Form	990
101111	220

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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



AF	or the	e 2021 calendar year, or tax year beginning and	ending		
В с а	heck if oplicabl	e: C Name of organization		D Employer identific	cation number
	Addre	ULTIMATE PLAYERS ASSOCIATION			
	Name chang			84-11529	93
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			719-219-8	8322
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,877,864.
	Amen return	COLORADO SPRINGS, CO 80919		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: I HOMAS CRAWFORD		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🚺 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 🚺 527	If "No," attach a	list. See instructions
		te: > WWW.USAULTIMATE.ORG		H(c) Group exemption	
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1990 N	State of legal domicile: CO
Pa	rt I	Summary			
a		Briefly describe the organization's mission or most significant activities:			
- Second		GOVERNING BODY FOR THE SPORT OF ULTIMATE			
Activities & Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	I _ I	
Š					12
୍ର ଅ		Number of independent voting members of the governing body (Part VI, line 1b)		12	
es		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			20
İ	6	Total number of volunteers (estimate if necessary)		6	500
Act		Total unrelated business revenue from Part VIII, column (C), line 12			4,950.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	•			Prior Year 416,192.	Current Year 679,184.
en		Contributions and grants (Part VIII, line 1h)		2,021,904.	2,951,177.
Revenue		Program service revenue (Part VIII, line 2g)		128,668.	178,956.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,330.	52,660.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,581,094.	3,861,977.
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		75,000.	30,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)			0.
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		1,431,435.	1,544,649.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		<u> </u>	0.
e		Total fundraising expenses (Part IX, column (A), line 11e)	95.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		824,220.	1,877,476.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,330,655.	3,452,125.
		Revenue less expenses. Subtract line 18 from line 12		250,439.	409,852.
or				ginning of Current Year	End of Year
ets (anci	20	Total assets (Part X, line 16)	50	3,838,886.	5,314,050.
Assets d Balanc		Total liabilities (Part X, line 26)		1,344,365.	2,300,798.
Net,		Net assets or fund balances. Subtract line 21 from line 20		2,494,521.	3,013,252.
		Signature Block		, == =, ===•	-,

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date								
Here	THOMAS CRAWFORD, CHIEF EXECUTIVE OFFICER									
	Type or print name and title	()								
	Print/Type preparer's name Preparer's signature Kitoc + Chueltonican									
Paid	RITA F. CHRISTENSEN RITA F. CHRISTENSEN 11/14	/22 self-employed P00290681								
Preparer	Firm's name 🕒 WAUGH & GOODWIN, LLP	Firm's EIN 🕨 20–1766527								
Use Only	Firm's address 1365 GARDEN OF THE GODS, STE 150									
	COLORADO SPRINGS, CO 80907	Phone no. (719) 590-9777								
May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									
S	EE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CO	NTINUATION								

