₅₀ 990

Department of the Treasury

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.

OMB No. 1545-0047 2022

Open to Public

Form 990 (2022)

internal Revenue Service Go to www.irs.gov/Form990 for Instructions and the latest information. Inspection For the 2022 calendar year, or tax year beginning , 2022, and ending B Check if applicable C Name of organization Nation of Patriots Inc D Employer identification number Address change Doing business as 26-4001248 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Initial return (414) 803-3290 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Sussex, WI 53089 240,474 Application pending Name and address of principal officer: William J Sherer III H(a) is this a group return for subordinates? Yes X No N75W244B8 Overland Rd Sussex WI 53089 H(b) Are all subordinates included? X 501(c)(3) Tax-exempt status: 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. See instructions www.nationofpatriots.com H(c) Group exemption number X Corporation Trust Association Form of organization: L Year of formation: 2008 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: To raise financial support and awareness for the families of injured American veterans. Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a) 4 5 Total number of volunteers (estimate if necessary) 0 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 225 b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 0 Contributions and grants (Part VIII, line 1h) Prior Year **Current Year** 68,926 226,260 9 Revenue Investment income (Part VIII, column (A), lines 3, 4, and 7d) 146,878 10 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 145 11 95 6,601 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,129 222,550 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 233,484 Benefits paid to or for members (Part IX, column (A), tine 4) 208,525 207,937 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 21,928 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 24,792 230,453 232,729 19 (7,903)755 Beginning of Current Year 20 Total assets (Part X, line 16) 202,302 203,058 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 22 Part II 203,058 Signature Block Under penalties of parjury, 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 preparer has any knowledge. William J Sherer III 2-27-2023 Sign Signature of officer Here William J Sherer III, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Schmittigth Check X ir PTIN Paid Cindy J Schmittinger Cindy J Schmittinger 02-27-2023 self-employed Preparer Firm's name P00151797 Mill Accounting Services LLC Firm's EtN Use Only Firm's address PO Box 180062 Phone no. Delafield WI 53018 414-322-8910 May the IRS discuss this return with the preparer shown above? See instructions X No For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2022) Nation of Patriots Inc	26-4001248 Page
art	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	
	To raise financial support and awareness for the families of injured Americ	can veterans.
	<u> </u>	
		99900 W2
!	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	🗌 Yes 🕱 No
	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	
	services?	🗌 Yes 🗽 No
	If "Yes," describe these changes on Schedule O.	
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured	ed by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	thers,
	the total expenses, and revenue, if any, for each program service reported.	
la	(Code:) (Expenses \$207,937 including grants of \$207,937) (Revenue	ie \$)
	Financial grants were issued to 58 disabled American veteran families in 20	022. Each applicant i
	thoroughly vetted by the Department of Veterans Affairs and the Chief Milit	tary Affairs Officer
		561.5 43 Sentin Sentin 45 64
4b	(Code:) (Expenses \$ including grants of \$) (Revenue)	ue \$)
	T	
		388
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	ue \$)
		90 92 9
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 207, 027	

Checklist of Required Schedules Part IV Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 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 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 X 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 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 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 9 debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D, Part V 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. 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 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 X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D, Part X 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 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 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 12h X 13 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F. Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F. Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV 16 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 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

2) Nation of Patriots Inc Checklist of Required Schedules (continued) Part IV

	_		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	i		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
24-	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	- 1	83	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		
b	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
G	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	0	
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or 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 founder, substantial contributor or employee thereof, a grant selection committee		· (e	
	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	.00		
	"Yes," complete Schedule L, Part IV	28a		х
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		į.	
	"Yes," complete Schedule L, Part IV	28c	ļ	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		l
31	conservation contributions? If "Yes," complete Schedule M	30	1	X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N, Part I	31	_	X
32		32		۱.,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	1	X
•••	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization?If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
10-	Check if Schedule O contains a response or note to any line in this Part V			
		- 100	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1
b	Environment contraction for the contraction of the			
С	Section 1 and 1 an			29
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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_		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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	3	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
	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	anne.		
100	gifts were not tax deductible?	6b		<u> </u>
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			1000000
120	and services provided to the payor?	7a		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	X
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	X
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		p.	
9	sponsoring organizations maintaining depart adviced funds	8		X
a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	8	,,
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1	X
10	Section 501(c)(7) organizations. Enter:	30		<u>^</u> -
а	Initiation fees and capital contributions included on Part VIII, line 12			Ì
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		1
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		1
	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.	3		
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.			ľ
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		Í	1
14a	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	580		51 51
	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.	6		
17	Section 501(c)(21) organizations. Did the trust, or any 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.			10 000

