Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Open to Public Inspection

<u>A</u>	Fort	tne 2021 calei	ndar year, or tax year b	peginning		and ending						
В	Chec	k if applicable:	C Name of organization		ds and St	ripes, I	Inc			Employer id	lentification num	nber
	Addre	ess change	Doing business as						8	6-3379	162	
Ħ	Name	e change	Number and street	(or P.O. box if m	ail is not delivered to	street address)	Room	/suite		Telephone n		
X	Initial	return	6135 Park	South I	rive Ste	510						
	Final re	eturn/terminated			try, and ZIP or foreign		_ '					
=		nded return	Charlotte	-	-	,			G	Gross receip	ots \$ 160,8	826.
=		ation pending	F Name and address			Ii chat				s a group return for		s X No
ш	, 4ppcc	adon ponding	37 PRINCESS				NC 29	2327	1 ' '		included? Yes	
	'0Y 0Y	empt status:	X 501(c)(3)	501(c)() ◀ (insert no.)	4947(a)(1) or			†		See instructions	,
			ps://shield				52	<i>'</i>	1	up exemption nu		
$\overline{}$		of organization:			sociation Other		Voor of fo	rmation: 2			of legal domicile:	NTC
				Trust As:	Sociation Other	, IF	real of to	iiiialioii. <u>Z</u>	1021	IVI State	or legal dorniche.	NC
	art I					·						
	1	•	cribe the organization's		-							
Ce			ovide healt		err being	, assista	ince	to me	n in	mlllt	ary serv	vice
Governance	or police service. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Ve	2				•	•				1 1		_
	3		voting members of the									3
ە س	4		independent voting m	-								3
tie	5	Total numb	er of individuals emplo	oyed in calenda	r year 2021 (Part V	', line 2a)				5		0
Activities	6	Total numb	er of volunteers (estin	nate if necessa	ry)					6		0
Ä	7a	Total unrela	ated business revenue	e from Part VIII,	column (C), line 12	2				. 7a		0.
	b	Net unrelate	ed business taxable in	ncome from For	m 990-T, Part I, lin	e 11				7b		0.
								Prior	Year		Current Yea	ar
	8	Contribution	ns and grants (Part VI	III, line 1h)							160,8	<u>326.</u>
ne	9	Program se	ervice revenue (Part V	III, line 2g)								
Revenue	10	Investment	income (Part VIII, col	umn (A), lines 3	3, 4, and 7d)							
Re	11	Other reven	nue (Part VIII, column	(A), lines 5, 6d	, 8c, 9c, 10c, and 1	1e)						
	12		ue – add lines 8 throu								160,8	326.
	13		similar amounts paid									000.
	14		id to or for members (
	15		her compensation, em									
Expenses			al fundraising fees (Pa	-								
en	l		aising expenses (Part									
Αχ	17		nses (Part IX, column								58,0	051.
_	18		ises. Add lines 13-17									051.
	19		ss expenses. Subtrac									775.
	_	Kevenue ie:	ss expenses. Subtrac	t line to nom ii	116 12	<u> </u>		ginning of	Current	Voor	End of Year	
ts or	20	Total accept	o (Dort V. line 16)					giriring or	Current	Tear		·
Net Assets or Fund Balances	20		s (Part X, line 16)								101,2	
T p	21		ies (Part X, line 26) .								0,3	500. 728.
	22 art		or fund balances. Sub	otract line 21 fro	om line 20						94,	120.
			ure Block									
			ury, I declare that I have								edge and belief,	It IS
true	e, corr	rect, and comp	olete. Declaration of prep	parer (other than	officer) is based on a	ill information of wr	nicn prepa	irer nas any	r knowledg	e.		
C:		Cianatu	re of officer						Doto			
	gn	•			_				Date			
H	ere		ven Nisbet,	, Presid	lent							
			print name and title		Dropovovia ataunt			Doto	-		T DTINI	
Pa	aid		nt/Type preparer's name -		Preparer's signatur	е		Date		Check X if	f PTIN	
Pr	ера	rer Chri	istopher B								D005387	<u>747 </u>
Us	se O	nly Firm's			PERRY CPA	ESQ			Firm's	EIN ▶20 -	2628796	
		- 1	address ▶ 5001	L TREVIN	O CIR				Phone			
		DUL	JTH, GA 300	096					(67	8)230-	5522	
140	امطد،	DC diaguage t	hio roturn with the pro		nove2 Con instructi						□ v	V No

Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.
1	Briefly describe the organization's mission:
•	The Organization focuses on Health and Well Being of Veterans and
	Members of the Police Forces that need specific attention including
	assistance with Post Traumatic Stress Disorders
	abbibeance with lost frammatic beless bisorders
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4-	(Code:) (Expenses \$ 66,051. including grants of \$) (Revenue \$ 160,826.)
4a	(Code:) (Expenses \$ 66,051. including grants of \$) (Revenue \$
	Health Counseling services and significant group therapy sessions as
	well as a few individual counseling sessions by professional
	counsellors state certified. There was also monitoring of several
	recipients to see how they were doing in addition to offering other
	ancillary services
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (2003) / (
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
<i>1</i> - 1	Other program conject (Describe on Schodule O.)
40	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 66,051
70	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			37
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	446		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments–program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	x	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	.	
10	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?	10		•
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	

Form 990 (2021) Shields and Stripes, 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	- 4		
	to defease any tax-exempt bonds?	24c		
d or -	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	05-		3.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	lf "Yes," complete Schedule L, Part I	25h		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		Λ
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or	20		Λ
ZI	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	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	LI		21
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?		х	
_	If "Yes," complete Schedule L, Part IV	28a		
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			
	Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes,", complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		<u> </u>	
В-	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	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			
<u>C</u>	Did the organization comply with backup withholding rules for reportable payments to vendors and reporatble gaming (gambling) winnings to prize winners?	1c		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	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						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	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?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
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)?	4a		Х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
	and services provided to the payor?	7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_					
	required to file Form 8282?	7c					
d		70					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g					
g h	To all and the control of the contro						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h					
Ü	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
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					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
. b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	45		.			
	or excess parachute payment(s) during the year?	15		X			
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
17	If "Yes," complete Form 4720, Schedule O. 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.						

Form 990 (2021) Shields and Stripes, Inc 86-3379162 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI **Section A. Governing Body and Management** Yes No 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. Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х X 6 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a Х Each committee with authority to act on behalf of the governing body?........... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х **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? . . . 11a X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х X 13 13 14 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official............... 15a X Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. **16 a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed **NC** 18 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. Another's website X Upon request Other (explain on Schedule O) Own website 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records > (678)230-5522 20

Nisbet 37 PRINCESS GATE DRIVE Wispering Pines, NC 28327

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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 instructions for the order in which to list the persons above.

X Check this box if neither the organization r	or any rela	ted o	rgar	niza	tion	com	pen	sated any currer	nt officer, directo	r, or trustee.
-				(C	;)					
(A)	(B)			Posi	tion			(D)	(E)	(F)
Name and title	Average	(do n	ot ch	eck r	nore	than o	ne	Reportable	Reportable	Estimated amount
	hours	box. ı	ınles	less person is both an		compensation	compensation from related	of other		
	per week		officer and a director/trustee)						from the	compensation
	(list any		_		_			organization (W-2/	organization (W-2/	from the
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and
	organizations	ecto	l tio	er	əmp	est o	₫.	1099-NEC)	1099-NEC)	related organizations
	below	4 =	<u>าล</u>		loye	eom				
	dotted line)	ste	rus		Эе	per				
		Ф	tee			Highest compensated employee				
						Pe				
(1) Steven Nisbet	25.00									
President	25.00	x		х						
(2) Christopher Sperry	05.00			_			\vdash			
Secretary	05.00	х		х						
(3) Jennifer Byrne	03.00									
Treasurer	12.00	x		х						
(4)										
· ·										
(5)										
		1								
(6)										
(7)										
(8)										
123										
(9)										
(40)										
(10)										
(11)										
(11)										
(12)										
(/										
(13)										
<u> </u>		1								
(14)										
<u> </u>										

Part VII Section A. Officers, Directors, Ti	ustees, Ke	y Em	ploy	yee	s, a	nd Hi	ighe	est Compensat	ed Employe	es (c	ontinued)		
(A) Name and title	(B) Average hours per	Position (do not check more than o						(D) Reportable compensation	(E) Reportable compensation		Estima	(F) ted amo	ount
	week (list any hours for related organizations below dotted line)	office or direc		•		Highest compensated employee	ee)	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organization (V 1099-MISC 1099-NEC)	d N-2/	comp	pensation the zation a	and
(15)		-				<u> </u>				+			
(16)										+			
(17)										+			
(18)										+			
(19)										+			
(20)										+			
(21)										\dashv			
(22)										+			
(23)										+			
(24)										+			
(25)										+			
1b Subtotal c Total from continuation sheets to F d Total (add lines 1b and 1c) 2 Total number of individuals (including reportable compensation from the org	but not limit	tion /	A .	 			. •	who received m	ore than \$10	00,00	00 of		
 3 Did the organization list any former offi employee on line 1a? If "Yes," complete 4 For any individual listed on line 1a, is the organization and related organizations of individual	cer, director Schedule Je sum of repreater than	, trust I for soportate \$150	uch ole d ,000	ind com)? Ii	livide per f "Y	ual nsatio es," c	n ar	nd other comper plete Schedule J	nsation from for such		3	Yes	No X
for services rendered to the organization Section B. Independent Contractors		-					-				5		Х
Complete this table for your five highest compensation from the organization. Retax year.													
(A) Name and business address								(B) Description of so	ervices		(C) Compen	sation	
2 Total number of independent contractor	s (including	but n	ot li	mit	ed t	o thos	se li	sted above) who					
received more than \$100,000 of compe							JU 11	olou above, will	ĺ				

		Check if Schedule O contains a response or no	ote to any line in this	Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ž, ži	1a	Federated campaigns					
a a	b	Membership dues					
ع ق	l	Fundraising events					
fts, r A	Ι.	Related organizations					
פַ ≅ַ	d						
Sin	l	Government grants (contributions) 1e	!				
a tic	f	All other contributions, gifts, grants,	111 100				
를 돌		and similar amounts not included above. 1					
Contributions, Gifts, Grants, and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f 1g	•	1.50 005			
<u>0</u> 8	h	Total. Add lines 1a–1f		160,826.			
Ë			Business Code				
š er	2 a		1				
ě	b						
<u>ē</u> .	С						
S _S	d						
īa	e						
Program Service Revenue	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	🕨				
	3	Investment income (including dividends, interes	t,				
		and other similar amounts)	🕨				
	4	Income from investment of tax-exempt bond pro	ceeds				
	5	Royalties	<u> </u>				
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u>,</u>				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
		and sales expenses 7b					
	С	Gain or (loss) 7c					
	d	Net gain or (loss)	<u>,</u>				
o)							
une	8a	Gross income from fundraising					
eve		events (not including \$					
<u>ت</u> ح		of contributions reported on line 1c).					
Other Reven		See Part IV, line 18	ı				
O	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events	<u> • </u>				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 9a	ı				
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities	<u> • </u>				
	10a	Gross sales of inventory, less					
		returns and allowances 10a	a				
	b	Less: cost of goods sold	o				
	С	Net income or (loss) from sales of inventory	<u> • </u>				
S			Business Code				
e e	11 a						
lane	b						
Miscellaneous Revenue	С		1				
Mis T		All other revenue					
		Total. Add lines 11a-11d	<u> </u>				
	12	Total revenue. See instructions		160,826.	1		1

	990 (2021) Shields and Stripes, Inc	3		86-3	379162 Page 10
	rt IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all colu				
	Check if Schedule O contains a response or note to any			· · · · · · · · · · · · · · · · · · ·	
	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	8,000.	8,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
6	Compensation not included above to disqualified persons				
	(as defined under section 4958(f)(1)) and persons				
	described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4,464.	4,464.		
С	Accounting	65.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	4,042.			
13	Office expenses	1,076.	1,096.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	28,300.	28,650.		
18	Payments of travel or entertainment expenses for any				
	federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
	Dues and Subscriptions	740.	743.		
	Program Direct Supplies	19,364.	19,364.		
C					
d					
_	All other expenses		I		

66,051.

25 Total functional expenses. Add lines 1 through 24e **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)

UYA

62,317.