	990 (2021) ULTIMATE PLAYERS ASSOCIATION 84-1152993 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	USA ULTIMATE SERVES AS THE GOVERNING BODY FOR THE SPORT OF ULTIMATE IN
	THE US, MAKING IT RESPONSIBLE FOR ENHANCING AND PROMOTING THE SPORT
	THROUGH CHARACTER, COMMUNITY AND COMPETITION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X 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?
	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.
4a	(Code:) (Expenses \$1,259,647. including grants of \$30,000.) (Revenue \$1,805,381.)
	MEMBER SERVICES & COMMUNITY DEVELOPMENT - PROVIDE PROGRAM DEVELOPMENT
	AND SUPPORT TO OVER 60,000 MEMBERS AND MEMBER ORGANIZATIONS, PLUS
	SANCTIONING SUPPORT FOR HUNDREDS OF EVENTS ALL OVER THE US. COLLABORATE
	WITH LOCAL COMMUNITIES TO SPREAD THE JOY OF ULTIMATE AND THE VALUES OF
	SPIRIT OF THE GAME TO YOUTH, ESPECIALLY GIRLS AND UNDERREPRESENTED
	GROUPS.
4b	(Code:) (Expenses \$ 1,334,981. including grants of \$) (Revenue \$ 1,150,174.)
ти	COMPETITION & ATHLETE PROGRAMS - DEVELOP PROGRAMS AND TOOLS TO FOSTER
	GROWTH AND KNOWLEDGE AT ALL LEVELS. RUN THE HIGHEST QUALITY EVENTS AT
	THE NATIONAL, REGIONAL, SECTIONAL, STATE AND LOCAL LEVELS FOR ALL
	DIVISIONS AND AGE GROUPS.
	DIVIDIOND AND ACH GROOID:
4c	(Code:) (Expenses \$238,745. including grants of \$) (Revenue \$24,213.)
4c	INTERNATIONAL DEVELOPMENT - FOSTER GROWTH OF THE INTERNATIONAL
4c	INTERNATIONAL DEVELOPMENT - FOSTER GROWTH OF THE INTERNATIONAL COMMUNITY THROUGH COMPETITION AND COLLABORATION AT THE INTERNATIONAL
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	INTERNATIONAL DEVELOPMENT - FOSTER GROWTH OF THE INTERNATIONAL COMMUNITY THROUGH COMPETITION AND COLLABORATION AT THE INTERNATIONAL
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	INTERNATIONAL DEVELOPMENT - FOSTER GROWTH OF THE INTERNATIONAL COMMUNITY THROUGH COMPETITION AND COLLABORATION AT THE INTERNATIONAL LEVEL.
4d	INTERNATIONAL DEVELOPMENT - FOSTER GROWTH OF THE INTERNATIONAL COMMUNITY THROUGH COMPETITION AND COLLABORATION AT THE INTERNATIONAL LEVEL.

Form 990 (ASSOCIATION
Part IV	Checkli	st of Required Scheo	dules	

			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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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		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.			
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		<u> </u>
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		<u> </u>
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				
	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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," complete Schedule I, Parts I and II	21	Х	

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Form 990 (2021) ULTIMATE PLAYERS ASSOCIATION 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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		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 to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? 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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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?		37	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Х	
rd				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 34	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
c	Did the organization comply with backup withholding rules for reportable payments to vehicuts and reportable gamming			

ie organization comply with backup witi (gambling) winnings to prize winners?

1c

Form	990 (2021) ULTIMATE PLAYERS ASSOCIATION		84-1152	993	Р	age 5
Par						9
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction					
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			3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a			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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?	0		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 set	vices prov	ided 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					
	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	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	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	<u> </u>				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	·····	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	-		17		
	If "Yes." complete Form 6069.					

Form 990 (2021)

ULTIMATE PLAYERS ASSOCIATION

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
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 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
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 the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	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	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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 respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X 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	financ	ial	
	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			
	THE ORGANIZATION - 719-219-8322			
	5825 DELMONICO DR., SUITE 370, COLORADO SPRINGS, CO 80919			

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus [.]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		voldu	t con	-	1099-NEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) THOMAS CRAWFORD	40.00				-	<u> </u>				
CHIEF EXECUTIVE OFFICER	1.00			х				246,108.	0.	7,383.
(2) WILLIAM DEAVER	40.00									
MANAGING DIRECTOR						X		122,960.	0.	15,019.
(3) ANDY LEE	40.00									
MANAGING DIRECTOR						X		100,371.	0.	14,276.
(4) STEVE MOONEY	5.00									
TREASURER		Х		Х				0.	0.	0.
(5) FRANK NAM	5.00									
DIRECTOR		Х						0.	0.	0.
(6) LESLIE GAMEZ	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) CHARLIE MERCER	5.00									
DIRECTOR		Х						0.	0.	0.
(8) ERNEST TONEY	5.00									
SECRETARY		Х		Х				0.	0.	0.
(9) ISAIAH BRYANT	5.00									
DIRECTOR		Х						0.	0.	0.
(10) ROBYN FENNIG	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(11) BENECIA NEWHOUSE	5.00									
DIRECTOR		Х						0.	0.	0.
(12) HARVEY EDWARDS	5.00									
DIRECTOR		Х						0.	0.	0.
(13) ANGELA LIN	5.00									
DIRECTOR		Х						0.	0.	0.
(14) STEVEN SULLIVAN	5.00									
DIRECTOR		Х						0.	0.	0.
(15) MIKE EDMONDS	5.00									
DIRECTOR		Х						0.	0.	0.
		1								
	l	l	1	l	I	1		I		000