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	DO DATE OF THE CONTROL OF THE CONTRO	
Check if Schedule O contains a response or note to any line in this Part	VI	X

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		3.5	
	If there are material differences in voting rights among members of the governing body, or		Ì	
	if the governing body delegated broad authority to an executive committee or similar	İ	y.	
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	7	Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	١.,		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			8.0
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			- 33
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	$oxed{oxed}$
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,"			•
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
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?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	х
b	Other officers or key employees of the organization	15b	ļ	х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		i	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its	ı		ż
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
×	organization's exempt status with respect to such arrangements?	16b	9	Х
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Statement #17	2000		
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.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)			
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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Cindy J Schmittinger (414)803-3290, 237 Zeck Ct, Dousman, WI 53118			
			000	12022

Form		

Nation of Patriots Inc

2	6-	A	^	^	٦.	1	A	0	

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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 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, 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Posi ck mo s pers	ore th	an one highest compensated employee		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jake Poepl Director of Finance	5.00	v						_		0
	1 00	х	-	-	\dashv			0	0	0
(2) Paul Aubert National Commander	1 .00	х						0	0	o
(3) Brad Weber	1.00		*					-	Ü	
Board Member		х						0	0	0
(4) Paul Ginter	1.00	,						570		
Director of Operations		x						0	0	0
(5) Richard Bitzer	30.00				2					
VP of Operations	[- -			х				0	0	0
(6) William J Sherer III	30.00		0 7						iii	
Executive Director				х				0	0	0
(7) Cindy J Schmittinger	30.00									
Chief Financial Officer				Х				0	0	0
(8) Richard D Schmittinger	5.00	ĺ								
Chief Military Affairs Officer				Х				0	0	0
(9)	<u> </u>									
(10)										,
(11)			-							
(12)										
(13)										
(14)				-						

Form 99	Nation of Patriot VII Section A. Officers, Directors, Ti	s Inc rustees, k	Cev E	mp	lov	ees	s, an	d H	lighest Compe	26-40012	248 Vees		age 8
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m	son is	one an Highest compensated employee		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	cor fi orga	(F) ated and of other opensate from the onization disripantia	nount r tion and
<u>(15)</u>									-	,			
<u>(16)</u>							0					71	
(17)		-											
<u>(18)</u>						The state of the s					_		
<u>(19)</u>											***		
<u>(20)</u>								_					
(21)						-	_				***		
<u>(22)</u>												700	
(23)				ge s	3					_			
(24)					8								
<u>(25)</u>													
1b c d	Subtotal							•	0	0			0
2	Total number of individuals (including but not limited reportable compensation from the organization	d to those list	led abo	ove) v	who	rece	eived n	nore	than \$100,000 of				-
3	Did the organization list any former officer, director,	trustee, key e	employe	ee, o	r hig	hest	comp	ensa	ated			Yes	No No
4	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of re organization and related organizations greater than \$	portable com	pensa	tion a	and (othe	r comp	ens	sation from the		3	2000	х
5	individual	compensatio	n from	any ι	unre	lated	i orgai	 nizat	tion or individual		4		x
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	omplete Sche	edule J	for s	uch	pers	on				5	62	Х
1	Complete this table for your five highest compensation from the organization. Report compensation											_	
	(A) Name and business addres			250					(B) Description of service	3 1	(C) Compens		
			-			_							
						-				_ _	<u></u>		
	Total number of independent of	1 7 7 8 10				_					-		
	Total number of independent contractors (including received more than \$100,000 of compensation from			iose	liste	d ab	ove) v	/ho					