		Check if Schedule O contains a response or note to any line in this Part X			
		·	(A)		(B)
			Beginning of year		End of year
	1	Cash — non-interest-bearing		1	55,784.
	2	Savings and temporary cash investments		2	-
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
ssets		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
SS	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	39,444.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	k	Less: accumulated depreciation		10c	
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	6,000.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	101,228.
	17	Accounts payable and accrued expenses		17	6,500.
	18	Grants payable		18	
	19	Deferred revenue		19	
S	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
þi	22	$Loans \ and \ other \ payables \ to \ any \ current \ or \ former \ officer, \ director, \ trustee, \ key \ employee, \ creator \ or$			
<u>a</u>		founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
		not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	6,500.
es		Organizations that follow FASB ASC 958, check here			
ŭ		and complete lines 27, 28, 32, and 33.			
a	27	Net assets without donor restrictions		27	86,728.
Fund Balanc	28	Net assets with donor restrictions			
ĭ				28	8,000.
ᇁ		Organizations that do not follow FASB ASC 958, check here			
ō		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ř	31	Retained earnings, endowment, accumulated income, or other funds		31	04 500
Net	32	Total net assets or fund balances		32	94,728.
_	33	Total liabilities and net assets/fund balances		33	101,228.

SCHEDULE A

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Employer identification number

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Inspection

Shields and Stripes, Inc 86-3379162 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 🕱 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **d** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 other support (see listed in vour governing support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Shields and Stripes, Inc. 86-337916 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Secti	on A. Public Support						
Calen	dar 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.")	 					
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	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,						
c	Column (f)						
6 Secti	Public support. Subtract line 5 from line 4. on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	(a) 2017	(b) 2016	(6) 2019	(u) 2020	(6) 2021	(i) i otai
8	Gross income from interest, dividends,						
O	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.)						
11	Total support. Add lines 7 through 10		,				
12	Gross receipts from related activities, etc.	•	•			12	
13	First 5 years. If the Form 990 is for the o						
C4:	organization, check this box and stop he	re Doroomtos	<u> </u>				<u> ▶ </u>
Secti	on C. Computation of Public Suppo Public support percentage for 2021 (line 6	rt Percentag	ge divided by line	11 column (f)	\	14	0/
15	Public support percentage for 2021 (line to Public support percentage from 2020 Sch					15	<u>%</u>
16a	33 1/3 % support test-2021. If the organi					1 1	
IVa	box and stop here. The organization qua						
b	33 1/3 % support test-2020. If the organ	-		-			• —
	check this box and stop here. The organi						
17a	10%-facts-and-circumstances test–202	•			•		
., u	10% or more, and if the organization me Part VI how the organization meets the fa	ets the facts-a	and-circumstar	ices test, chec	k this box and	stop here. Ex	plain in
	organization						🕨 🔲
b	10%-facts-and-circumstances test–202 15 is 10% or more, and if the organization Explain in Part VI how the organization m	n meets the fa eets the facts	cts-and-circun -and-circumsta	nstances test, ances test. The	check this box organization	and stop her qualifies as a p	e. oublicly
	supported organization						
18	Private foundation. If the organization d instructions						

Schedule A (Form 990) 2021 Shields and Stripes, Inc

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

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

Secti	on A. Public Support						
Caler	ndar 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.")					160,826.	160,826.
2	Gross receipts from admissions, merchandise					1	,
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					-	_
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5					160.826.	160,826.
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
h	Amounts included on lines 2 and 3						
D	ı						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						160,826.
Secti	on B. Total Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6					160,826.	160,826.
10a	Gross income from interest, dividends,					_	
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b					+	
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					160,826.	160,826.
14	First 5 years. If the Form 990 is for the or	ganization's f	irst, second, th	ird, fourth, or	fifth tax year a		
	organization, check this box and stop here	9					▶ □
Secti	on C. Computation of Public Suppor	t Percentag	qe				
15	Public support percentage for 2021 (lir			y line 13, col	umn (f))	. 15	100.00%
16	Public support percentage from 2020 \$						%
	ion D. Computation of Investment Inc						
17	Investment income percentage for 2021 (by line 13. co	lumn (f))	. 17	%
18	Investment income percentage from 2020			-			
	331/3 % support tests-2021. If the organi						
ıJa	line 17 is not more than 331/3%, check this b						
L-			_	-			_
D	331/3 % support tests-2020. If the organiz						
00	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	not cneck a	box on line 14	, 19a, or 19b, o	check this box	cand see instru	uctions -

class or purpose, describe the designation. If historic and continuing relationship, explain.

Part IV Supporting

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.)

	Total control of the	
Secti	ion A. All Supporting Organizations	
1	Are all of the organization's supported organizations listed by name in the organization's governing	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7' If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
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iu !			
D)	3b		
B)	3c		
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	4b		
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3)			
	4c		
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on	5a		
	5b 5c		
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	9a		
1	9b		
fit			
	9с		
	10a		
	10b		

Part	Supporting Organizations (continued)		1			
44	Lies the approximation accounted a gift on contribution from any of the following page 20		Yes	No		
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and					
u	11c below, the governing body of a supported organization?	11a				
b	A family member of a person described on line 11a above?	11b				
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c				
Secti	on B. Type I Supporting Organizations					
			Yes	No		
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or					
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively					
	operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,					
	describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported					
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported					
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part					
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
0	supervised, or controlled the supporting organization.	2				
Section	on C. Type II Supporting Organizations		Vaa	Na		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	NO		
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control					
	or management of the supporting organization was vested in the same persons that controlled or managed					
	the supported organization(s).	1				
Secti	on D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax					
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the					
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how					
	the organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have					
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's					
	supported organizations played in this regard.	3				
Section	on E. Type III Functionally Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	:)_		
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			, -		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.					
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	entity (see			
•	instructions).		V	NI-		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>		Yes	NO		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify					
	those supported organizations and explain how these activities directly furthered their exempt purposes,					
	how the organization was responsive to those supported organizations, and how the organization determined					
	that these activities constituted substantially all of its activities.	2a				
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,					
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in					
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26				
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	2b				
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a				
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b				

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	t on Nov. 20, 1970 <i>(expla</i>	ain in Part VI).
See instructions. All other Type III non-functionally integrated supporting	orgar	nizations must complete s	Sections A through E.
Section 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) 7 Other expenses (see instructions) 	6		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

UYA Schedule A (Form 990) 2021

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

		5, 110			
Part		Supporting Organ	nizations (continu	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish		1		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	t 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 whice <i>(provide details in Part VI)</i> . See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(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 instr.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	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)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				

d Excess from 2020 e Excess from 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)

Department of the Treasury

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.

	of the organization	m990 for instructions and the latest into	Employer identification number
	elds and Stripes, Inc		86-3379162
Part		rised Funds or Other Similar Fu	
	Complete if the organization answered "		
	ja j	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds are the organization's
	property, subject to the organization's exclusive legal control) ?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be u	used only for charitable
	purposes and not for the benefit of the donor or donor advis	, , ,	
	private benefit?		Yes No
Part		Vall Fara 000 Bart IV I'a - 7	
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	· =	nistorically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization held a qual	lified concervation contribution in the form of	f a conservation eacoment on the last day
2	of the tax year.	illied conservation contribution in the form o	Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired	, ,	
	listed in the National Register		
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the	
	organization during the tax year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of vio	olations,
	and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservati	ion easements during the year
_	> \$		1)(4)(5)(2)
8	Does each conservation easement reported on line 2(d) about a series 4.70(h)(4)(D)(ii)2	, ,	
0	and section 170(h)(4)(B)(ii)?		
9	include, if applicable, the text of the footnote to the organiza	· •	·
	conservation easements.	mons infancial statements that describes th	e organization's accounting for
Part		s of Art. Historical Treasures. o	r Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FASB ASC 9	958, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for p	ublic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its final	ancial statements that describes these items	s.
b	If the organization elected, as permitted under FASB ASC 9	958, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		-
2	If the organization received or held works of art, historical treatments		gain, provide the following amounts
	required to be reported under FASB ASC 958 relating to the		
a	Revenue included on Form 990, Part VIII, line 1		·
b	Assets included in Form 990, Part X		▶ ఫ

Part	Organizations Maintaining Co	llections of	Art, His	torical T	reasures	, or Ot	her Similar <i>I</i>	\ssets	(cont	tinued
3	Using the organization's acquisition, accession, (check all that apply):	and other records	s, check ar	ny of the fol	lowing that m	ake sign	ificant use of its o	collection	items	
а	Public exhibition		d	Loan o	or exchange p	orogram				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collect	tions and explain	how they f	urther the o	organization's	exempt	purpose in Part >	an.		
5	During the year, did the organization solicit or rec									
	rather than to be maintained as part of the organi		n?						Yes	No
Part	Complete if the organization and 990, Part X, line 21.		on Forn	n 990, Pa	art IV, line	9, or r	eported an a	mount	on Fo	rm
1a	Is the organization an agent, trustee, custodian on Form 990, Part X?							🗆	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and									
							An	nount		
С	Beginning balance					. 1c				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					. 1f				
2a	Did the organization include an amount on Form	990, Part X, line	21, for esc	crow or cus	todial accoun	t liability	?	🔲	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the ex	planation I	nas been pr	rovided on Pa	art XIII				
Part										
	Complete if the organization ans	swered "Yes"	on Forn	n 990, Pa	art IV, line	10.				
	(a	a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three years b	ack (e)	Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g g	End of year balance							_		
2	Provide the estimated percentage of the current	vear end halance	(line 1a c	olumn (a))	held as:					
a	Board designated or quasi-endowment		(iiiic ig, c	olullii (a))	ricia as.					
	<u> </u>									
b										
С		I 4000/								
2-	The percentages on lines 2a, 2b, and 2c should	•	4: 414	ادمد ادادما		£ 41				
3a	Are there endowment funds not in the possession	n or the organiza	tion that ar	e neid and	aaministerea	for the			V.	
	organization by:							[a.	Ye	s No
	(i) Unrelated organizations								a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization							<u>3</u>	Bb	
4	Describe in Part XIII the intended uses of the org		vment fund	ds.						
Par	Land, Buildings, and Equipme Complete if the organization ans		on Forn	n 990, Pa	art IV, line	11a. S	See Form 990), Part	X, line	e 10.
	Description of property	(a) Cost or oth	er basis	(b) Cost or	other basis	(c) A	ccumulated	(d)	Book val	ue
		(investm	ent)	(ot	her)	de	preciation			
1a	Land	.								
b	Buildings									
C	Leasehold improvements									
d	Equipment									
e	Other									
	Add lines 1a through 1e. (Column (d) must equal		K, column	(B), line 100	D.)					

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" on Form	n 990 Part IV line	11b See Form	990 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Me	othod of valuation: and-of-year market value
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	tume (b) much assist Form 000 Part V and (P) line 12)			
Part VIII	umn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Complete if the organization answered "Yes" on Form	n 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		ethod of valuation: nd-of-year market value
(1) Unde	eposited Cash	6,000.0	7	
(2)		_		
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line 13.)	6,000.		
Part IX	Other Assets. Complete if the organization answered "Yes" on Form	n 990, Part IV, line	11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
<u>(9)</u>				
	umn (b) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form line 25.	n 990, Part IV, line	11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability			(b) Book value
	ral income taxes			,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Cal	tumn (h) must equal Form 000 Part V cal (P) line 25			

Part	Reconciliation of Revenue per Audited Financial Stateme		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	l <u>-</u> I		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
_ C	Add lines 4a and 4b.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Part	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Page 1		ses per Return.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d	l	2e	
3	Subtract line 2e from line 1			
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	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			
_	XIII Supplemental Information.		•	
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad		e 4; Part X, line 2;	

UYA Schedule D (Form 990) 2021

Schedule D (Form 990) 2021	Shields	and St	ripes,	Inc		86-3379162	Page 5
Part XIII	Suppleme	Shields ntal Informa	tion (contir	nued)				
-								

SCHEDULE G (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identification	number
Shields and Stripes, I	nc				86-337916	
Part I Fundraising Activities. Form 990-EZ filers are r	Complete if			wered "Yes" on	Form 990, Part IV,	line 17.
1 Indicate whether the organization raise	•	•	•	es. Check all that app	olv.	
a Mail solicitations		е Г	_	n of non-government		
b Internet and email solicitations		f		n of government gran	=	
c Phone solicitations		. <u> </u>		indraising events		
d In-person solicitations		9 🗀	_ Opeciai io	indiaising events		
2a Did the organization have a written or o	oral agreement wi	th any individu	ıal (including	officere directore t	rustees or key employee	e
listed in Form 990, Part VII) or entity in	-	-			datees, or key employee	Yes No
b If "Yes," list the 10 highest paid individ			_		the fundraiser is to be	☐ Te3 ☐ No
compensated at least \$5,000 by the or		unuraiscis) po	ii suai it to ag	recinents under wine	in the fandraiser is to be	
compensated at least \$5,000 by the of	gariization.					
(i) Name and address of individual	(ii) Activity	(iii) Did fund	drainer have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)	(II) Activity		or control of	from activity	(or retained by)	(or retained by)
construction,			ibutions?		fundraiser listed in	organization
		Yes	No		col. (i)	
		162	INO	_		
1						
2						
3						
4						
4						
5						
6						
7						
8						
9						
10						
Total						
3 List all states in which the organizat				contributions or h	nas heen notified it is	evemnt from
registration or licensing.	ion is registere	a or neerise	a to sonoit	CONTRIBUTIONS OF I	ias been notinea it is	CACITIPE HOITI
registration of licensing.						