Form 990 (2021) ULTIMATE	PLAYERS	S A	ss	oc	IA	TI	ON	I	84-11	L52	993	P	age 8
Part VII Section A. Officers, Directors, Trus		oloy I	ees,			ghes	t C		· ,			(5)	
(A) Name and title	(B) Average hours per week	box	not c , unles	Pos heck i ss per	more rson i	than c s both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	-	Key em ployee	Highest compensated employee	er	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	fr org and	pensa om th anizat d relat anizati	e ion ed
	line)	Indivi	Instit	Officer	Key er	Highe emple	Former						
		-											
		-											
		-						469,439.		0.	2		70
1b Subtotal c Total from continuation sheets to Part VI	I, Section A							0.		0.	• 0.		0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 							► o re	469,439.	000 of reportable	0.	3	6,6	/8.
compensation from the organization						,							3
3 Did the organization list any former officer,			-	•			•	•		[2	Yes	No X
 line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su and related organizations greater than \$150 	um of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization		3	x	Λ
 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," con 	accrue comper	nsati	on fr	rom	any	unre	elate	ed organization or individ	dual for services		5		x
Section B. Independent Contractors													
Complete this table for your five highest co the organization. Report compensation for								the organization's tax y	, ,	ensat			
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	(C ompei		n
							_						
2 Total number of independent contractors (i \$100.000 of compensation from the organi	•	ot lin	nitec	d to t	thos C		ted	above) who received me	ore than				

		Check if Schedule O contains a respo	onse d	or note to any lin	e in this Part VIII		(2)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51
2 5	1 a	Federated campaigns 1a						
n		Membership dues 1b						
and Other Similar Amounts	с	Fundraising events 1c						
arA		Related organizations 11		13,754.				
mil	е	Government grants (contributions) 1e		567,621.				
r Si	f	All other contributions, gifts, grants, and						
the		similar amounts not included above 1f		97,809.				
Ó	g	Noncash contributions included in lines 1a-1f	\$	92,809.				
an	h	Total. Add lines 1a-1f		►	679,184.			
				Business Code				
	2 a	MEMBERSHIP DUES			1,742,937.	1,742,937.		
ð	b	COMPETITION & ATHLETE		711300	816,727.	816,727.		
Řevenue		SPONSORSHIP		711300	299,042.	299,042.		
eve		SPORT DEVELOPMENT & S	A	711300	58,712.	58,712.		
,œ	е	NATIONAL TEAMS		711300	24,213.	24,213.		
	f	All other program service revenue		711300	9,546.	9,546.		
	g	Total. Add lines 2a-2f		►	2,951,177.			
	3	Investment income (including dividends, i	ntere	st, and				
		other similar amounts)		►	21,737.			21,73
	4	Income from investment of tax-exempt bo	nd pr	roceeds				
	5	Royalties			8,573.			8,573
		(i) Rea	I	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of (i) Securit		(ii) Other				
		assets other than inventory 7a 157,21	.9.					
	b	Less: cost or other basis	•					
		and sales expenses 7b	0.					
		Gain or (loss) 7c 157,21						
	d	Net gain or (loss)		►	157,219.			157,219
	8 a	Gross income from fundraising events (not including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18	8a					
		Less: direct expenses	8b					
		Net income or (loss) from fundraising ever		▶				
	9 a	Gross income from gaming activities. See						
		Part IV, line 19	9a					
		Less: direct expenses	9b					
		Net income or (loss) from gaming activitie	s	····· >				
-	10 a	Gross sales of inventory, less returns		10 (10				
		and allowances		19,619.				
		Less: cost of goods sold		15,887.	2 7 2 2 0	2 520		
+	С	Net income or (loss) from sales of invento	ry	>	3,732.	3,732.		
		OBUED INCOME		Business Code		24 405		
er		OTHER INCOME		900099	34,405.	34,405.		
(en		ADVERTISING		541800	4,950.	1 000	4,950.	
Revenue		LICENSING FEES	_	900099	1,000.	1,000.		
1		All other revenue		L				
		Total. Add lines 11a-11d		····· •	<u>40,355.</u> 3,861,977.	2 000 214		107 500
-	12	Total revenue. See instructions		🕨	יווצ,דסס, ט	∠,>>∪,314.	4,900.	187,529

