524.			58,524.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A), amount, list line 11g expenses on Schedule 0.)	89.	89.		
13	Office expenses	2,899.	1,826.	580.	493.
14	Information technology	2,033.	1,020.	300.	433.
15	Royalties.				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,626.		6,907.	3,719.
19	Conferences, conventions, and meetings	., .			-,
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,786.	3,015.	957.	814.
23	Insurance	2,773.	1,109.	555.	1,109.
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 O.)				
ā	POSTAGE AND SHIPPING	395,644.	365,575.		30,069.
ŀ	PRENT	35,201.	22,177.	7,040.	5,984.
(MEMBERSHIPS	30,165.			30,165.
C	OTHER EXPENSES	29,586.	18,640.	5,916.	5,030.
6	All other expenses	55,570.	43,327.	7,202.	5,041.
25	Total functional expenses. Add lines 1 through 24e	1,588,770.	1,255,166.	100,426.	233,178.
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)				

		Check if Schedule O contains a response or note to	any line i	in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash – non-interest-bearing			98,825.	1	1,176,067.		
	2	Savings and temporary cash investments		L		2			
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net			30,872.	4	34,531.		
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er officer, I contributo	director, or, or 35%		5			
	6	Loans and other receivables from other disqualified p		⊢					
	Ū	section 4958(f)(1)), and persons described in section				6			
	7	Notes and loans receivable, net				7			
Ø	8	Inventories for sale or use		L		8			
Assets	9	Prepaid expenses and deferred charges		-		9			
As	-		1 1						
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	88,742.					
		Less: accumulated depreciation		88,742.	4,786.	10 c			
	11	Investments — publicly traded securities		,	,	11			
	12		ents – other securities. See Part IV, line 11.						
	13	Investments – program-related. See Part IV, line 11.			13				
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11				15			
	16	Total assets. Add lines 1 through 15 (must equal line		134,483.	16	1,210,598.			
	17	Accounts payable and accrued expenses			462,209.	17	169,498.		
	18	Grants payable		<u> </u>		18			
	19	Deferred revenue		_		19			
	20	Tax-exempt bond liabilities		<u> </u>		20			
ië	21	Escrow or custodial account liability. Complete Part		<u> </u>		21			
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 35°	%		22			
	23	Secured mortgages and notes payable to unrelated th	nird parties			23			
	24	Unsecured notes and loans payable to unrelated third	l parties			24			
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			285,572.	25	2,126,005.		
	26	Total liabilities. Add lines 17 through 25			747,781.	26	2,295,503.		
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	≥ ► X						
曺	27	Net assets without donor restrictions			-613,298.	27	-1,084,905.		
Ř	28	Net assets with donor restrictions		<u></u>		28			
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►						
ō	29	Capital stock or trust principal, or current funds			29				
ets	30	Paid-in or capital surplus, or land, building, or equipment of the surplus of the	nent fund			30			
(SS	31	Retained earnings, endowment, accumulated income	, or other f	unds		31			
) t	32	Total net assets or fund balances			-613,298.	32	-1,084,905.		
ž	33	Total liabilities and net assets/fund balances			134,483.	33	1,210,598.		
RΔ	^		TEEA0111L	09/22/21			Form 990 (2021)		

Forn	1 990 (2021) UNITED AMERICAN PATRIOTS INC. 4	1-2172	043		Pag	ge 12
Pai	t 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).			759	7,7	29.
2	Total expenses (must equal Part IX, column (A), line 25).	2	1	, 588	3,7	70.
3	Revenue less expenses. Subtract line 2 from line 1	3		-829		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-613		
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		35	7,4	34.
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	-1	, 084	1,9	05.
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Υ	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.					
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:	ewed on a	a			
	Separate basis Consolidated basis Both consolidated and separate basis					
ŀ	Were the organization's financial statements audited by an independent accountant?		2	2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	arate				
	basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis					
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?		2	2 c		Χ
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	e 	3	a		Χ
ŀ	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	B b		
BAA	TEEA0112L 09/22/21		Fo	rm 9	90 (2	2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