Gevent type		gross receipts greater than	(a) Event #1	(b) Event #2	(c)Other events	(d) Total events
1 Gross receipts Gevent type Gevent ty			\-, = · · · · · · ·	(-, - : : : : : : : : : : : : : : : : : :	0	(add col. (a) through
Less: Contributions Gross income (line 1 minus line 2) 4			(event type)	(event type)	(total number)	col. (c))
Less: Contributions Gross income (line 1 minus line 2) 4	Jule					
Less; Contributions Gross income (line 1 minus line 2) 4	§ 1	Gross receipts				
3 Gross income (line 1 minus line 2) 4 Cash prizes	_					
Segretary						
4 Cash prizes	3	,				
Source to the control of the companies of the control of the companies of the control of the companies of th		iiile 2)				
Source to the state of the organization is gaming conducts gaming activities: Source of the state of the organization is gaming activities: Source of the organization icensed to conduct gaming activities: Source of the organization icensed to conduct gaming activities: Source of the organization icensed to conduct gaming activities: Source of the organization icensed to conduct gaming activities: Source of the organization icensed to conduct gaming activities: Source of the organization icensed to conduct gaming activities: Source of the organization icensed to conduct gaming activities: Source of the organization icensed to conduct gaming activities: Source of the organization icensed to conduct gaming activities: Source of the organization icensed to conduct gaming activities: Source of the organization icensed to conduct gaming activities: Source of the organization icensed to conduct gaming activities: Source of the organization icensed to conduct gaming activities: Source of the organization icensed to conduct gaming activities: Source of the organization icensed to conduct gaming activities in each of these states? Yes	4	Cash prizes				
6 Rent/facility costs		·				
9 Other direct expenses	5	Noncash prizes				
9 Other direct expenses	ဖွ					
9 Other direct expenses	es 6	Rent/facility costs				
9 Other direct expenses	bel -	Food and house see				
9 Other direct expenses	ŵ ′	Food and beverages				
9 Other direct expenses	e lec	Entertainment				
Direct expense summary. Add lines 4 through 9 in column (d)	ਰ °	Littertainment.				
Direct expense summary. Add lines 4 through 9 in column (d)	9	Other direct expenses				
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. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through 2 Cash prizes 2 Cash prizes 2 Cash prizes 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 4 Rent/facility costs 7 Other direct expenses 7 Other direct expenses 7 Other direct expenses 7 Other direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, 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: 1 Is the organization licensed to conduct gaming activities in each of these states? 1 Yes 1				1		
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. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through 1 Gross revenue	10					0
than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through 1 Gross revenue		Net income summary. Subtra				0
Column C	Part III			"Yes" on Form 990, Par	t IV, line 19, or reported	more
bingo/progressive bingo col. (a) through		than \$15,000 on Form 990		1	I	
2 Cash prizes	e e		(a) Bingo		(c) Other gaming	(d) Total gaming (add
2 Cash prizes	Ven	+		birigo/progressive birigo		col. (a) through col. (c))
2 Cash prizes	& 1	Gross revenue				
5 Other direct expenses	- I -	Cross revenue				
5 Other direct expenses Yes	မွ 2	Cash prizes				
5 Other direct expenses	ŠUŠ					
5 Other direct expenses Yes	<u>X</u> 3	Noncash prizes				
5 Other direct expenses Yes	# #					
5 Other direct expenses	<u>ğ</u> 4	Rent/facility costs				
Yes % Yes % Yes % No No No No No No No		0.1				
6 Volunteer labor	_ 5	Other direct expenses	□ Voc 0/	□ Vec 0/	□ Voc 0/	
7 Direct expense summary. Add lines 2 through 5 in column (d)		Voluntoor labor	<u> </u>			
8 Net gaming income summary. Subtract line 7 from line 1, column (d)	6	volunteer labor	Пио			
8 Net gaming income summary. Subtract line 7 from line 1, column (d)	7	Direct expense summary. Ad	ld lines 2 through 5 in	column (d)		0
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?				(2)		
a Is the organization licensed to conduct gaming activities in each of these states?	8	Net gaming income summar	y. Subtract line 7 from	line 1, column (d)		0
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? Yes	9 E	Enter the state(s) in which the o	rganization conducts o	gaming activities:		
10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes		=	onduct gaming activition	es in each of these state	es?	🗌 Yes 🔲 No
	b l	f "No," explain:				
	_					
	40 - 1	Mana any of the arrantant value	vancina linavere est et		antani di mina ti t	-0
и п тез, ехріант			_	•	-	rr L Yes L No
	ו מ	ı тез, ехріані				
	_					

Schedu	dule G (Form 990) 2021 Shields and Stripes, Inc	86-3379162 Page 3
11	Does the organization conduct gaming activities with nonmembers?	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of	•
	formed to administer charitable gaming?	
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	13a %
b	An outside facility.	
14	Enter the name and address of the person who prepares the organization's ga	ming/special events books and
	records:	
	Name ▶	
	Address▶	
15a		
	revenue?	
b		and the
	amount of gaming revenue retained by the third party ▶ \$	_
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address▶	
	Address	
16	Gaming manager information:	
10	Gunning manager information.	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	☐ Director/officer ☐ Employee ☐ Independent co	ntractor
17	Mandatory distributions:	
а	5	
	retain the state gaming license?	
b	Enter the amount of distributions required under state law to be distributed to	other exempt organizations or
	spent in the organization's own exempt activities during the tax year ▶ \$	
Part		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Als	o provide any additional information.
	See instructions.	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2021

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public Inspection

	of the organization							Employer identification number
	elds and Stripes, Inc							86-3379162
Pai								
1	Does the organization maintain record			grants or assist	tance, the grante	es' eligibility for t	the grants or assistar	
	the selection criteria used to award the							🗌 Yes 📗 No
2	Describe in Part IV the organization's p							
Pai	Grants and Other Assistanc Part IV, line 21, for any recipie							swered "Yes" on Form 990,
1	(a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
	or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1)		_						
(2)								
(3)								
(4)								
(5)								
(6)		_						
(7)								
(8)								
(9)								
(10)								
(11)								
(4.0)								
(12)								
	Enter total number of section 501(c)(3) a	-	-					0
	Enter total number of other organization	s listed in the line '						. ▶ 0

(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 assistant
V Supplemental Information.	Provide the informati	on required in Pa	rt I, line 2; Part III, c	olumn (b); and any other a	additional information.

SCHEDULE L (Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► 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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Shi	ields and Str	ripes, Inc	2					-337							
Pa			,	, , , .			d section 501(c)(,	•		•	•			
	Complete if th						25a or 25b, or Fo	orm 9	90-EZ	, Par	t V, liı	ne 40	b.		
1	(a) Name of disqualified	I person	(b) Relationship between disqualified person and				(c) Description	on of tra	ansactio	n	(d)		rected?		
		·		organiz	zation							Yes	No		
(1)															
(2)															
(3)															
(4)															
<u>(5)</u>															
<u>(6)</u> 2	Enter the amount o	f tax incurred by	the organization	n mai	nagore	or disqualifies	I norcone during	tho vo	or						
	under section 4958	-	-		-	-		-		\$					
3	Enter the amount o									· —					
·	Zinor uio airio airi	r care, ii arry, orr	2, abovo, ro		000 0	y ino organizat				Ψ—		-			
Pa	rt II Loans to and	/or From Intere	ested Persons.												
				on Fo	rm 99	0-EZ, Part V, li	ne 38a or Form 9	990, F	art IV	, line	26; o	r if th	е		
	organization r	eported an amo	unt on Form 990	0, Par	t X, Iir	ne 5, 6, or 22.									
(a)	Name of interested person	(b) Relationship	(c) Purpose of	(d) Lo	an to or	(e) Original	(f) Balance due	(g) In o	default?	(h) Ap	proved	(i) W	ritten		
		with organization	loan		m the	principal amount			1 1				ard or	agree	ment?
				organ	ization?					comm	nittee?				
				То	From			Yes	No	Yes	No	Yes	No		
<u>(1)</u>															
(2)															
(3)					<u> </u>			<u> </u>							
(4)				ļ											
(2) (3) (4) (5) (6)								-							
(6)				-	-			-					-		
(7)					1										
(8) (9)															
(10)				1	1										
Tota						▶ \$									
		sistance Benef				Ψ									
	Complete if th	e organization a	answered "Yes"	on Fo	rm 99	0, Part IV, line	27.								
	(a) Name of interested person	, ,	ship between interest	ted ((c) Amo	ount of assistance	(d) Type of assista	ance	(е) Purp	ose of a	assistar	nce		
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															

(10)

Part IV Business Transactions Invo Complete if the organization a	olving Interested Persons. Inswered "Yes" on Form 990, F	Part IV, line 28a, 28l	o, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description	n of transaction	(e) Sha organiz rever	zation
(n) = 1.5		2 - 2 - 2			Yes	No
(1)Jennifer Byrne (2)	Vendor	8,500.	Services	rendered	1	X
(3)						
(4)						
(5)						
(6)						
(7)						<u> </u>
(8)						_
(9) (10)						-
Part V Supplemental Information.	for responses to questions on	Schedule I (see in	structions)		I.	
Jennifer Byrne	Tior responses to questions on	Ochedule E (See III	structions).			
Provided Some Counsellin	ng Services for be	half of She	ilds and	Stripes		
Under Contract with a bu	siness where she	was majorit	y share			
nolder. Services provid	led under Contract	and contra	ct was			
ratified without her vot	e or attendance w	rith full di	sclosure			
to the remaining voting	parties to the ag	reement. I	his was o	consister	ıt	
with the conflict of int	erest policy as a	ccepted by	the			
Corporation.						

UYA Schedule L (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	Employer identification number
Shields and Stripes, Inc	86-3379162

Schedule O (Form 990) 2021 Page **2**

Name of the organization	Employer identification number							
Shields and Stripes, Inc	86-3379162							
Part VI Line 10b								
not applicable no branches or affiliates.								
Part VI Line 11b								
This was reviewed entirely by the board of directors prior to filing								
Part VI Line 12c								
All potential conflicts have been disclosed to the board	. No allowance to							
Part VI Line 12c								
vote any matters where a potential conflict were or did	arise.							
Part VI Line 18								
All documentation of disclosure is made available on req	uest.							
Part VI Line 19								
All documentation including financial statements are								
Part VI Line 19								
viewable by the public upon request.								

UYA Schedule O (Form 990) 2021

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

7	N	7	つ

		For calendar year 2022 or other tax year beginning , 2022 and ending , 20	22	2022	
Denart	ment of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection	ı
	Il Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c	:)(3).	for 501(c)(3) Organizations Only	ı
<u>а</u> П (Check box if	Name of organization (Check box if name changed and see instructions.)	D Empl	oyer identification number	_
_ ;	address changed.	Print Shields and Stripes, Inc	**-*	**9162	
3 Exer	npt under section	Number, street, and room or suite no. If a P.O. box, see instructions.		p exemption number	_
X 5	501(c)(3)	Type 1008 Sunset Drive	(see ii	nstructions)	
<u> </u>	408(e) 220(e)	City or town, state or province, country, and ZIP or foreign postal code			
<u> </u>	108A 530(a)	Carthage, NC 28327		heck box if	_
5	529(a) 529A	C Book value of all assets at end of year	a	n amended return.	
G C	heck organizatio		Sta	nte college/university	_
H C	heck if filing only	to Claim credit from Form 8941 Claim credit refund shown on Form	1 2439		_
		3) organization filing a consolidated return with a 501(c)(2) titleholding corporation			_
J E	nter the number	of attached Schedules A (Form 990-T)		0	_
		, was the corporation a subsidiary in an affiliated group or a parent-subsidiary contro			_
lf	"Yes," enter the	name and identifying number of the parent corporation			_
		care of Steven Nisbet Telephone numb	er 6	78-230-5522	_
Par		elated Business Taxable Income			_
1		ted business taxable income computed from all unrelated trades or businesses (se			
				1	
2	Reserved			2	
3	Add lines 1 an	d 2		3	_
4		tributions (see instructions for limitation rules)		4	_
5		business taxable income before net operating losses. Subtract line 4 from line 3.		5	_
6		net operating loss. See instructions	[6	_
7		ted business taxable income before specific deduction and section 199A deduction			
	Subtract line 6	from line 5		7	
8		tion (generally \$1,000, but see instructions for exceptions)		1,000	•
9		n 199A deduction. See instructions		9	_
10	Total deducti	ons. Add lines 8 and 9		10 1,000	•
11	Unrelated bus	siness taxable income. Subtract line 10 from line 7. If line 10 is greater than line	7,		
				11	_
Par	Tax Com				_
1	_	s taxable as corporations. Multiply Part I, line 11 by 21% (0.21)		1	_
2		e at trust rates. See instructions for tax computation. Income tax on the amount o			
		from: Tax rate schedule or Schedule D (Form 1041)		2	_
3		e instructions		3	_
4		unts. See instructions		4	_
5		nimum tax (trusts only)		5	_
6		mpliant facility income. See instructions		6	_
7	Total. Add line	es 3 through 6 to line 1 or 2, whichever applies		7	_