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (A) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 1a Federated campaigns 1a b 1b Contributions, Gifts, Grants and Other Similar Amounts Fundraising events C 1c 197,240 Related organizations 1d Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above 29,020 Noncash contributions included in lines 1a-1f 1g 2,624 h Total. Add lines 1a-1f 226,260 **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 95 income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses . . 6b c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses . . c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 14,119 b Less: cost of goods sold 10b 6,990 c Net income or (loss) from sales of inventory 7,129 7,129 **Business Code** Miscellanous Revenue 11a e Total. Add lines 11a-11d Total revenue. See instructions 233,484 0 0 7,224

	990 (2022) Nation of Patriots Inc t IX Statement of Functional Expenses		(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	26-40012	48 Page 10
	on 501(c)(3) and 501(c)(4) organizations must complete all column	ns. All other organization	s must complete column	n (A).	-
	Check if Schedule O contains a response or note to an				. .
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	W 1033.55	11 TO 11		······································
	and domestic governments. See Part IV, line 21			10	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	207,937	207,937		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and			i	
	foreign individuals. See Part IV, lines 15 and 16	200	- 1000 Mar - 100		
4	Benefits paid to or for members	e distill to a			
5	Compensation of current officers, directors,				\$ 15 S
	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			-	
c	Accounting	2,100		2,100	
d	Lobbying	2,100		2,100	-21
e	Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees	7-			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,869			1,869
13	Office expenses	1,005			1,005
14	Information technology	12,851	N 50 N 50 5	5,680	7,171
15	Royalties	12,001		3,080	1,11
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	-		*	N 1010 N 10100 TO
22	Depreciation, depletion, and amortization				
23	Insurance	1,400	-	1,400	
24	Other expenses. Itemize expenses not covered	1,400		1,400	

585

725

720

207,937

1,884

2,658

232,729

209

720

9,969

585

516

1,884

2,658

14,823

d

25

Bank Fees

b License fee

Supplies

Postage

e All other expenses

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.)

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 following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

		Check it Schedule O contains a response or note to any line in this Part X	(A)		(B)
1	1	Cook non interset housing	Beginning of year	1	End of year
		Cash - non-interest-bearing		2002	35,189
	2	Savings and temporary cash investments	202,302	3	167,869
9	3	Pledges and grants receivable, net		4	
	4	Accounts receivable, net		-4	<u> </u>
	5	Loans and other receivables from any current or former officer, director,		1	
		trustee, key employee, creator or founder, substantial contributor, or 35%		_	
	6	controlled entity or family member of any of these persons	0	5	
	U	Loans and other receivables from other disqualified persons (as defined			
31	7	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
ts	7	Notes and loans receivable, net		8	
Assets	8	Inventories for sale or use		9	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other		1	
	ŧ.	basis. Complete Part VI of Schedule D 10a	ļ	40-	
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	## U.S.
	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)	202,302	16	203,058
	17	Accounts payable and accrued expenses	<u> </u>	17	
	18	Grants payable		18	100
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
-	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ē		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia	١	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 ioans payable to unrelated third parties	- 2	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	2		
		of Schedule D		25	*
	26	Total liabilities. Add lines 17 through 25	0	26	0
ø,		Organizations that follow FASB ASC 958, check here			
a)Ce		and complete lines 27, 28, 32, and 33.	0742-0242 N.J. (1864-0346)	_	
<u>a</u>	27	Net assets without donor restrictions	27,199	27	35,760
Net Assets or Fund Balances	28	Net assets with donor restrictions	175,103	28	167,298
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ē	~~	and complete lines 29 through 33.		_	
Ş	29	Capital stock or trust principal, or current funds		29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	Sendal and the Control of the Contro	31	bilishvakdolake gyan, waxaasaa
Set	32	Total net assets or fund balances	202,302	32	203,058
	33	Total liabilities and net assets/fund balances	202,302	33	203,058

		26-400124	8	Pag	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		233,4	484
2	Total expenses (must equal Part IX, column (A), line 25)	2		232,	729
3	Revenue less expenses. Subtract line 2 from line 1	3		•	<u>755</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		202,	302
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			1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		203,	058
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 📗 Accrual 📗 Other			28	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			i	
	Schedule O.				ĺ
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:				
	X Separate basis				ĺ
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:				1
	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	х	

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b 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

Schedule O.

3a

3b

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

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.