	MERICAN PATRI					41-217204	
		Charity Status. (All o					ctions.
The organiza	tion is not a private fo	oundation because it is:	(For lines 1 through 12,	check o	nly one	box.)	
1 A cl	hurch, convention of ch	urches, or association of o	churches described in sec	tion 1 <mark>70</mark> (b)(1)(A)((i).	
2 As	chool described in sec	ction 170(b)(1)(A)(ii). (At	tach Schedule E (Form	990).)			
3 A h	ospital or a cooperative	ve hospital service organ	nization described in sec	ction 17	0(b)(1)(A	۸)(iii).	
4 A m	nedical research organ	nization operated in conj	junction with a hospital	describe	d in sec	ction 170(b)(1)(A)(iii). E	Enter the hospital's
nan	ne, city, and state:						
5 An	organization operated	for the benefit of a colle				a governmental unit de	escribed in
<u> </u>	ederal, state, or local	government or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).	
7An e	organization that norma section 170(b)(1)(A)(vi	Illy receives a substantial (). (Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described
8 A c	ommunity trust descri	bed in section 170(b)(1)	(A)(vi). (Complete Part	l.)			
9 An :	agricultural research org	ganization described in se	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege
or u	iniversity or a non-land-	grant college of agricultur	e (see instructions). Enter	the nan	ne, city,	and state of the college	or
univ	versity:						
fror	n activities related to estment income and u	nally receives (1) more t its exempt functions, su nrelated business taxab on 509(a)(2). (Complete	bject to certain exception le income (less section	ns; and	(2) no r	more than 33-1/3% of i	ts support from gross
11 An	organization organize	d and operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).	
or r	nore publicly supporte	d and operated exclusived organizations describe at describes the type of s	ed in section 509(a)(1) d	r section	n 509(a)(2). See section 509(a	ut the purposes of one a)(3). Check the box on
a Typ	e I. A supporting organi	zation operated, supervise o regularly appoint or elec	ed, or controlled by its sur	ported c	organizat	ion(s), typically by giving	g the supported ion. You must
. \square	• ′						
mar	oe II. A supporting organized and supporting organized and suppor st complete Part IV, S	anization supervised or on the control of the contr	controlled in connection the same persons that c	with its ontrol or	manage	ted organization(s), by the supported organizat	having control or tion(s). You
c Typ	e III functionally integra anization(s) (see instr	ited. A supporting organiza uctions). You must com	ation operated in connection plete Part IV, Sections	n with, a A, D, an	nd function d E.	onally integrated with, its	supported
fun	ctionally integrated. T	Itegrated. A supporting or the organization generall complete Part IV, Section	v must satisfy a distribu	nnection tion req	with its s uiremen	supported organization(s it and an attentiveness) that is not requirement (see
e ☐ Ch∈	eck this box if the ora	anization received a writ n-functionally integrated	ten determination from	the IRS	that it is	s a Type I, Type II, Typ	e III functionally
		ed organizations					
g Provide	e the following inform	ation about the supporte	ed organization(s).				
(i) Name of	f supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
<u> </u>							
(B)							
(C)							
(D)							
<u>(E)</u>							
Total							

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

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

Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization'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 5	Total. Add lines 1 through 3 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)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
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.).							
	Total support. Add lines 7 through 10							
	Gross receipts from related activ	•	•			<u> </u>	12	
	First 5 years. If the Form 990 is organization, check this box and			, third, fourth, or f	ifth tax year as a	section 501(c)	(3)	▶ □
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage	. 11 (0)		1 .		
14 15	Public support percentage for 20 Public support percentage from 2	21 (line 6, colum 2020 Schedule A	n (f), divided by i Part II line 14	ine 11, column (t))		15	<u>%</u> %
	33-1/3% support test—2021. If the and stop here. The organization	ne organization d	id not check the b	oox on line 13, and	d line 14 is 33-1/3	B% or more, cl	neck this	box
b	33-1/3% support test—2020. If the and stop here. The organization	e organization di	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or mor	e, check	this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this b	oox and stop here	. Explain in P	art VI ho)W
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	s test, check this b	oox and stop here	. Explain in P	art VI ho	w the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see	e instruc	tions ►