Part I	∏ Ta	ax and Payments				
1a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a			
b	Other o	redits (see instructions)	. 1b			
С	Genera	I business credit. Attach Form 3800 (see instructions)	. 1c			
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	. 1d			
е	Total c	redits. Add lines 1a through 1d			. 1e	
2	Subtrac	ct line 1e from Part II, line 7			. 2	
3	Other an	nounts due. Check if from: Form 4255 Form 8611 Form 86		Form 8866		
		Other (attach statement)			. 3	
4	Total ta	ax. Add lines 2 and 3 (see instructions). Check if includes tax pro	eviously	deferred under		
	section	1294. Enter tax amount here	<u></u>		4	
5	Current	t net 965 tax liability paid from Form 965-A, Part II, column (k)			. 5	
6a	Payme	nts: A 2021 overpayment credited to 2022	. 6a			
b	2022 es	stimated tax payments. Check if section 643(g) election applies [6b			
		posited with Form 8868				
	_	organizations: Tax paid or withheld at source (see instructions)				
е	-	withholding (see instructions)				
f		or small employer health insurance premiums (attach Form 8941)	. 6f			
g		redits, adjustments, and payments: Torm 2439	_			
		n 4136	al 6g			
		ayments. Add lines 6a through 6g			_ 7 _	
		ted tax penalty (see instructions). Check if Form 2220 is attached.				
		e. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount				
		ayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount	ount ove			
		e amount of line 10 you want: Credited to 2023 estimated tax	4: /	Refunde		
Part I		tatements Regarding Certain Activities and Other Informa				nority Yes No
	-	time during the 2022 calendar year, did the organization have an inte financial account (bank, securities, or other) in a foreign country? If '		-		
		Infancial account (bank, securities, or other) in a foreign country? If				
	here	1 Tomil 114, Report of Foreign Bank and Financial Accounts. If Tes	, enter t	ne name or me	Toreign cou	ill y
		ne tax year, did the organization receive a distribution from, or was it the gran	tor of or	transferor to a fo	reign trust?	
_	-	see instructions for other forms the organization may have to file.	101 01, 01	transieror to, a lo	roigir trast:	
3		ne amount of tax-exempt interest received or accrued during the tax	vear	\$		
		vailable pre-2018 NOL carryovers here \$. Do no			NOL carry	over
		on Schedule A (Form 990-T). Don't reduce the NOL carryover show				
	Part I, I			, ,		
		017 NOL carryovers. Enter the Business Activity Code and available p	ost-2017	7 NOL carryove	rs. Don't red	duce
		ounts shown below by any NOL claimed on any Schedule A, Part II, I		•		
		Business Activity Code		ble post-2017		
			\$			
			\$			
			\$			
			\$			
		organization change its method of accounting? (see instructions).				
b	If 6a is	"Yes," has the organization described the change on Form 990, 990	-EZ, 990)-PF, or Form 1	128? If "No	"
		in Part V				
Part \		upplemental Information				
		planation required by Part IV, line 6b. Also, provide any other addition				
		de health and well being assistance to	men	in milita	ary ser	vice
or p		e service.	d -t-t		los souls des	4 5 - 15 - 4 - 54 5 -
	true, co	penalties of perjury, I declare that I have examined this return, including accompanying schedules an rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic	u statement ch preparer h	s, and to the best of mas any knowledge.	iy knowledge and	a beller, it is
Sign					May the IRS d	iscuss this return
Here		I				rer shown below
-	Signati	ure of officer Date Title			(see iiisiiuciio	ons)? Yes XNo
	Signal	Print/Type preparer's name Preparer's signature		Date	্ , ডি	PTIN
Paid		Christopher B Sperry			Check X if self-employed	P****8747
Prep	arei	Firm's name CHRISTOPHER SPERRY CPA ESQ				**-***8796
Use (Only	Firm's address 5001 TREVINO CIR DULUTH, GA	3009			78)230-5522

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2022 calendar year, or tax year beginning and ending

В	Che	ck if applicable:	C Name of organization Shields and Stripes, Inc	c	D Employ	er identification number			
П	Addı	ress change	Doing business as	_	**-**	*9162			
Ħ	Nam	ne change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	ne number			
Ħ	Initia	Initial return 1008 Sunset Drive							
Ħ	Final	inal return/terminated City or town, state or province, country, and ZIP or foreign postal code							
Ħ			Carthage, NC 28327		G Gross re	eceipts \$ 191,718.			
Ħ			F Name and address of principal officer: Steven Nisbet	H(a)	_				
ш	Application pending F Name and address of principal officer: Steven Nisbet H(a) Is this a group return for subordinates? Yes X No H(b) Are all subordinates included? Yes No								
_	Γον οι		X 501(c)(3)	527		a list. See instructions			
_	Nebs		s://shieldsandstripes.org/	_	Group exemption				
		of organization:		ar of formation: 202		state of legal domicile: NC			
	art				<u> </u>	nate of legal doffliche. INC			
-			ibe the organization's mission or most significant activities:						
a)	'		vide health and well being assistant	de to men	in mil	itary gerwide			
Governance			ice service.	ce co men .		icary service			
rna	2		ox if the organization discontinued its operations or disposed of more t	than 25% of its not so	noto				
ove	1		oting members of the governing body (Part VI, line 1a)		1 1	1			
Ö	3					<u> </u>			
Activities &	4		ndependent voting members of the governing body (Part VI, line 1b)			4			
'itie	5		er of individuals employed in calendar year 2022 (Part V, line 2a)			0			
ξį	6		r of volunteers (estimate if necessary)		6	0			
⋖	1		ed business revenue from Part VIII, column (C), line 12		7a	0.			
	+	b Net unrelate	d business taxable income from Form 990-T, Part I, line 11		7b	0.			
	_			Prior Yea		Current Year			
•	8		s and grants (Part VIII, line 1h)		,826.	191,718.			
nue	9		vice revenue (Part VIII, line 2g)						
Revenue	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)						
ď	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,826.	191,718.			
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)	8	,000.	87,860.			
	14	Benefits paid	d to or for members (Part IX, column (A), line 4)						
Ś	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)						
nse			fundraising fees (Part IX, column (A), line 11e)						
Expenses		b Total fundrai	sing expenses (Part IX, column (D), line 25) 18,781.						
û	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		,051.	42,926.			
	18	Total expens	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		,051.	130,786.			
_	19	Revenue les	s expenses. Subtract line 18 from line 12	94	,775.	60,932.			
o S	3			Beginning of Curr		End of Year			
Net Assets Fund Baland	20	Total assets	(Part X, line 16)	101	,228.	37 , 770.			
t As	21	Total liabilitie	es (Part X, line 26)	6	,500.	11,953.			
ŽĒ	22		r fund balances. Subtract line 21 from line 20	94	,728.	25,817.			
P	art l	Signatu	ire Block						
Un	nder p	enalties of perju	ry, I declare that I have examined this return, including accompanying schedules an	nd statements, and to th	e best of my k	nowledge and belief, it is			
tru	e, coi	rect, and comple	ete. Declaration of preparer (other than officer) is based on all information of which	preparer has any know	ledge.				
S	ign	Signature of off	icer	Da	te				
Н	Here Steven Nisbet, President								
		Type or print na							
P	aid	Print/Ty	pe preparer's name Preparer's signature	Date	Check				
P	repa	arer Chri	stopher B Sperry		self-emp	· F 0/1/			
	•	Only Firm's n	ame CHRISTOPHER SPERRY CPA ESQ	Fi	rm's EIN 🔺	*-***8796			
		Firm's a	ddress 5001 TREVINO CIR DULUTH, GA 3009	96 Pr	none no. (6	78)230-5522			
Ma	y the	IRS discuss th	nis return with the preparer shown above? See instructions			Yes X No			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		7	
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	,		v
		3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		х
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>			
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ü	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	-		
3	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	3		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,	10		21
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	١		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
••	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b oa	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

Part IV	Checklist	of Required	Schedules	(continued
I altiv	CHICCKHOL	oi ivedalied	Juliedales	(COHILIHIA C U)

	,		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		<u>X</u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25h		v
26	If "Yes," complete Schedule L, Part I	25b		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or	20		
	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	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?			
	If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			
	Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	งอม		Х
30	related organization? If "Yes,", complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reporatble gaming (gambling)			
	winnings to prize winners?	1c		

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
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)?	4a		
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		X
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11				
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources			
D	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 Eu		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "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
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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** Yes No 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. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 3 Did the organization delegate control over management duties customarily performed by or under the direct Х 3 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?............... 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? . . X 8a Х 8b **b** Each committee with authority to act on behalf of the governing body?. . Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a X 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." Х 12c 13 13 X 14 Х 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a 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 organization's exempt status with Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed \ \ \backbox{NC} 18 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. Another's website Upon request 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 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records (678)230-552220 Nisbet 37 PRINCESS GATE DRIVE Wispering Pines, NC 28327

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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 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)	(B)			Posi	tion			(D)	(E)	(F)
Name and title	Average	Γ,				than o		Reportable	Reportable	Estimated amount of other
	hours per week					is both		compensation from the	compensation from related	compensation
	(list any			=	_	or/truste		organization (W-2/	organization (W-2/	from the
	hours for related	Individual or director	nstit	Officer	(ey	lighe mpl	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and
	organizations	dual	tion	A	mp	est c	<u> </u>	1099-NEC)	1099-INEC)	related organizations
	below	Individual trustee or director	al tr		Key employee	omp				
	dotted line)	tee	Institutional trustee		۳	Highest compensated employee				
						ated			31/	
(4) G1			⊢							
(1) Steven Nisbet President				₹.						
(2) Christopher Sperry		Х		Х						
Secretary		x		х						
(3) Jennifer Byrne										
Vice President		х		х						
(4) Eric Ballester										
Treasurer		X		Х						
(5)										
(6)										
(6)										
(7)										
(8)										
(9)										
(40)										
<u>(10)</u>										
(11)										
(11)										
(12)										
(13)										
·										
(14)										

UYA Form **990** (2022)

Section A. Officers, Directors, Tre	isiees, ne	y L 1111	pio	y e e	3, a	nu m	gii	est Compensat	eu Linpioy	CC3 (C	continueu)	
(A) Name and title	(B) Average hours per week (list any hours for related	Positio (do not check mo box, unless perso officer and a dire				is both	an ee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organization (W-2/1099-MISC/	tion ed (W-2/	Estimat of comp fro	ed amount other ensation m the tation and
	organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	1099-NE(•	rganizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)					G							
(21)						5						
(22)												
(23)	h	F							71	7		
(24)												
(25)												
1b Subtotal c Total from continuation sheets to Pa	rt VII, Sec	tion /	Δ.				 					
2 Total number of individuals (including t								who received m	ore than \$1	100,00	00 of	
reportable compensation from the orga		truot		ko		nlove		or highest some	onacted			Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	livid	ual .					3	х
4 For any individual listed on line 1a, is the organization and related organizations grant and related organizations.										ı the		
individual											4	х
5 Did any person listed on line 1a receive of for services rendered to the organization												х
Section B. Independent Contractors 1 Complete this table for your five highest	component	od in	done	and	ont	contr	acto	are that received	more than	\$100	000 of	•
compensation from the organization. Rel tax year.	port compe	nsatio	on fo	or th	he c	alend	lar y	year ending with	or within th	ie org	anizatio	n's
(A) Name and business address								(B) Description of se	ervices		(C) Compens	ation
	-											
		_										
2 Total number of independent contractors received more than \$100,000 of compen							se li	sted above) who)			

		Check if Schedule O contains a response or no	te to any line in this	Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
ran	b	Membership dues					
, G	С	Fundraising events 1c					
ar /	d	Related organizations 1d					
s, G	e	Government grants (contributions) 1e					
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions, gifts, grants,					
but		and similar amounts not included above 1f	191,718.				
a do	g	Noncash contributions included in lines 1a-1f 1g					
<u>a</u> ල	h	Total. Add lines 1a–1f		191,718.			
e			Business Code				
Program Service Revenue	2a						
8	b						
. <u>\$</u>	С						
Şe	d						
<u>ra</u>	е						
ဝို	f	All other program service revenue					
_	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
		and other similar amounts)					
	4	Income from investment of tax-exempt bond prod					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a Less: rental expenses 6b					
	b	20001101104101000					
	d d	Rental income or (loss) 6c Net rental income or (loss)			7		
		Gross amount from sales of (i) Securities	(ii) Other				
	' a	assets other than inventory 7a	(ii) Guioi				
	b	Less: cost or other basis					
	~	and sales expenses 7b					
	c	Gain or (loss) 7c					
		Net gain or (loss)					
_		g ()					
nue	8a	Gross income from fundraising					
eve		events (not including \$					
Ř		of contributions reported on line 1c).					
Other Reven		See Part IV, line 18					
O	b	Less: direct expenses					
	С	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
		Less: direct expenses					
	l	` '					
	10a	Gross sales of inventory, less					
	١.	returns and allowances					
		Less: cost of goods sold					
	C	Net income or (loss) from sales of inventory	Business Code				
Sno	11 -		Busiless Code				
neo	11a						
scellaneo Revenue	b						
Miscellaneous Revenue	d	All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		191,718.			