Open to Public Inspection

Name of the organization Employer identification number Nation of Patriots Inc 26-4001248 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). 2 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

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

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

Section	on A. Public Support						
Calend	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	9					
	include any "unusual grants.")	250,087	228,070	132,980	220,773	226,260	1,058,170
2	Tax revenues levied for the			· · · · · · · · · · · · · · · · · · ·		ì	
	organization's benefit and either paid to						
	or expended on its behalf			99 PG 30000007100009.5500	BC 710		20.00
3	The value of services or facilities	9					
	furnished by a governmental unit to the					9	
	organization without charge				1		
4	Total. Add lines 1 through 3	250,087	228,070	132,980	220,773	226,260	1,058,170
5	The portion of total contributions by		//		_		
	each person (other than a			8		Ì	
	governmental unit or publicly		-				
	supported organization) included on	ľ					is .
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						185,041
6	Public support. Subtract line 5 from line 4 .						873,129
200000000000000000000000000000000000000	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	250,087	228,070	132,980	220,773	226,260	1,058,170
8	Gross income from interest, dividends,						
	payments received on securities loans,			ž		è	
	rents, royalties, and income from						
	similar sources	105	131	171	145	95	647
9	Net income from unrelated business						
	activities, whether or not the business						
1212	is regularly carried on						
10	Other income. Do not include gain or	ļ	Ļ			Ĭ	
	loss from the sale of capital assets						
4.4	(Explain in Part VI.)			<u> </u>			
11	Total support. Add lines 7 through 10				!		1,058,817
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the org				5		
Soot	organization, check this box and stop here on C. Computation of Public Suppo			<u> </u>		<u> </u>	
14				14		14	0
15	Public support percentage for 2022 (line 6) Public support percentage from 2021 Sch					15	82.46 %
16a							86.73 %
IQa	got man 15 to matter 25 control and a self-property management of the first and the fi						
h							
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check						
17a	this box and stop here . The organization qualifies as a publicly supported organization						
174	10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in						
	Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in						
	organization						
b	10%-facts-and-circumstances test - 202						
N	15 is 10% or more, and if the organization	- Control - Indian -					
	in Part VI how the organization meets the						
	organization						
18	Private foundation. If the organization die						
	instructions						
9							

26-4001248

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

Section	on A. Public Support						-0
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						1
	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				1		
	or expended on its behalf						1
5	The value of services or facilities		*		† .		
	furnished by a governmental unit to the			1			
	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	28		1		*	
553	received from other than disqualified				1		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						1
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from				† · · · · · · · · · · · · · · · · · · ·		
-	line 6.)						
Secti	on B. Total Support	<u></u>	-4 l s <u>s</u>				1
	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(a)	()				
10a	Gross income from interest, dividends,		<u> </u>				
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less		1				
	section 511 taxes) from businesses	ļ	ì				
	acquired after June 30, 1975				1		
С	Add lines 10a and 10b	-					
11	Net income from unrelated business			-			
	activities not included on line 10b, whether						ļ
	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 org	anization's fir	st, second, thire	d, fourth, or fift	h tax year as a se	ection 501(c)	(3)
	organization, check this box and stop here	9					Г
Sect	ion C. Computation of Public Suppo				VE-121-422		
15	Public support percentage for 2022 (line 8	B, column (f),	divided by line	13, column (f))	15	0
16	Public support percentage from 2021 Sch		New Year State	100 100,000		16	Q
Sect	ion D. Computation of Investment In	come Perc					
17	Investment income percentage for 2022 (li			y line 13, colun	nn (f))	17	
18	Investment income percentage from 2021		The second secon			18	c
19a	33 1/3% support tests - 2022. If the organ			on line 14, an	d line 15 is more	than 33 1/3%	
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2021. If the organization			283	10 0 0	1977	
	line 18 is not more than 33 1/3%, check this box a						
20	Private foundation. If the organization did		To a contract of the second of		and a file of the second contract of the seco		ons

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.)