Schedule A (Form 990) 2021

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

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

Sec	tion A. Public Support			,			
	lar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	4,665,125.	4.506.988	2,903,530.	947,891.	759.729	13,783,263.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,003,123.	1,300,300.	2,303,330.	347,031.	133,123.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	4,665,125.	4,506,988.	2,903,530.	947,891.	759,729. 0.	13,783,263.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	13,783,263.
Sec	tion B. Total Support						,
Calen	dar year (or fiscal year beginning in) >	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	4,665,125.	4,506,988.	2,903,530.	947,891.	759,729.	13,783,263.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	353.	861.	6,790.	862.		8,866.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	353.	861.	6,790.	862.	0.	8,866.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	4,665,478.	4,507,849.	2,910,320.	948,753.		13,792,129.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	fth tax year as a s	section 501(c)(3)	>
	tion C. Computation of Pu			10 (0)		1 1	00 01 0
	Public support percentage for 20	•	•				99.94 %
	Public support percentage from the D. Computation of Investigation					16	99.95 %
	tion D. Computation of Inv Investment income percentage f				umn (fl)	17	0.06 %
	Investment income percentage f	•	• • •	-			0.06 % 0.05 %
	33-1/3% support tests—2021. If is not more than 33-1/3%, check	the organization o	lid not check the	box on line 14, an	d line 15 is more	than 33-1/3%, an	nd line 17
	33-1/3% support tests—2020. If the line 18 is not more than 33-1/3%	the organization d 6, check this box	lid not check a bo and stop here. Th	ox on line 14 or lin ne organization qu	e 19a, and line 16 alifies as a publicl	is more than 33 y supported orga	-1/3%, and nization ►
20	Private foundation. If the organia	zation did not che	eck a box on line	14, 19a, or 19b, c	heck this box and	see instructions.	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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	1		
	the designation. If historic and continuing relationship, explain.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
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.)	10b		

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Pa	art IV	Supporting Organizations (continued)			
11	Нас	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		erson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the	governing body of a supported organization?	11a		
		mily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ction	B. Type I Supporting Organizations		\ <u>'</u>	
1	or n offic orga thai	the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's ters, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported anization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers		Yes	No
2	Did that ben	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Se	ction	C. Type II Supporting Organizations			
				Yes	No
1	of e	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction	D. All Type III Supporting Organizations	•		<u></u>
				Yes	No
1	orga yea	the organization provide to each of its supported organizations, by the last day of the fifth month of the anization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax r, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	orga	anization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orga	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported anization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By r voic all t	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at imes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played his regard.	3		
Se	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Che a b c	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instru	uctions	s).
2	2 Acti	vities Test. <i>Answer lines 2a and 2b below.</i>		Yes	No
	supp org resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported anizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
	mor reas	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the sons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Par	ent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did eac	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of h of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pa	₹ V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat		172045 rage
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

BAA Schedule A (Form 990) 2021

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	Section D - Distributions							
1	Amounts paid to supported organizations to accomplish exempt purposes	1						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3						
4	Amounts paid to acquire exempt-use assets	4						
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5						
6	Other distributions (describe in Part VI). See instructions.	6						
7	Total annual distributions. Add lines 1 through 6.	7						
8	Distributions to attentive supported organizations to which the organization is responsive (provide details							
	in Part VI). See instructions.	8						
9	Distributable amount for 2021 from Section C, line 6	9						
10	Line 8 amount divided by line 9 amount	10						

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
i Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

Part VI

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

SCHEDULE D (Form 990)

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
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

UNITED AMERICAN PATRIOTS INC.