Part IX Statement of Functional Expenses

ection 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 response or note to ar	Check if Schedule O contains a response or note to any line in this Part IX							
Do not include amounts reported on lines 6b, 7b, 8b, 9b,	not include amounts reported on lines 6b, 7b, 8b, 9b, (A) (B) (C) (D)							

_	Check if Schedule O contains a response or note to an	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 7b, 8b, 9b,	Total expenses	Program service	Management and	Fundraising
	10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	07.060	07.060		
_	individuals. See Part IV, line 22	87 , 860.	87 , 860.		
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				
6	Compensation not included above to disqualified persons				
	(as defined under section 4958(f)(1)) and persons				
	described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
b	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	12,884.	12,884.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any				
	federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	505.			
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.)				
а	Bank Charges	426.		426.	
	Merchant Charge Account Fees	786.	786.		
	Event Coordination	18,781.			18,781.
	Venue Charges	9,544.	9,544.		-
	All other expenses	- 1	- 1		
25	Total functional expenses. Add lines 1 through 24e	130,786.	111,074.	426.	18,781.
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)				
HV			·		Earm QQ ((2022)

	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		Beginning of year		End of year
1 (Cash — non-interest-bearing	55,784.	1	31,792
l	Savings and temporary cash investments	,	2	
l	Pledges and grants receivable, net		3	
l	Accounts receivable, net		4	
1	Loans and other receivables from any current or former officer, director,			
1	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
	Loans and other receivables from other disqualified persons (as defined		-	
l .	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ı	Notes and loans receivable, net.		7	
1	Inventories for sale or use		8	5,97
_	Prepaid expenses and deferred charges.	39,444.	9	3/3/
l	Land, buildings, and equipment: cost or other	3371110		
l	basis. Complete Part VI of Schedule D			
l	Less: accumulated depreciation		10c	
	Investments — publicly traded securities		11	
	Investments — other securities. See Part IV, line 11		12	
	Investments — program-related. See Part IV, line 11	6,000.	13	
	Intangible assets	- 0,000.	14	
	Other assets. See Part IV, line 11.		15	
l	Total assets. Add lines 1 through 15 (must equal line 33).	101,228.	16	37,77
	Accounts payable and accrued expenses	6,500.	17	8,95
	Grants payable	0,500.	18	0,55
	Deferred revenue		19	
	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
l	Loans and other payables to any current or former officer, director, trustee, key employee, creator or			
l			22	
ı	founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	Secured mortgages and notes payable to unrelated third parties		23	
	Unsecured notes and loans payable to unrelated third parties.		24	
l	Other liabilities (including federal income tax, payables to related third parties, and other liabilities		25	2 00
l	not included on lines 17-24). Complete Part X of Schedule D	6 E00	25	3,00
	Total liabilities. Add lines 17 through 25	6,500.	26	11,95
l .	organizations that follow I Aob Aoo soo, officer field			
l	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	96 739	07	25 01
		86,728.	27	25,81
28	Net assets with donor restrictions	8,000.	28	
(Organizations that do not follow FASB ASC 958, check here			
;	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31 1	Retained earnings, endowment, accumulated income, or other funds		31	
l .	Total net assets or fund balances	94,728.	32	25,81
33	Total liabilities and net assets/fund balances	101,228.	33	37,77

Form	990	(2022)
	000	(~~~)

Shields and Stripes, Inc

**	_*	* *	91	62	Page	12
				02	i agc	

Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>	. 🔲			
1	1 Total revenue (must equal Part VIII, column (A), line 12)								
2	2 Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1	3		6	0,9	32.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9	4,7	28.			
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10		15	5,6	60.			
Part	XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					. 🔲			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule (<u>Э</u> .							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	n a se	eparate						
	basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by								
	basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight								
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on								
	Schedule O.								
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
				3a					
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the								
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					
required addit or addits, explain why on Schedule O and describe any steps taken to undergo such addits									

SCHEDULE A

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Inspection | Inspection

-*9162 Shields and Stripes, Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 🔲 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **d** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 other support (see listed in vour governing support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Shields and Stripes, Inc

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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				160,826.	191,718.	352,544.
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	Total. Add lines 1 through 3				160,826.	191,718.	352,544.
5	The portion of total contributions by						
	each person (other than a governmental						
	unit or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						352,544.
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4				160,826.	191,718.	352,544.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	LA					
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10					_	352,544.
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the c						
	organization, check this box and stop he	re					<u>X</u>
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line 6		•	,	,,	14	<u>%</u>
15	Public support percentage from 2021 Sch					15	<u>%</u>
16a	33 1/3 % support test-2022. If the organi						
	box and stop here. The organization qua						
b	33 1/3 % support test-2021. If the organ						·
	check this box and stop here. The organi	ization qualifie	es as a publicly	supported or	ganization		
17a	10%-facts-and-circumstances test-202						
	10% or more, and if the organization me						
	Part VI how the organization meets the fa	cts-and-circur	mstances test.	The organizat	ion qualifies as	s a publicly sup	oported
	organization						
b	10%-facts-and-circumstances test-202	21. If the orga	nization did no	t check a box	on line 13, 16a	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m	eets the facts	-and-circumsta	ances test. The	e organization	qualifies as a p	oublicly
	11 0						
18	Private foundation. If the organization d	id not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, che	ck this box and	d see
	instructions	<u> </u>					🔲

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.)

C4	in the organization rails to quality	under the te	esis listed beid	w, piease co	ompiete Part	11.)	
	on A. Public Support		T T		T	1	
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	,					
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's f	irst, second, thi	ird, fourth, or	fifth tax year a	s a section 50	1(c)(3)
	organization, check this box and stop here	e					
Secti	on C. Computation of Public Support						
15	Public support percentage for 2022 (lir	ne 8, column	(f), divided b	y line 13, co	lumn (f))	. 15	%
16	Public support percentage from 2021	Schedule A,	Part III, line 1	5		. 16	100.00%
	on D. Computation of Investment In					•	
17	Investment income percentage for 2022 (by line 13, co	olumn (f))	. 17	%
18	Investment income percentage from 202					. 18	%
19a							
	line 17 is not more than 331/3 %, check this I						
b	331/3 % support tests-2021. If the organiz	=	_	· ·	•		_
	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization did		-	-			

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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. A	AII :	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 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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	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)	4.0		
E 0	purposes. Did the ergonization add substitute or remove only supported ergonizations during the tax year? If "Yea"	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	- Ou		
~	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? If "Yes," provide detail in			
	Part VI.	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		
l0a	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	4.5		
	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	10h		
	OEIELLINGE WOEDEL THE OTGANIZATION HAG EXCESS DUSIDESS HORIDOS 1			1

Part	Supporting Organizations (continued)			
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11 a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		140
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		Yes	No
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have	2		
3	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	istruc	ctions	i).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. Instructions.	entity (,	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
b	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes" describe in Part VI the role played by the organization in this regard</i>	3a		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 <i>(explair</i>	n in Part VI).
See instructions. All other Type III non-functionally integrated supporting of	rgar	nizations must complete Se	ctions A through E.
Section 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) 7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		1
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supportin	g organization (see

UYA Schedule A (Form 990) 2022

Shields and Stripes, Inc.

	True III Non Franctic and Stripe	S, Inc	-!4! /		^- ^ ^ 9162 Fage
Part		3) Supporting Organ	nizations (continu	iea)	
Secti 1	on D - Distributions Amounts paid to supported organizations to accomplish	evemnt nurnoses		1	Current Year
-	Amounts paid to perform activity that directly furthers ex	<u> </u>	rtod	∸	
2	organizations, in excess of income from activity	ritea	2		
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	t 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 whice (provide details in Part VI). See instructions.	th the organization is res	sponsive	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required- explain in Part VI). See instr.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. 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 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				

d Excess from 2021e Excess from 2022

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.)

Part	II	I	
none Part	II	I or III Line 1	
none			
		DONOL FIR	
		Client Comy	

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name o	the organization	mood for mode addition and the latest mile.	Employer identification number
Shie	elds and Stripes, Inc		**-***9162
Part		vised Funds or Other Similar Fu	
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	n writing that the assets held in donor advised	I funds are the organization's
	property, subject to the organization's exclusive legal control	ol?	
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	sed only for charitable
	purposes and not for the benefit of the donor or donor advis	sor, or for any other purpose conferring imper	missible
	private benefit?		
Part			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of hi	storically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of	a conservation easement on the last day
	of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		<mark>2a</mark>
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic s	structure included in (a)	2c
d	Number of conservation easements included in (c) acquire		ructure
			2d
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the	
	organization during the tax year		
4	Number of states where property subject to conservation e		
5	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, handling of vio	lations,
	and enforcement of the conservation easements it holds?		– –
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing conser	vation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation	on easements during the year
•		470/)/(A/P)/()
8	Does each conservation easement reported on line 2(d) ab		
•	and section 170(h)(4)(B)(ii)?		_
9	In Part XIII, describe how the organization reports conservationally described by the text of the features to the granization	•	
	include, if applicable, the text of the footnote to the organization conservation easements.	ation's financial statements that describes the	organization's accounting for
Part		s of Art Historical Treasures or	Other Similar Assets
ıaıı	Complete if the organization answered "	· · · · · · · · · · · · · · · · · · ·	Other Ohimar Assets.
1a	If the organization elected, as permitted under FASB ASC		d halance sheet works
ıu	of art, historical treasures, or other similar assets held for p	•	
	service, provide in Part XIII the text of the footnote to its final		and and or public
b	If the organization elected, as permitted under FASB ASC		alance sheet works of
	art, historical treasures, or other similar assets held for pub		
	provide the following amounts relating to these items:	S.a	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical to		
_	required to be reported under FASB ASC 958 relating to the		gain, provide the following amounts
а	Revenue included on Form 990. Part VIII. line 1	nose nortis.	\$

Part	Organizations Maintaining Coll	ections of A	rt, Histo	oricai i	reasures, o	r Otner a	olmilar Ass	ets (C	ontinuec	J)
3	Using the organization's acquisition, accession, at (check all that apply):	nd other records, o	check any	of the foll	lowing that make	e significant	use of its colle	ction iter	ns	
а	Public exhibition		d [Loan c	or exchange prog	gram				
b	Scholarly research		е [Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ons and explain ho	ow they fu	rther the c	organization's ex	empt purpo	se in Part XIII.			
5	During the year, did the organization solicit or rece							_	п	
Dowl	rather than to be maintained as part of the organiz				· · · · · · · · ·			Ye	s No	_
Part	Complete if the organization answ 990, Part X, line 21.		n Form	990, Pa	art IV, line 9,	or repor	ted an amo	unt on	Form	
1a	Is the organization an agent, trustee, custodian or	other intermediary	y for contr	ibutions o	r other assets no	ot included				
	on Form 990, Part X?							Ye	s 🗌 No)
b	If "Yes," explain the arrangement in Part XIII and of	complete the follow	ving table:							
							Amour	nt		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Form 9	90, Part X, line 21	l, for escr	ow or cus	todial account lia	ability?		Ye	s 🔲 No)
b	If "Yes," explain the arrangement in Part XIII. Che	ck here if the expla	anation ha	s been pr	ovided on Part X	(111				
Part										
	Complete if the organization answ		n Form	990, Pa						
	(a)	Current year	(b) Pric	or year	(c) Two years b	ack (d) Th	ree years back	(e) Fou	r years bac	:k
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and		i							
_	losses		_							_
d	Grants or scholarships									_
е	Other expenditures for facilities and programs									
f	Administrative expenses									_
g	End of year balance									_
2	Provide the estimated percentage of the current year	ar end halance (li	ine 1a col	lumn (a))	hald as:					_
a	Board designated or quasi-endowment	•	inc ig, co	idiliii (a))	ricia as.					
b	Permanent endowment %	/0								
C	Term endowment %									
Ū	The percentages on lines 2a, 2b, and 2c should e	gual 100%								
3a	Are there endowment funds not in the possession	•	n that are	held and	administered for	the				
-	organization by:	oo o. gaao							Yes No	_ 0
	(i) Unrelated organizations							3a(i)		_
	(ii) Related organizations							``		_
b	If "Yes" on line 3a(ii), are the related organizations							 		_
4	Describe in Part XIII the intended uses of the orga	•								_
Par										_
	Complete if the organization answ		n Form	990, Pa	art IV, line 11	Ia. See F	orm 990. P	art X, I	ine 10.	
	Description of property	(a) Cost or other			other basis	(c) Accumi		(d) Book		
		(investment	١,	•	her)	deprecia	I .			
1a	Land									_
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									
Total.	Add lines 1a through 1e. (Column (d) must equal F		column (E	3), line 10d	;.)					