Form 990 (2021) ULTIMATE PLAYERS ASSOCIATION
Part VIII Statement of Revenue

84-1152993

Page **9**

ULTIMATE PLAYERS ASSOCIATION Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses **(D)** Fundraising (C) Management and general expenses (A) Do not include amounts reported on lines 6b, Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 30,000. 30,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 127,121. 254,241. 114,409. 12,711. 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) 214,555. Other salaries and wages 1,069,271. 849,863. 4,853. 7 8 Pension plan accruals and contributions (include 28,382. 100,760. 22,824. 5,558. section 401(k) and 403(b) employer contributions) 74,703. 25,253. 804. Other employee benefits 9 91,995. 68,205. 22,999. 791. 10 Payroll taxes 11 Fees for services (nonemployees): а Management 6,357. 8,572. 2,142. 73. b Legal 10,925. 2,732. 8,099. 94. Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, α 202,060. 199,060. 3,000. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 127,834. 120,271. 7,311. 252. 13 Office expenses 6,625. 26,501. 19,646. 230. 14 Information technology Royalties 15 95,820. 71,042. 23,954. 824. 16 Occupancy 139,445. 139,445. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 7,354. 6,252. 1,065. 37. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 <u>19,</u>513. 78,051. 57,868. 670. Depreciation, depletion, and amortization 22 77,234. 57,262. 19,308. 664. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 300,928. 300,459. 454. 15. FACILITY RENTAL а MARKETING 274,130. 274,130. h 132,575. 132,575. COMMUNITY DEVELOPMENT С 79,558. 79,558. VALUE IN KIND d 39,924. 316,489. 282,288. -5,723. e All other expenses 3,452,125. 2,927,028. 508,802. 16,295. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

ULTIMATE	PLAYERS	ASSOCIATION

84-1152993 Page 11

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			48,236.	1	154,829.
	2	Savings and temporary cash investments			2,015,664.	2	2,990,520.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	197,657.	4	463,491.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
ŝ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			29,197.	8	25,379. 39,092.
As	9				142,891.	9	39,092.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	728,025. 617,983.			
	b	Less: accumulated depreciation		617,983.	155,362.	10c	110,042.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line -	1,241,579.	12	1,522,397.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	1,300.	14	1,300.		
	15	Other assets. See Part IV, line 11	7,000.	15	7,000.		
	16	Total assets. Add lines 1 through 15 (must equ			3,838,886.	16	5,314,050.
	17	Accounts payable and accrued expenses	489,868.	17	924,532.		
	18	Grants payable		18			
	19	Deferred revenue			840,710.	19	1,360,583.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or form	ner office	er, director,			
litie		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X	40 808		1
		of Schedule D			13,787.		15,683.
	26	Total liabilities. Add lines 17 through 25		► T	1,344,365.	26	2,300,798.
ß		Organizations that follow FASB ASC 958, che	eck here				
jče		and complete lines 27, 28, 32, and 33.			0 404 501		
alar	27	Net assets without donor restrictions	2,494,521.	27	3,013,252.		
Ä	28	Net assets with donor restrictions				28	
ŭ		Organizations that do not follow FASB ASC 9					
ш Ъ		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			2 /0/ 521	31	2 012 252
Ř	32	Total net assets or fund balances			2,494,521.	32	3,013,252.
	33	Total liabilities and net assets/fund balances			3,838,886.	33	5,314,050.