				41-2172043
Pai	rt I Organizations Maintaining Donor A	Advised Funds or Other	Similar Fun	ds or Accounts.
	Complete if the organization answer	red 'Yes' on Form 990, F	Part IV, line	6.
		(a) Donor advised fun	ds	(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			
_	Aggregate value at the or year			
5	Did the organization inform all donors and donor are the organization's property, subject to the org	advisors in writing that the as anization's exclusive legal cor	sets held in dor ntrol?	nor advised funds Yes No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writing the donor or donor advisor, or	that grant funds for any other p	s can be used only purpose conferring Yes No
_	<u> </u>			iles into
Pai			5 . D. / L.	_
	Complete if the organization answe			/.
1	Purpose(s) of conservation easements held by the	e organization (check all that	apply).	
	Preservation of land for public use (for example,	recreation or education)	Preservatio	on of a historically important land area
	Protection of natural habitat		Preservation	on of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held last day of the tax year.	a qualified conservation contrib	ution in the form	of a conservation easement on the
				Held at the End of the Tax Yea
,	a Total number of conservation easements			
	b Total acreage restricted by conservation easemer			
	-			
	c Number of conservation easements on a certified			
•	d Number of conservation easements included in (o structure listed in the National Register			2d
3	Number of conservation easements modified, transfe tax year ►	rred, released, extinguished, or	terminated by the	e organization during the
4	Number of states where property subject to conserva	tion easement is located ►		
5	Does the organization have a written policy regar	ding the periodic monitoring, i	nspection, han	dling of violations,
	and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, ar	nd enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspectin ►\$	ng, handling of violations, and er	nforcing conserva	ation easements during the year
8	Does each conservation easement reported on lir and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requi	rements of sec	tion 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.			in a contract of the contract
Pai	rt III Organizations Maintaining Collecti Complete if the organization answe			
1 :	If the organization elected, as permitted under FA historical treasures, or other similar assets held for Part XIII the text of the footnote to its financial state.	or public exhibition, education	, or research in	atement and balance sheet works of art, a furtherance of public service, provide in
1	b If the organization elected, as permitted under FA historical treasures, or other similar assets held for p following amounts relating to these items:	ASB ASC 958, to report in its ublic exhibition, education, or re	revenue statem search in further	ent and balance sheet works of art, ance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line	e 1		
	(ii) Assets included in Form 990, Part X			· · · · · · · · · · · · · · · · · · ·
2				· · · · · · · · · · · · · · · · · · ·
;	a Revenue included on Form 990, Part VIII, line 1.			▶\$
	b Assets included in Form 990, Part X			
	w noods included in Form 550, Falt A			······································

Part III Organizations Mainta	ining Colle	ctions of Ar	t, Historica	I Treasures, or	Other S	imilar Ass	ets (con	tinued)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other records	, check any of	the following that ma	ke signific	ant use of its	collection	
a Public exhibition		d [Loan or ex	change program				
b Scholarly research		е	Other					
c Preservation for future gene	rations	_						
4 Provide a description of the organize Part XIII.	zation's collect	ions and explain	how they furth	er the organization's	exempt pu	irpose in		
5 During the year, did the organizato be sold to raise funds rather t							Yes	No
Part IV Escrow and Custodia line 9, or reported an					wered '\	es' on Fo	rm 990,	Part IV,
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodia	n or other inter	mediary for c	ontributions or other	assets n	ot included	Yes	No
b If 'Yes,' explain the arrangement								
							Amount	
c Beginning balance					. 1 c			
d Additions during the year					. 1 d			
e Distributions during the year								
f Ending balance								
2a Did the organization include an a								No
b If 'Yes,' explain the arrangement	t in Part XIII.	Check here if the	ne explanation	n has been provided	on Part >	KIII		
						5		
Part V Endowment Funds. C		ĭ				,		
1 - Denimment of year belones	(a) Current	year (b) Prior year	(c) Two years back	(d) Ih	ree years back	(e) Four	years back
1 a Beginning of year balance b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities								
and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage		nt year end bal	ance (line 1g	, column (a)) held a	s:			
a Board designated or quasi-endown		శ						
b Permanent endowment	 %							
c Term endowment ►	 %	1.1000/						
The percentages on lines 2a, 2b, a	na 2c snoula e	quai 100%.						
3 a Are there endowment funds not in	the possession	of the organizat	tion that are he	eld and administered f	or the			N
organization by: (i) Unrelated organizations								es No
(ii) Related organizations							3a(i) 3a(ii)	
b If 'Yes' on line 3a(ii), are the rela							— ` 	
4 Describe in Part XIII the intende	_		•				. <u>JD</u>	
Part VI Land, Buildings, and			SHOWIHOTIC TO					
Complete if the organ			on Form 99	00, Part IV, line	11a. Se	e Form 99	0, Part X	K, line 10.
Description of property		(a) Cost or othe (investme	er basis (t nt)) Cost or other basis (other)	(c) Accu depre	ımulated ciation	(d) Boo	ok value
1 a Land								
b Buildings								
c Leasehold improvements								
d Equipment				88,742.		88,742.		0.
e Other								
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Form 990,	Part X, colun	nn (B), line 10c.)				0.
BAA						Sched	ule D (Forn	1 990) 2021