Secti	on A. All Supporting Organizations	raii	<u>v.)</u>	
		2000	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			9
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
200	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		l.	
	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		
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer 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		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			es
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	1	
C	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	1		3
	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	9	
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	1	
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit		†	t
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		8
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
h	11c below, the governing body of a supported organization?	11a		
b C	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .			
Secti	on B. Type I Supporting Organizations	11c		
	71		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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		ł	
	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	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
<u>Secti</u>	on C. Type II Supporting Organizations			
,i			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			
Saati	the supported organization(s).	1_		
Jecu	on D. All Type III Supporting Organizations			
1	Did the argumentian arguide to such as its constant and i		Yes	No
•	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	5:		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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		
Secti	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	struct	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.		S.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
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		3.	
	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			
b	that these activities constituted substantially all of its activities.	2a		
IJ	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 expension for the organization.			
	"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.	01		
3	Parent of Supported Organizations. Answer lines 3a and 3b below .	2b	-	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
177df	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	20		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	 	-
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	A (Form 990) 2022 Nation of Patriots Inc		26-4001	248 Page 6
Part '				
1 [$lacksquare$ Check here if the organization satisfied the Integral Part Test as a qualifying ${\sf tru}$			
	instructions. All other Type III non-functionally integrated supporting organization	tions	must complete Sections	A through E.
Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
<u> </u>			(, , , , , , , , , , , , , , , , , , ,	(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		<u> </u>
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		· ·	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	3,597/0 3690 5440	50 30 30 50 50 50 50 50 50 50 50 50 50 50 50 50
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		december 1
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			2
	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		
Sect	ion 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		1

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

5

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Page 7

Part '	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	ations (continued)	l	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	d			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	ations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) -	provide details in Part VI		5	-0
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is respond	nsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6		TO TOURS OF THE PARTY OF THE PA	9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on 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		35		
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See			l	
	instructions.				
3_	Excess distributions carryover, if any, to 2022				
а	From 2017		410.7		
b	From 2018	8			
c	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	2000	055000		Day Ambrech Steel
i	Carryover from 2017 not applied (see instructions)	<u> </u>			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		32 43 33370		
4	Distributions for 2022 from	W. S.	9		
	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, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j	-		8	
	and 4c.		Above and the second		
8	Breakdown of line 7:				
a	Excess from 2018		N -00001		ANTONIO SOMETIMA
b	Excess from 2019				
C	Excess from 2020	N			
d	Excess from 2021				
е	Excess from 2022			100	

	orm 990) 2022 Page 8
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.)
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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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

ame of	the organization					Employer identifica	tion number
ation of Patriots Inc 26-4001248						1248	
Parl	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							
а	Mail solicitations	ed lands (modgit a	e F		of non-government gra	anta.	
b	Internet and email solicitations		f [ans	
				-	of government grants		
C	Phone solicitations		9 L	_ Special tun	draising events		
d	In-person solicitations						
2a	Did the organization have a written or						
983	or key employees listed in Form 990,						☐ Yes ☐ No
b	If "Yes," list the 10 highest paid individ		ndraisers) pur	suant to agre	ements under which the	ne fundraiser is to be	
	compensated at least \$5,000 by the o	organization.					
						_,	
	(h) Name and add a second a second		(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
	, , , , , , , , , , , , , , , , , , , ,		contrit	outions?	Tom dourny	col. (i)	organization
Pod 3000.		3	Yes	No			
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Total							
3	List all states in which the organization	on is registered or I	icensed to sol	icit contribution	ons or has been notifie	d it is exempt from	
	registration or licensing.						
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		60					
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	The state of the s		41/400	87.00			

Part II

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

26-4001248

		than \$15,000 of fundraising gross receipts greater than		gross income on Form	990-E∠, lines 1 and 6b. I	List events with	
			(a) Event #1 Patriot Tour (event type)	(b) Event #2 Other Donors (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1	Gross receipts	170,938	26,302		197,240	
œ	2	Less: Contributions Gross income (line 1 minus					
	73%	line 2)	170,938	26,302		_197,240	
	4	Cash prizes					
	5	Noncash prizes					
suses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
Dire	8	Entertainment	2.2				
	9	Other direct expenses					
	10	Direct expense summary. Add line					
Pa	11 rt III	Net income summary. Subtract lin Gaming. Complete if the or			line 10 expressed many	197,240	
Га		\$15,000 on Form 990-EZ, I	(7. 8)	es on Form 990, Partiv,	line 19, or reported more	e man	
Revenue		·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Rev	1	Gross revenue					
es	2	Cash prizes					
ect Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses	<u> </u>				
	6	Volunteer labor	☐ Yes %	Yes % No	Yes%		
	7	Direct expense summary. Add lin	es 2 through 5 in column (d)			
<u> </u>	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
9	a I	Enter the state(s) in which the organials the organization licensed to conduct f"No," explain:		of these states?		· · · · · Yes . No	
10	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes Yes						
		N 34 - 10	11/2	•			