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

_	990 (2021) ULTIMATE PLAYERS ASSOCIATION	84-11	.52993	Pag	_{ge} 12
Pa	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	3,861		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,452		
3	Revenue less expenses. Subtract line 2 from line 1	3			52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,494	.,5	21.
5	Net unrealized gains (losses) on investments	5	108	8,8'	79.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,013	3,2	<u>52.</u>
Pa	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 X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2 b	X	<u> </u>
	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 X 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				
	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 Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			-
	Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nan	ne of t	he organization							identification number			
				RS ASSOCIATIO					4-1152993			
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The	organi	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	\square	An organization that norma	-					e general r	oublic described in			
•		section 170(b)(1)(A)(vi). (C			onna gova			io gonorar i				
8		A community trust describe		1)(A)(vi) (Complete Par	+ II)							
9	H	An agricultural research org				od in coniu	unction with a	land grant	collogo			
9		or university or a non-land-g	-			-		-	-			
			grant college of agrici			name, city	, and state of	the college				
10	X	university:		than 22 1/20/ of its supp	ort from o	ontributior	no momborch	in food and	d aroos respires from			
10	Δ	An organization that norma	• • • •					-				
		activities related to its exen										
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	rea by the org	anization a	iπer June 30, 1975.			
		See section 509(a)(2). (Con				/						
11	\mathbb{H}	An organization organized a	-	•	•							
12		An organization organized a	-	-				•				
		more publicly supported or	-						check the box on			
		lines 12a through 12d that	• •					-				
а		Type I. A supporting orga		-	• • • •	-						
		the supported organization			majority c	of the direc	tors or trustee	es of the su	ipporting			
		organization. You must o	-									
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	ving			
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
C		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,			
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.					
Ċ		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .					
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III				
		functionally integrated, or	r Type III non-functior	nally integrated supportin	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
<u>g</u>		vide the following information					•					
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
Tota	al											

Schedule	A (Forn	n !	990) 2	2021
Part II		Su	р	por	t	Sc

ULTIMATE PLAYERS ASSOCIATION

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.)

Calendar year (or fincel year beginning in)	See	ction A. Public Support				-		
membership fees received. (Do not include any 'urusual grants.') 2 2 Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalt	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Include any "unusual grants.") 2 It are revenues levied for the organization includes on expended on its behalf	1	Gifts, grants, contributions, and						
2 Tar verveues levied for the organization vibro definition of the organization without charge 3 The value of services or facilities turnished 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 thraceceds 2% of the amount shown on line 11, column (f) 6 Public support. Add lines 1 through 1 6 Calendar yets (or fiscal year beginning in) 6 Calendar yets (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities long, entry and ent		membership fees received. (Do not						
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		more, and if the organization meets th	e facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instruction	s ►

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 ULTIMATE PLAYERS ASSOCIATION Part III Support Schedule for Organizations Described in Section 509(a)(2) ULTIMATE PLAYERS ASSOCIATION

(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 A. Public Support

See	ction A. Public Support							
Cale	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.")	525,936.	587,461.	214,475.	416,192.	679,184.	242324	.8.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose	3560243.	3967759.	4487854.	2032458.	3006201.	<u>1705451</u>	.5.
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	4086179.	4555220.	4702329.	2448650.	3685385.	1947776	53.
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							0.
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			258,635.	138,411.	261,884.	658,93	50.
c	Add lines 7a and 7b			258,635.	138,411.	261,884.		
	Public support. (Subtract line 7c from line 6.)						1881883	
See	ction B. Total Support		1			L	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 6	4086179.	4555220.	4702329.	2448650.	3685385.		
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties,	24,875.	26,489.	35,044.	24,334.	20 210	141,05	
	and income from similar sources	24,075.	20,409.	55,044.	24,334.	<u> </u>	141,00	12.
Ľ	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975	24 975	26 490	25 044	24 224	20 210		<u>.</u>
	Add lines 10a and 10b Net income from unrelated business	24,875.	26,489.	35,044.	24,334.	30,310.	141,05	12.
11	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							
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	4111054.	4581709.	4737373.	2472984.	3715695.	1961881	5.
	First 5 years. If the Form 990 is for th					•	•	
	•	•					·	
	Public support percentage for 2021 (li			aluman (f))		15	95.92	
						16	97.29	<u>%</u>
<u>16</u> Set	Public support percentage from 2020 ction D. Computation of Inves					10	57.25	9
	Investment income percentage for 20			20.12. 00lump (f))		17	.72	0
						18	.67	<u> </u>
18	Investment income percentage from 2 a 33 1/3% support tests - 2021. If the			n lino 14 and lino				9
198							► [X
	more than 33 1/3%, check this box ar							Δ
Ľ	33 1/3% support tests - 2020. If the						r	
~~	line 18 is not more than 33 1/3%, che						r	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	Iructions	<u></u>	

ULTIMATE PLAYERS ASSOCIATION

1

Yes

No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990) 2021 ULTIMATE PLAYERS ASSOCIATION

1

2

Yes No

Yes No

Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.