Schedule D (Form 990) 2022 Shields and Stripes, Inc		**	-***9162	Page
Part VII Investments — Other Securities.	000 5 11/11 44		200 B () ()	4.0
Complete if the organization answered "Yes" on Form				e 12.
(a) Description of security or category (including name of security)	(b) Book value	* *	od of valuation: -of-year market value)
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments — Program Related.				
Complete if the organization answered "Yes" on Form	n 990, Part IV, line 11	c. See Form 9	90, Part X, line	e 13.
(a) Description of investment	(b) Book value	(c) Meth	od of valuation: -of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.			V	
Complete if the organization answered "Yes" on Form	n 990 Part IV line 11	d See Form 9	90 Part X line	e 15
(a) Description			(b) Book valu	
(1)			. ,	
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
Part X Other Liabilities.				
Complete if the organization answered "Yes" on Form	n 990 Part IV line 11	e or 11f See	Form 990 Pari	ŧΧ
line 25.	11 000, 1 011 17, 1110 11		7 01111 000, 1 all	. , ,
1. (a) Description of liability			(b) Book val	ue
(1) Federal income taxes			. ,	
(2) Temporarily Impaired Deposits			3,	000
(3)			-	
(4)				
(5)				
_ (6)				
(8)				

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

3,000.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Part				Return	- I-
	Complete if the organization answered "Yes" on Form 990, P	Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements $\ \ldots \ \ldots$			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b \ldots				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Part				r Retu	rn.
	Complete if the organization answered "Yes" on Form 990, P		line 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	-			
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	i · · i		3	
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.)				_
_ C	Add lines 4a and 4b			4c	
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	/
	Supplemental Information.	41	JOL Berly For A Bri	1 X E .	
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li			rt X, line	2;
Рап Хі,	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	aditional	information.		

UYA Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Employer identification number Name of the organization **-***9162 Shields and Stripes, Inc **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (book, FMV, appraisal, or government (if applicable) noncash assistance noncash assistance or assistance other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)0 0

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number Shields and Stripes, Inc **-***9162

Name of the organization	Employer identification number
Shields and Stripes, Inc	**-***9162
Part VI Line 1a	
None	
Part VI Line 1a	
None	
Part VI Line 8a	
Yes Board Of Director Meetings and Minutes Reported and	Recorded
Part VI Line 11b	
Review With Accounting Team Prior To Filing and Board	
Part VI Line 11b	
of Director Approval of the 990 Filing	
Part VI Line 12c	
Board subsequently removed one agreement that had potent	tial conflict no
Part VI Line 12c	
other exceptions noted for 2022.	
Part VI Line 15a or b	
Treasurer Secretary and all noted officers are appointed	d as required under
Part VI Line 15a or b	
local and federal law.	
Part VI Line 19	_
All documentation is available on request.	
Client Col	<u>OV</u>

UYA Schedule O (Form 990) 2022

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

000	•

OMB No. 1545-0047

		For calendar year 2023 or other tax year beginning and ending		2	023
Denartm	ent of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Pu	ublic Inspection
	Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a	501(c)(3).	for 5 Organi	ublic Inspection 501(c)(3) zations Only
A C	neck box if	Name of organization (Check box if name changed and see instructions.)			fication number
ac	ldress changed.	Print Shields and Stripes, Inc Number, street, and room or suite no. If a P.O. box, see instructions.	86-	33791	62
	ot under section	l or l		p exemptions	
=	1(C)(3)	Type 1008 Sunset Drive	(366)	iristi uctions,	,
=	8(e) 220(e)	City or town, state or province, country, and ZIP or foreign postal code			
L 40	₩ ` `	Carthage, NC 28327		Check box if in amended	
	9(a) 529A eck organizatio	C Book value of all assets at end of year		ollege/un	
G CII	eck organizano	6417(d)(1)(A) Applicable entity	J State Ct	nege/un	versity
H Ch	eck if filing only	to claim Credit from Form 8941 Refund shown on Form 2439 Elective par	ment am	ount fron	 n Form 3800
		(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation			
		of attached Schedules A (Form 990-T)			0
		ır, was the corporation a subsidiary in an affiliated group or a parent-subsidiary contr			′es No
If "	Yes," enter the	name and identifying number of the parent corporation			
		care of Steven Nisbet Telephone num	ber 67	8-230	-5522
Part		nrelated Business Taxable Income		T	
1		ed business taxable income computed from all unrelated trades or businesses (see instruction	· —	1	
2	Reserved			2	
3	Charitable con	nd 2		3 4	
4 5		d business taxable income before net operating losses. Subtract line 4 from line 3		5	
6		net operating loss. See instructions	_	6	
7		ated business taxable income before specific deduction and section 199A deduction	$ abla$		
-		6 from line 5		7	
8		ction (generally \$1,000, but see instructions for exceptions)		8	1,000.
9		on 199A deduction. See instructions		9	
10	Total deducti	ions. Add lines 8 and 9	[10	1,000.
11	Unrelated bus	isiness taxable income. Subtract line 10 from line 7. If line 10 is greater than line	. 7,		
			<u> </u>	11	
Part		mputation		1	
1 2	_	s taxable as corporations. Multiply Part I, line 11 by 21% (0.21)		1	
2		from: Tax rate schedule or Schedule D (Form 1041)		2	
3		e instructions		2	
4		punts. See instructions		4	
5	Alternative mir		_	5	
6	Tax on nonco	ompliant facility income. See instructions	🗀	6	
7		es 3 through 6 to line 1 or 2, whichever applies		7	
Part		d Payments			
1a	-	redit (corporations attach Form 1118; trusts attach Form 1116) 1a			
b		(see instructions)			
C		ness credit. Attach Form 3800 (see instructions)			
d		r-year minimum tax (attach Form 8801 or 8827)	1e		
e 2		1e from Part II, line 7		_	
2 3a		rom Form 4255	· · · · 		
b		rom Form 8611			
C		rom Form 8697			
d		rom Form 8866			
е	Other amounts	ts due (see instructions)			
f	Total amounts	s due. Add lines 3a through 3e	3f		
4	Total tax. Add	d lines 2 and 3f (see instructions). Check if includes tax previously deferred unc			
_		Enter tax amount here	4		
5	Current net 96	65 tax liability paid from Form 965-A, Part II, column (k)	5		

Form 99	00-T (2023) Shields and Stripes, Inc		86-337916	2 Page 2
Part				
	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election			
	applies]		
С	Tax deposited with Form 8868	. 6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions) .	. 6d		
е	Backup withholding (see instructions)	. 6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	. 6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h	_	
i	Credit from Form 4136	6i	_	
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached.		8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter am			
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax	Refunded	11	
Part	Statements Regarding Certain Activities and Other Informa At any time during the 2023 calendar year, did the organization have an int		other outherity	Yes No
1	over a financial account (bank, securities, or other) in a foreign country? If	-		Tes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes		*	
	here	, enter the name of the r	Jieigh country	х
2	During the tax year, did the organization receive a distribution from, or was it the	grantor of or transferor to	a foreign trust?	
_	If "Yes," see instructions for other forms the organization may have to file.	granter or, or transfer to,	La loroign tract.	
3	Enter the amount of tax-exempt interest received or accrued during the tax	vear \$		
4		ot include any post-2017	NOL carryover	
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover show			
	Part I, line 6.	, ,	·	
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available p	oost-2017 NOL carryovers	s. Don't reduce	
	the amounts shown below by any NOL claimed on any Schedule A, Part II,	line 17 for the tax year. So	ee instructions.	
	Business Activity Code	Available post-2017 NO	OL carryover	
		\$		
		\$		
		\$		
		\$		
	Reserved for future use			
	Reserved for future use			
Part	Supplemental Information			
	le any additional information. See instructions.		onfonce.	_
	provide health and well being assistance to first responders	veterans, law	enrorder	<u>5 </u>
and	Under penalties of perjury, I declare that I have examined this return, including accompanying	schedules and statements, and	to the best of my knr	owledge and
C:	belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based			
Sign			May the IRS discuss the vith the preparer show	
Here			see instructions)?	
	Signature of officer Date Title			
Paid	Print/Type preparer's name Preparer's signature	Date	check X if PTIN	
Prep	Christophor B Charry	s	elf-employed P00!	538747
-	TEIRM'S NAME ("HRISTOPHER SPERRY ("PA ESO)			628796
<u> </u>	Only Firm's address 5001 TREVINO CIR DULUTH, GA	. 30096	hone no. (678)2:	30-5522

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public Inspection

For the 2023 calendar year, or tax year beginning 2023, and ending 20 Shields and Stripes, D Employer identification number Check if applicable: C Name of organization 86-3379162 Address change Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1008 Sunset Drive Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts Carthage, NC 28327 352,922. Amended return F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Steven Nisbet 37 PRINCESS GATE DRIVE X No Wispering Pines, NC H(b) Are all subordinates included? **X** 501(c)(3) 4947(a)(1) or 501(c) () (insert no.) If "No," attach a list. See instructions Website: https://shieldsandstripes.org/ H(c) Group exemption number Form of organization: X Corporation Trust Association Other L Year of formation: 2021 M State of legal domicile: NC Part I **Summary** Briefly describe the organization's mission or most significant activities: To provide health and well being assistance to veterans, law enforcers Activities & Governance and first responders Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0 6 Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0 -Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Current Year Prior Year** 340,977.198,866. Revenue Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11,945. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 198,866. 352,922. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 87,860. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 170,414. 327,205. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 327,205. 258,274. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -59,408.25,717.19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year Net Assets or Fund Balances 39,692. 20 Total assets (Part X, line 16) 13,875. 21 Total liabilities (Part X, line 26) 25,817. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Steven Nisbet, President Here Type or print name and title Print/Type preparer's name Date Preparer's signature X **Paid** Christopher B Sperry P00538747 20-2628796 Firm's name CHRISTOPHER SPERRY CPA **Preparer** Firm's EIN **Use Only** Firm's address Phone no. 5001 TREVINO CIR DULUTH, GA 30096 (678)230-5522Yes May the IRS discuss this return with the preparer shown above? See instructions X No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: The Organization focuses on Health and Well Being of Veterans and
	Members of the Police Forces and First Responders that need specific
	attention including assistance with Post Traumatic Stress Disorders
	accention including assistance with rost fraumatic stress bisorders
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
2	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	— — — — — — — — — — — — — — — — — — —
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 296,920. including grants of \$) (Revenue \$ 340,977.)
4a	(Code:) (Expenses \$296,920. including grants of \$) (Revenue \$340,977.) Provision of Services to Armed Forces Veterans and Police and
	Firefighters that have infliction of PTSD and other related stress
	occurances due to being in action in their respective areas. These
	services are including but not limited to counselling services,
	group and individual therapy sessions, which are done in locations around the country based on need as well as the provision of group
	activties such as sports to offer theraputic relief.
	THORT CONT
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 296,920.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			l
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		x
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
Ū	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
ŀ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
(Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	bid the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
(Bid the organization report an amount for differ added in Fairty, line 10, that is 670 of more or its total added			3,5
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	,			x
420	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		^
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		х
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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?			3.5
	If "Yes," complete Schedule G, Part III	19		X
20a		20a		X
24		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	I	42

Part IV	Checklist of Required Schedules	(continued)
IGILIV	Checking of incumbed ochedules	TOOLIUI IUCUI

			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			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			v
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		^
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part J	25a		^
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			ĺ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0Eh		x
26	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ĺ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
ZI	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ĺ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			ĺ
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			l
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes." complete Schedule L. Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part.IV	28b		Х
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		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part L	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			ĺ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		.	ĺ
	19? Note: All Form 990 filers are required to complete Schedule Q	38	Х	<u>i </u>
Par				
-	Check if Schedule O contains a response or note to any line in this Part V			<u></u>
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a				
b	Zinot the flathest of Fernie W Ze included in line fat Zinot of it not applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1-		
	reportable gaming (gambling) winnings to prize winners?	1c		

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

Form 990 (2023) Shields and Stripes, Inc 86-3379162 Page 6 Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" Governance, Management, and Disclosure. 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 Yes No 6 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. Enter the number of voting members included in line 1a, above, who are independent 1h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a X Each committee with authority to act on behalf of the governing body?........ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 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? . . X 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. . . 11a X Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c X describe on Schedule O how this was done. X 13 13 X 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a 15b 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 X 16a 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 X organization's exempt status with respect to such arrangements?