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	2022
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	es lado	hen to rubilic Inspection
Name of the organization		Employer identification number	er

1 (h) Purpose of grant or assistance X Yes 26-4001248 noncash assistance (g) Description of Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. noncash assistance (e) Amount of (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (c) IRC section (if applicable) Nation of Patriots Inc Part I General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (b) EIN (a) Name and address of organization or government Part II Ξ **8** 4 <u>(2</u>) 9 (3) 5 8 6)

9

Page 2 Schedule | (Form 990) (2022) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. m 990) (2022) Nation of Patriots Inc Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) noncash assistance (d) Amount of 207,937 (c) Amount of cash grant Part III can be duplicated if additional space is needed. 58 (b) Number of recipients financial assistance grants (a) Type of grant or assistance Schedule I (Form 990) (2022) Part IV Part III 3 ~ 4 2 ဖ EEA

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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 the latest information.

Nation of Patriots Inc	26-4001248
O1. Officer, directors, etc. family relationship (Part VI, line 2)	
Officers Richard Schmittinger and Cindy Schmittinger are spouses.	
02. Committee meeting documentation (Part VI, line 8b)	
Board of Directors meetings are documented by minutes and published to	the board.
03. Form 990 governing body review (Part VI, line 11)	
Form 990 was presented to the board at the regular meeting and approve	ed.
04. Conflict of interest policy compliance (Part VI, line 12c)	
By-laws contain rules for conflict of interest compliance.	
05. Form 990 availability to public (Part VI, line 18)	
Form 990 is published on organization's website for public viewing.	
06. Governing documents, etc, available to public (Part VI, line 19))
Available for viewing on company website	
07. Explanation of other changes in net assets or fund balances (Par	rt XI, line 9)
Rounding	

From 8879-TE

IRS e-file Signature Authorization for a Tax Exemp

٠	Entity	
L	PHILLIPA	

For calendar year 2022, or fiscal year beginning , 2022, and ending , 20

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Internal Revenue Service Go to www.irs.gov/Form88797E for the latest information. EIN or SSN Name of filer 26-4001248 Nation of Patriots Inc Name and title of officer or person subject to tax William J Sherer III, Executive Director Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here 🐰 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)..... 22 Form 990-EZ check here . . . Form 1120-POL check here. . [] b Tax based on investment income (Form 990-PF, Part V, line 5). Form 990-PF check here Form 8868 check here **b Balance due** (Form 8868, line 3c).......... Form 990-T check here Form 4720 check here 7a П b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here Form 5330 check here 10a Form 8038-CP check here. . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above entity or 1 am a person subject to tax with respect to (name of entity) . (EIN) . (complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial Institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize Mill Accounting Services LL to enter my PIN 53089 as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the retum's disclosure consent screen. 📙 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter/my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 02-22-2023 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing Identification number (EFIN) followed by your five-digit self-selected PIN. 392185 53089 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Cindy J Schmittinger 02-27-2023 Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

SEA

Form 8879-TE (2022)

Federal Supporting Statements

2022 Tax ID Number PG01

Name(s) as shown on return

Nation of Patriots Inc

26-4001248

Form 990, Part VI, Section C, line 17

Statement #017

States where a copy of this Form 990 is required to be filed:

Alaska
Alabama
Arkansas
Arizona
California
Colorado
Connecticut

District of Columbia

Delaware
Florida
Georgia
Hawaii
Iowa
Idaho
Illinois
Indiana
Kansas
Kentucky
Louisiana

Massachusetts
Maryland
Maine
Michigan
Minnesota
Missouri
Mississippi
Montana

North Carolina North Dakota Nebraska New Hampshire
New Jersey
New Mexico
Nevada
New York
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island

Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Virginia
Vermont

Vermont
Washington
Wisconsin
West Virginia

Wyoming