Schedule D (Form 990) 2021

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) CAPITAL LEASE 4,050. (3) NOTE PAYABLE 122,055. (4) SBA LOAN 1,999,900. (5) (6) (7) (8) (9) (10)				ee Form 990, Part X, line 12
(2) Closely held equally interests. (3) Other (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			(c) Method of valuation	: Cost or end-of-year market value
(3) Other (4) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
(6) (7) (8) (8) (9) (9) (10) Total. (Column (b) most equal from 930, Part X, column (B) line 13). (9) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (l) (e) Book value (l) Method of valuation: Cost or end-of-year market value (l) (e) Book value (l) Method of valuation: Cost or end-of-year market value (l) (e) Book value (l) Method of valuation: Cost or end-of-year market value (l) (e) Book value (l) Method of valuation: Cost or end-of-year market value (l) (l) (e) Book value (l) Method of valuation: Cost or end-of-year market value (l) (l) (l) Book value (l) Method of valuation: Cost or end-of-year market value (l) (l) (l) Book value (l) Method of valuation: Cost or end-of-year market value (l) (l) (l) Book value (l) Method of valuation: Cost or end-of-year market value (l) (l) Book value (l) Method of valuation: Cost or end-of-year market value (l) (l) Book value (l) Method of valuation: Cost or end-of-year market value (l) Book value (l) Method of valuation: Cost or end-of-year market value (l) Book value (l) Book value (l) Book value (l) Method of valuation: Cost or end-of-year market value (l) Book value (l) Federal income taxes (l) Capt Table (Column (l) must equal Form 990, Part X, column (l2) line 15.). (l) Book value (l) Book value (l) Book value (l) Book value (l) Federal income taxes (l) Capt Table (l) Book value				
(C) (E) (E) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
(C) (E) (E) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(A)			
(b) Go. (c) Total. (Column (b) must equal Form 990, Part X, column (b) live 12). The Part XIII Investments — Program Related. Complete If the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Book value (e) Book value (f) Method of valuation: Cost or end-of-year market value (f) (f) Go. (g) Go. (g) Go. (g) Go. (g) Go. (g) Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (f) Book value (f) Boo	(B)			
(5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(C)			
(5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(D)			
(G) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P				
Total. (Column (i)) must equal Form 990, Part X, column (ii) line 12				
Total. (Column (b) must equal Form 990, Part X, column (6) line 12). (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Description of investment (e) Book value (f) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market v				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12). Total (Column (b) must equal Form 990, Part X, column (B) line 15).				_
Part VIII Investments - Program Related.		n (P) lino 12)		
Complete if the organization answered 'Yes' on Form '990, Part IV, line 11c. See Form '990, Part X, line 12 (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year value (d) Method of valuation: Cost or end-of-year valuation (N/A	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (c) (d) (d) (d) (e) (d) (e) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Complete if the organizat	ion answered 'Yes' on F	Form 990, Part IV, line 11c. Se	ee Form 990, Part X, line 13
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	759,729.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	759,729.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	759,729.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	•
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,588,770.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	1,588,770.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
a Add lines de and de	4.0	
c Add lines 4a and 4b		1 588 770

Part XIII | Supplemental Information.

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

PART X - FASB ASC 740 FOOTNOTE

IT IS THE ORGANIZATION'S POLICY TO EVALUATE ALL TAX POSITIONS TO IDENTIFY THOSE THAT MAY BE CONSIDERED UNCERTAIN. ALL IDENTIFIED MATERIAL TAX POSITIONS WILL BE ASSESSED AND MEASURED BY A "MORE-LIKELY-THAN-NOT" THRESHOLD TO DETERMINE IF THE TAX POSITION IS UNCERTAIN AND WHAT, IF ANY, EFFECT THE UNCERTAIN TAX POSITION MAY HAVE ON THE FINANCIAL STATEMENTS. NO MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED FOR 2021 OR 2020.

BAA Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization Employer identification number UNITED AMERICAN PATRIOTS INC. 41-2172043 **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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (i) Name and address of individual (iii) Did fundraiser (iv) Gross receipts (or retained by) (ii) Activity (or retained by) have custody or control of contributions? or entity (fundraiser) fundraiser listed in from activity organization column (i) FORTHRIGHT STRATEGY, INC. Yes No 1155 15TH STREET NW DIRECT Χ 368,075. WASHINGTON DC 20005 485,412 MAIL 2 3 5 6 7 9 10 Total. 368,075. 485,412. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY

Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported

2043 Page

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) NONE through column (c) (event type) (event type) (total number) Revenue 1 Gross receipts..... 2 Less: Contributions..... **3** Gross income (line 1 minus line 2)..... Direct Expenses Rent/facility costs..... 7 Food and beverages **9** Other direct expenses..... 10 Direct expense summary. Add lines 4 through 9 in column (d)..... Net income summary. Subtract line 10 from line 3, column (d)..... Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming Revenue (add column (a) through column (c)) (a) Bingo bingo/progressive bingo (c) Other gaming Gross revenue..... Direct Expenses **2** Cash prizes...... Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)..... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?..... **b** If 'Yes,' explain:

Sche	edule G (Form 990) 2021 UNITED AMERICAN PATRIOTS INC.	41-2172043	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 administer charitable gaming?		No
13	Indicate the percentage of gaming activity conducted in:		
ä	a The organization's facility	13a	%
ı	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:	
	Name •		
	Address •		
ı	a Does the organization have a contract with a third party from whom the organization receives gaming revenue if 'Yes,' enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party third party third party third party:	nue? Ye : I the amount	s No
	Name ►		. – – – – 1
	Address ►		į
16	Gaming manager information:		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided ►		. – – – – –
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the		
ı	state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent		s No
	organization's own exempt activities during the tax year ► \$		
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, of and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions.	olumns (iii) and any additional	(v);

BAA TEEA3703L 07/12/21 Schedule G (Form 990) 2021

SCHEDULE I (Form 990)

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

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization UNITED AMERICAN PATRIOTS INC.							Employer identification number 41-2172043	
	General Information on Gr		ance				41 21/204	3
1 Do	es the organization maintain records to selection criteria used to award the scribe in Part IV the organization's pro-	to substantiate the am ne grants or assistan	ount of the grants of		eligibility for the grants	or assistance, and		Yes X No
	Grants and Other Assistar Form 990, Part IV, line 21,	nce to Domestic	Organizations	and Domestic Gov				
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1 <u>)</u>								
2)								
B)								
4)								
<u>)</u>								
<u>6)</u>								
)								
8)								
	ter total number of section 501(c)(3		-					

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 LEGAL DEFENSE ASSISTANCE	16	543,678.			
2					
3					
4					
5					
6					
7					

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

BAA Schedule I (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

2021

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

UNITED AMERICAN PATRIOTS INC.

Employer identification number 41-2172043

FORM 990, PART VI. LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS

CURRENTLY, THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES. CONSEQUENTLY, THERE WERE NO MEETINGS HELD BY COMMITTEES WHICH NEEDED TO BE DOCUMENTED.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS AT A MEETING CALLED FOR THAT PURPOSE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS TRANSACTIONS WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY ONLY BE UNDERTAKEN IF THE FOLLOWING ARE OBSERVED: 1. THE CONFLICTING INTEREST IS FULLY DISCLOSED: 2. THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION; 3. A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS; AND 4. THE BOARD, OR A DULY CONSTITUTED COMMITTEE THEREOF, HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION. DISCLOSURE IN THE ORGANIZATION SHOULD BE MADE TO THE CHIEF EXECUTIVE OFFICER (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE CHAIRMAN OF THE BOARD), WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD, OR A DULY CONSTITUTED COMMITTEE THEREOF. DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE CHAIRMAN OF THE BOARD, (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD VICE-CHAIRMAN) WHO SHALL BRING THESE MATTERS TO THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF. THE BOARD SHALL DETEMINE WHETHER A CONFLICT EXISTS AND WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO THE ORGANIZATION. ANNUALLY, ALL BOARD MEMBERS, OFFICERS, AND EMPOYEES WILL BE REQUIRED TO READ, EXECUTE WHERE APPLICABLE, SIGN AND SUBMIT THE CONFLICT OF INTEREST

DISCLOSURE STATEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

41-2172043

THE ORGANIZATION'S PROCESS FOR DETERMINING COMPENSATION OF THE EXECUTIVES, OFFICERS, TOP MANAGEMENT, AND KEY EMPLOYEES INCLUDES: 1) REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF THE ORGANIZATION; 2) USE OF DATA AS TO COMPARABLE COMPENSATION; AND 3) CONTEMPORANEOUS DECUMENTATION AND RECORDKEEPING. 1) REVIEW AND APPROVAL - THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF THE ORGANIZATION, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL. 2) USE OF DATA AS TO COMPARABLE COMPENSATION - THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. 3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING - THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING - THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND UPON

REQUEST.