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NC
12	Section 6104 requires an organization to make its Forms 1023 (1024 or	1024-4

quires 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 Own website Another's website Upon request 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 the public during the tax year.

(678)230-5522State the name, address, and telephone number of the person who possesses the organization's books and records. 20 Steven Nisbet 37 PRINCESS GATE DRIVE Wispering Pines, NC 28327

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, box 6 of 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.

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

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

				(C)					
(A)	(B)	Position				(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unless er and a	persor direct	than one is both is both or/trustee employee	an e)	Reportable compensation from the organization (W-2/	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(1) Steven Nisbet	30.00							<i>J</i> V	
President (2) Jennifer Byrne	20.00	Х	2	2					
(2) Jennifer Byrne Vice President	20.00	х]	ζ					
(3) Cody Cerny	10.00								
Secretary		х	2	ζ					
(4) Barry Coulby	10.00								
Treasurer Director		X							
(5) Geoff Tokajer	10.00								
Vice Chairman			2	2					
(6) Rory Berke Chairman	10.00		2	,					
				-	+				
_(7)									
_(8)									
<u>_(9)</u>									
(10)									
(11)									
(12)									
(13)									
(14)									

Part	(A)	(B) (C) Position (do not check more than one					(D) Reportable	(E)			(F)	tinued,		
	Name and title	Average hours per week (list any	hours officer and a director/trustee) compensation compens per week from the from rel Organization (W-2/ organization		Reportal compensa from relat organization	ation ated ns (W-2/		ated am of other opensate om the	r tion					
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	(ey employee	Highest compensated employee	-ormer	1099-MISC/ 1099-NEC)	1099-MIS 1099-NE		-	nization d organi:	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>						1								
<u>(21)</u>		11-7-1												
(22)														
<u>(23)</u>			1											
<u>(24)</u>														
<u>(25)</u>														
1b	Subtotal													
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)					· · ·					-+			
2	Total number of individuals (including but not	t limited to t							ceived more than	\$100,000) of			
	reportable compensation from the organizati	on											Yes	No
3	Did the organization list any former officer, directed	or. trustee. ke	ev emr	olove	e. o	r hia	hest o	comi	pensated				162	NO
	employee on line 1a? If "Yes," complete Schedule			-		_						3		х
4	For any individual listed on line 1a, is the sum of r													
	organization and related organizations greater the											_		37
5	individual											4		X
	for services rendered to the organization? <i>If "Yes</i>				-			-				5		х
Section	on B. Independent Contractors	•					'							
1	Complete this table for your five highest com-	•	-											
	compensation from the organization. Report	compensat	tion fo	r the	ca	lend	lar ye	ar e		hin the or	<u> janizatio</u>		k yeai	r
	(A)								(B)			(C)	- . :	
-	Name and business addres	is							Description of service	es		Compens	alion	
	Total number of independent contractors (inc	oludina but	not lie	nito d	1 +0 +	haa	o lict-	24 c	abovo) who					
2	received more than \$100,000 of compensati	-				nos	e iiste	eu a	ibove) who					

Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to any lir	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Fundraising events	119,877. 31,623. 136,801.	340,977.			
Program Service Revenue	g	All other program service revenue	Business Code				
Other Revenue	4 5 6a b c d d 8a b c c 9a b c c 10a b	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory . Less: cost or other basis and sales expenses . To Gain or (loss)	(ii) Personal (iii) Personal (iii) Other				
Miscellanous Revenue	b c d	Card Card Points All other revenue	Business Code 900099 900099 900099	8,714. 3,000. 231.	8,714. 3,000. 231.		
	е 12	Total. Add lines 11a-11d		11,945. 352,922.	11,945.		

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must con

	tion 501(c)(3) and 501(c)(4) organizations must completed. Check if Schedule O contains a response or no				
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	Db, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
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				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management	2,775.		2,775.	
b	Legal	2,115.		2,775.	
C	Accounting				
d	Lobbying				
e f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	6,487.		3,897.	2,590.
13	Office expenses	30,479.	19,687.	10,792.	2,3301
14	Information technology	20,2121			
15	Royalties	105.		105.	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,553.		1,553.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	755.		755.	
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.)				
а	Bank Charges	227.		227.	
b	Merchant Account	1,467.		355.	1,112.
С	Square	155.			155.
d	Costs to Provide Services	115,032.	115,030.		
е	All other expenses	168,170.	105,715.	7,745.	54,810.
25	Total functional expenses. Add lines 1 through 24e	327,205.	240,432.	28,204.	58,667.
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)		l l	1	

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	33,714.	1	•
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
	-	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
)ts	8	Inventories for sale or use	5,978.	8	
Assets	9	Prepaid expenses and deferred charges	3,3701	9	
⋖	10a	Land, buildings, and equipment: cost or other		9	
	IVa	basis. Complete Part VI of Schedule D 10a			
		· — — — — — — — — — — — — — — — — — — —		10c	
	b 44				
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	30 602	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	39,692. 8,953.	16	
	17	Accounts payable and accrued expenses	0,955.	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
<u> </u>		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	4 000		
		of Schedule D	4,922.	25	
	26	Total liabilities. Add lines 17 through 25	13,875.	26	
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
ŭ	27	Net assets without donor restrictions	25,817.	27	
ala	28	Net assets with donor restrictions		28	
힐		Organizations that do not follow FASB ASC 958, check here			
ᇤ		and complete lines 29 through 33.			
p	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	25,817.	32	
Ž	33	Total liabilities and net assets/fund balances	39,692.	33	

Par	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)	1		2,92	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,20	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,72	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	5,82	17.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	5	1,53	34.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		x
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	W			
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. За		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		. 54		
J	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		x
IVΛ	required datak of addite, explain with our confedence and accombe any steps taken to undergo such addits	<u></u>		m 990	

Form **990** (2023)

SCHEDULE A

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Employer identification number Name of the organization Shields and Stripes, 86-3379162 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.) 10 🔲 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **d** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 other support (see listed in vour governing support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D)

(E) Total

Shields and Stripes, Inc. 86-337916 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			160,826.	191,718.	349,691.	702,235.
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	Total. Add lines 1 through 3			160,826.	191,718.	349,691.	702,235.
5	The portion of total contributions by						
	each person (other than a governmental						
	unit or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						702,235.
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4			160,826.	191,718.	349,691.	702,235.
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.)						
11	Total support. Add lines 7 through 10						702,235.
12	Gross receipts from related activities, etc					12	1/)/(2)
13	First 5 years. If the Form 990 is for the constraints and should this have and storp be						
<u> </u>	organization, check this box and stop he			 	<u> </u>	<u> </u>	
Secti	on C. Computation of Public Suppo Public support percentage for 2023 (line of	rt Percentaç	je dividad by lina	11 solumn (f)	.\	44	100 00%
	Public support percentage for 2023 (line of 2023) Public support percentage from 2022 Sch					15	100.00%
15 16a	33 1/3 % support test-2023. If the organ					1 1	
IVa	box and stop here. The organization qua						
b	33 1/3 % support test-2022. If the organ	-		-			
D	check this box and stop here . The organ						
17a	10%-facts-and-circumstances test–202	-					
174	10% or more, and if the organization me	•					
	Part VI how the organization meets the fa						
	organization.			-	•		·
h	10%-facts-and-circumstances test–202						
b	15 is 10% or more, and if the organizatio	•					
	Explain in Part VI how the organization m						
	supported organization				-	-	
18	Private foundation. If the organization d						
	instructions						

Schedule A (Form 990) 2023 Shields and Stripes, Inc

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

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

Secti	on A. Public Support			•	•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	•		, ,			
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>		<u> </u>		<u> </u>
14	First 5 years. If the Form 990 is for the o		irst, second, th	ird, fourth, or	fifth tax year a	s a section 50°	I(c)(3)
	organization, check this box and stop her					<u> </u>	<u> L</u>
	on C. Computation of Public Suppo					T T	
15	Public support percentage for 2023 (li	,	\ <i>\ , '</i>	•	(/ /		%
16	Public support percentage from 2022			5		. 16	<u>%</u>
	on D. Computation of Investment In			hadina 40	.l (6)	147	
17	Investment income percentage for 2023	-		-			<u>%</u>
18	Investment income percentage from 202						<u>%</u>
19a	331/3 % support tests-2023. If the organ						
	line 17 is not more than 331/3%, check this	_	-	-			_
b	331/3 % support tests–2022. If the organization 18 is not more than 331/3%, check this latest the same of the same						
	THE IN IS NOT THAT THEN STILL ON CHACK THIS	oux and stob f	ıere. The organ	ization qualific	es as a dubliciv	SUDDOMED OF CO.	anization
20	Private foundation. If the organization di	-	-	-			

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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. AII	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 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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	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.	3с		
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	Ja		
	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</i>			
	Part VI.	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		
l0a	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	10:		
	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	10b		
	determine whether the organization had excess business holdings.)	IUD		

ı aıt	Cupporting Organizations (Continued)			
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively			
	operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
00011	on o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	;).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental einstructions).	entity (see	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
•	·	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Pairt V Type III Non-Functionally Integrated 509(a)(3) Supporting Of			
1 Check here if the organization satisfied the Integral Part Test as a qualifying		, , ,	,
See instructions. All other Type III non-functionally integrated supporting of	orgar		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
4 Net about town and tell active	14		(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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7	 	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supportir	ng organization (see

UYA Schedule A (Form 990) 2023

Schedul	e A (Form 990) 2023 Shields and Stripe	s, Inc		80	6-3379162 Page /
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations (continu	ıed)	
	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	2	
3	Administrative expenses paid to accomplish exempt purp	noses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets	oscs of supported orga	THEATIONS	4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	<i>t</i> \/\	5	
6	Other distributions (describe in Part VI). See instructions.		. VI)	6	
	Total annual distributions. Add lines 1 through 6.			7	
7	3	L (1			
8	Distributions to attentive supported organizations to whic <i>(provide details in Part VI)</i> . See instructions.	n the organization is res	sponsive	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required- explain in Part VI). See instr.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
_ _f	Total of lines 3a through 3e			\neg	
g	Applied to underdistributions of prior years			\neg	
<u>9</u> h	Applied to 2023 distributable amount				
<u>::</u>	Carryover from 2018 not applied (see instructions)				
÷	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			\rightarrow	
4	Distributions for 2023 from Section				
	D, line 7: \$				
<u>a</u>	Applied to underdistributions of prior years Applied to 2023 distributable amount				
b_	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if			- 1	
	any. Subtract lines 3g and 4a from line 2. For result			- 1	
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c. Breakdown of line 7:				
8					
a	Excess from 2019				
n	EXCESS HOREZUZU				

c Excess from 2021 d Excess from 2022 Excess from 2023

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.)
	Da Niat Eila
	DO NOT FILE
	Client Conv

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Shields and Stripes, Inc. 86-3379162 Organization type (check one): Filers of: Section: **X** 501(c)(**3** Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** To For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

Name of organization

Employer identification number

Shields and Stripes, Inc

86-3379162

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	The Charlie Daniels Journey Home Pr 17060 Central Pike Lebanon, TN 37090	\$ 55,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	The Boeing Company 110 North Riverside Chicago, IL 60606	\$ 30,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Big Fish Foundation PO Box 4069 Boulder, CO 80306	\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Green Beret Foundation 14351 Blanco Road San Antonio, TX 78216	\$ 24,623.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Brattleboro Elks Lodge #1499 Box 8051 Brattleboro, VT 05304	\$ 18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	Rory Berke 11558 Creek Rd Poway, CA 92064	\$ 15,104.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) **Employer identification number** Name of organization Shields and Stripes, Inc 86-3379162 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (c) (d) from Description of noncash property given FMV (or estimate) Date received Part I (See instructions.) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (See instructions.) Part I \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

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

\$

Employer identification number

Name of organization

Shiel	ds and Stripes, Inc			86-3379162
Part III		the year from any one	e contributor. C	complete columns (a) through (e) and
				of exclusively religious, charitable, etc.,
	contributions of \$1,000 or less for the Use duplicate copies of Part III if additional control of the control o			e instructions.) \$
(a) No.	Ose duplicate copies of Fart III if addi	Tioriai space is rieeded.		
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
Part I				
		-		
		(e) Transfe	er of gift	
}	Transferee's name, address, ar	1d ZIP + 4	Relat	tionship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of	aift	(d) Description of how gift is held
Part I	(1)	(1)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				1110
Ī		(e) Transfe	er of gift	
	Transferee's name, address, ar	d ZIP + 4	Relat	tionship of transferor to transferee
				1111
(a) No. from	(h) Diverson of wift		-:44	(d) Description of how sift is hold
Part I	(b) Purpose of gift	(c) Use of	girt	(d) Description of how gift is held
ŀ		(e) Transfe	ar of gift	
		(e) Transit	er or girt	
	Transferee's name, address, ar	ıd ZIP + 4	Relat	tionship of transferor to transferee
		.		
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
raiti				
_				
-			6 . 164	
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relat	tionship of transferor to transferee
ŀ			Rola	

Name of organization

Employer identification number

Shields and Stripes, Inc

86-3379162

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Anne Shepherd Waterford Lake Drive Cary, NC 27519	\$9,374.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Joshua Longnecker 5536 N. 11th Street Tacoma, WA 98406	\$ 10,050.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	EXOS 2629 E Rose Garden Lane Phoenix, AZ 85050	\$ 10,043.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Westlake Foundation Inc. 46175 Westlake Drive St 320 Sterling, VA 20165	\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	Miller Advisory Group LLC 101 S Franklin St Ste 202 Tampa, FL 33602	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Tribalco LLC Old Georgetown Road 12th Floor Bethesda, MD 20814	\$5,000.	Person X Payroll Complete Part II for noncash contributions.)

Name of organization Employer identification number

Shields and Stripes, Inc

86-3379162

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Grants CSX Transportation 500 Water Street, C420 Jacksonville, FL 32202	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Client	\$00	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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.

Department of the Treasury Internal Revenue Service

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

Name o	f the organization		Employer identification number
Shie	elds and Stripes, Inc		86-3379162
Part		ised Funds or Other Similar Fun	
	Complete if the organization answered "		
	·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funds are the organization's
	property, subject to the organization's exclusive legal control	_	
6	Did the organization inform all grantees, donors, and donor		
	purposes and not for the benefit of the donor or donor advis		-
	private benefit?		
Part			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of a	a conservation easement on the last day
	of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic s		
d	Number of conservation easements included on line 2c acc		
	structure listed in the National Register		2d
3	Number of conservation easements modified, transferred,		
	organization during the tax year		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the policy		ations.
	and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting		– –
	3 . 1 3		ů ,
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation	n easements during the year
		•	
8	Does each conservation easement reported on line 2d above	ve satisfy the requirements of section 170(h)(4	I)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva-	ation easements in its revenue and expense st	atement and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the	organization's accounting for
	conservation easements.		
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC	958, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for p	public exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its final	ancial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC	958, to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical to		
	required to be reported under FASB ASC 958 relating to th	_	

b Assets included in Form 990, Part X

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

Schedu	ule D (Form 990) 2023 Shields ar	nd Stripes,	Inc		86-3	3379162	2 Pa	age (
Part		Collections of	Art, Historical 7	Γreasures, οι	r Other Similar <i>A</i>	ssets (co	ntinu	ied
3	Using the organization's acquisition, access (check all that apply).	ion, and other records	s, check any of the fo	llowing that make	significant use of its of	ollection item	IS	
а	Public exhibition		d Loan	or exchange prog	ram			
b	Scholarly research		e Other					_
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explain	how they further the	organization's exe	empt purpose in Part X	III.		
5	During the year, did the organization solicit	or receive donations o	f art, historical treasu	res, or other simil	ar assets to be sold to	raise funds		
	rather than to be maintained as part of the o	rganization's collection	n?			Yes		No
Part								
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Form 990, P	art IV, line 9,	or reported an ar	nount on F	orm	
1a	Is the organization an agent, trustee, custod	lian or other intermedi	ary for contributions of	or other assets no	t included			
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XII	I and complete the following	lowing table:					
					Am	ount		
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				_ 1f		_	
2a	Did the organization include an amount on F						=	No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the ex	planation has been p	rovided on Part X	III		· 🔲	
Part	V Endowment Funds Complete if the organization	anawarad "Vaa"	on Form 000 B	ort IV line 10				
	Complete ii the organization	(a) Current year	(b) Prior year	(c) Two years ba		ick (e) Four	vooro	
4.	Decimaling of year halance	(a) Current year	(b) Filol year	(c) Two years ba	ack (d) Three years ba	ick (e) Four	years	Jack
1a b	Beginning of year balance		4					
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 of the cur	rent year end balance	(line 1g, column (a))	held as:	•			
а	Board designated or quasi-endowment	-	· • • · · · · · · · · · · · · · · · · ·					
b	Permanent endowment %							
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held and	administered for	the	_		
	organization by:						Yes	No
	(i) Unrelated organizations?					3a(i)		
	(ii) Related organizations?					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requir	ed on Schedule R?			3b		
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	Land, Buildings, and Equi							_
	Complete if the organization							J
	Description of property	(a) Cost or other	or boois I/h) Cost o	r other basis	(c) Accumulated	(d) Book	value	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment				
	Other				
otal.	Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X, line 10c	, column (B))		
ΥA				S	chedule D (Form 990

Part VII	Investments -	 Other Securities 			
	Complete if the	e organization answered "Yes" on For	m 990, Part IV, line	11b. See Form	990, Part X, line 12.
		tion of security or category uding name of security)	(b) Book value	` '	thod of valuation: nd-of-year market value
(1) Financia	al derivatives				
` ,					
(3) Other	mora oquity intercete				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colu	ımn (b) must equal Fo	orm 990, Part X, line 12, col. (B))			
Part VIII		 Program Related organization answered "Yes" on For 	m 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Descrip	tion of investment	(b) Book value	(c) Me	thod of valuation:
				Cost or er	nd-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(9)</u>		HANL			
		orm 990, Part X, line 13, col. (B))			
Part IX					222 5 114 11 45
	Complete if the	e organization answered "Yes" on For	m 990, Part IV, line	11d. See Form	
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
(7)					
(8)					
(9)	ımn (h) must equal Fo	orm 990, Part X, line 15, col. (B))			
Part X					
I alt A		e organization answered "Yes" on For	m 990 Part IV line	11e or 11f Sec	Form 990 Part X
	line 25.	o organization anowered 100 on 101	in 550, i diciv, inio	110 01 111. 000	71 01111 000, 1 ait 71,
1.	1110 20.	(a) Description of liability			(b) Book value
	al income taxes	(a) Description of habitity			(b) Book value
(2)	ai illeoitle taxes				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Fo	orm 990, Part X, line 25, col. (B))			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. Schedule D (Form 990) 2023

Part				Return	
	Complete if the organization answered "Yes" on Form 990, P	art IV	', line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	;		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	
Part				er Retu	rn
	Complete if the organization answered "Yes" on Form 990, P				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	Ì		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		. 	2e	
3	Subtract line 2e from line 1	i · ·		3	
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.)				
C	Add lines 4a and 4b			4c	
5 Po#1	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	Supplemental Information	- 11	101.0 1/11.0		
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.			rt X, line 2	2;
Part XI,	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	dditiona	al information.		

UYA Schedule D (Form 990) 2023

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. Employer identification number

OMB No. 1545-0047

Inspection

Name of the organization Employer identification number					
Shields and Stripes, In	86-3379162				
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.					
1 Indicate whether the organization raised	funds through an	y of the fo <u>llowing</u> activiti	es. Check all that app	ly.	
a Mail solicitations			on of non-government	-	
b Internet and email solicitations			on of government gran	ts	
c Phone solicitations		g Special for	undraising events		
d In-person solicitations					
2a Did the organization have a written or oral listed in Form 990, Part VII) or entity in or	•	• •		ustees, or key employees	Yes No
b If "Yes," list the 10 highest paid individua		draisers) pursuant to ag	reements under which	h the fundraiser is to be	
compensated at least \$5,000 by the orga	anization.				
(2) None and address of individual	(ii) A - 4: - it .	(iii) Did for desires have	(5.4) (0	(-) A	(-i) A
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
1					
2					
3					
4		7+1		M	7
5	5 1	14 1	99		
6					
7					
8					
9					
10					
Tatal					
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.					

		G (Form 990) 2023 Shie	lds and Strip	es, Inc		6-3379162 Page 2
Pa	rt II	Fundraising Events. Comp than \$15,000 of fundraising	_			
		gross receipts greater than		ia gross income on Fon	iii 990-EZ, iiiles i aliu i	od. List events with
		gradical gradies and	(a) Event #1	(b) Event #2	(c)Other events	(d)Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1				
_		minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
"		Nonodan prized				
nse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
S S E						
Ö	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add Net income summary. Subtra				0.
Pa	rt III	Gaming. Complete if the or	ganization answered "	Yes" on Form 990, Part	IV, line 19, or reported	
		than \$15,000 on Form 990-				
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
<u></u>	1	Gross revenue				
enses	2	Cash prizes				
	3	Noncash prizes				
Direct Exp						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
		W.L. develope	Yes %	Yes%	☐ Yes %	
6 Volunteer labor						
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)		0.
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? Yes No						
		(11) (11)	· ·		•	
	_					

Schedu	ule G (Form 990) 2023 Shields and Stripes, Inc	86-337	79162	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	•		
	formed to administer charitable gaming?		☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility.			%
14	Enter the name and address of the person who prepares the organization's gaming/special events			
	records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gam	ina		
13a	revenue?		□ voo	
L	If "Voc." anter the amount of gaming revenue received by the argenization.	and the	Yes Yes	∐ №
b	· · · · · · · · · · · · · · · · · · ·	and the		
_	amount of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Nama			
	Name			
	Address			
	Address			
16	Gaming manager information:			
10	Carring manager miormation.			
	Name			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proce	eds to		
	retain the state gaming license?		☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organize		ш · ·	ш .
	spent in the organization's own exempt activities during the tax year \$			
Part		umns (iii) a	and (v):	and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addi			
	See instructions.			

UYA Schedule G (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023
Open to Public Inspection

Name of the organization	Employer identification number
Shields and Stripes, Inc	86-3379162
IIIONTI	

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Shields and Stripes, Inc	86-3379162
Part VI Line 1a	
none	
Part VI Line 8a	
Described Board of Director Meetings held semi-annually	
Part VI Line 11b	
Reviewed Return subsequent to completion by board	
Part VI Line 18	
Posted to the Sheilds and Stripes Website for Review	
Part VI Line 19	
The conflict of Interest Document is held with the exis	ting Board
Part IX Line 24e	
Supplies Total expenses - \$26230.00 Program service expenses - \$2236.00 Mgmt and general expenses - \$0.00 Fund	raising expenses - \$23994.00
Part IX Line 24e	
Taxes Paid Total expenses - \$102.00 Program service expenses - \$0.00 Mgmt and general expenses - \$102.00 Funda	aising expenses - \$0.00
Part IX Line 24e	
Travel related to Program Total expenses - \$23577.00 Program service expenses - \$18607.00 Mgmt and general exp	enses - \$0.00 Fundraising expenses - \$49
Part IX Line 24e	
Program Venue Rental/Loca Total expenses - \$76637.00 Program service expenses - \$72186.00 Mgmt and general exp	enses - \$0.00 Fundraising expenses - \$45
Part IX Line 24e	
Meals Total expenses - \$2547.00 Program service expenses - \$0.00 Mgmt and general expenses - \$2547.00 Fundrais Part IX Line 24e	ing expenses - \$0.00
	01 00 Fundamining ownerses 60 00
Parking Total expenses - \$91.00 Program service expenses - \$0.00 Mgmt and general expenses - \$ Part IX Line 24e	91.00 Fundraising expenses - \$0.00
Mileage Total expenses - \$1912.00 Program service expenses - \$0.00 Mgmt and general expenses - \$1912.00 Fundra	ising expenses - \$0.00
Part IX Line 24e	Ising expenses - \$0.00
Transportation Total expenses - \$13300.00 Program service expenses - \$12686.00 Mgmt and general expenses - \$61	4.00 Fundraising expenses - \$0.00
Part IX Line 24e	Market Parket State Control of the C
Website Total expenses - \$703.00 Program service expenses - \$0.00 Mgmt and general expenses - \$703.00 Fundrais	ing expenses - \$0.00
Part IX Line 24e	
Catering and other Total expenses - \$23071.00 Program service expenses - \$0.00 Mgmt and general expenses - \$1	76.00 Fundraising expenses - \$21295.00

UYA Schedule O (Form 990) 2023