Part vi how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations	

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).	

Section D. All Type III Supporting Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	vear (see instructions).
•		year v	000 11104 4040110/1

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

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

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Part V	Туре	III	Non-	Functi
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Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

ionally Integrated 509(a)(3) Supporting Organizations ~ ~ ~

. Schedule A (Form 990) 2021

ULTIMATE	PLAYERS	ASSOCIATION

84-1152993 Page 7

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

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021			ASSOCIATION		84-1152993 _P	age 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part I	oa, 6, 9a, 9b, 9c, V, Section E, lin	11a, 11b, and 11c; Part es 1c, 2a, 2b, 3a, and 3b	0; Part II, line 17a or 1 IV, Section B, lines 1 a ; Part V, line 1; Part V,	7b; Part III, line 12; nd 2; Part IV, Section C, Section B, line 1e; Part \	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

84-1152993

······ ··· ··· ··· ··· ··· ··· ··· ···	
	ULTIMATE PLAYERS ASSOCIATION
Organization type (che	eck one):
Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization

	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

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

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

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

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021)	· · · · · · · · · · · · · · · · · · ·	Pag
Name of c	organization	Empl	oyer identification numbe
ULTIM	ATE PLAYERS ASSOCIATION	84	4-1152993
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		\$92,809.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$275,997.	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		\$\$	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
		\$	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 B (Form 990) (2021)

Page 2

tion number

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SPORTS EQUIPMENT		
		\$92,809.	12/31/21
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncestr property given	(See instructions.)	Date received
		\$	
(a) No.	<i>I</i> . \	(c)	(.))
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(a)		(c)	(N
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncestriptoperty given	(See instructions.)	Date received
		—	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		—	
—			
		\$	

ULTIMATE PLAYERS ASSOCIATION

Name of organization

84-1152993

Schedule I	B (Form 990) (2021)		Page 4
Name of o	organization		Employer identification number
ULTIM	ATE PLAYERS ASSOCIATION		84-1152993
Part III) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fulpose of gift	(c) Use of gift	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D)
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(Form	990))
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132051 10-28-21

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ULTIMATE PLAYERS ASSOCIATION

Employer identification number 84-1152993

Organization Total number all end of year (a) Donor advised funds (b) Funds and other accounts 1 Total number all end of year (a) Aggregate value of grants from (during year) (b) Aggregate value of grants from (during year) 2 Aggregate value of grants from (during year) (b) Aggregate value of grants from (during year) (c) Yes No 3 Aggregate value of grants from (during year) (c) Yes No 4 Aggregate value of grants from (during year) (c) Yes No 5 Did the organization inform all donors and donor advisors in writing that grant funds can be used only (c) Yes No 6 Det the organization inform all grantees, donors, and donor advisor in or or or or or or for my other purpose contenting (c) Yes No 7 Purpose(d) or conservation easements heid by the organization (c) Acek all that agpin) (c) Preservation of a cortine organization heid a qualified conservation contribution in the form of a conservation easements No 6 Complete lines 22 through 21 if the organization feed after 7/25/05, and not an listoric structure 2a 2a <t< th=""><th>Pa</th><th>rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin</th><th></th><th>imilar Funds or A</th><th>ccounts. Complete if the</th></t<>	Pa	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		imilar Funds or A	ccounts. Complete if the
2 Aggregate value of contributions to (during year) 4 Aggregate value of and the form (during year) 5 Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advisor of any other purpose conferring impermissible purposes and not for the benefit of the organization is exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 6 for dhartable purposes and not for the benefit of the donor of advisor, for any other purpose conferring impermissible private benefit? 7 Purpose(s) of conservation essements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 7 Purpose(s) of conservation essements held by the organization (check all that apply). 7 Preservation of a for public use (for example, recreation or education) 7 Preservation of a conservation essements held by the organization contribution in the form of a conservation essement on the last 7 day of the tax year. 8 Total innove of conservation essements is 8 Total acreage restricted by conservation essements 9 Total acreag				d funds	(b) Funds and other accounts
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3 Agregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the arganization inform all grantese, donors, and donor advisors in writing that grant tunds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable provate benefit? Part III Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (acks all that app), Preservation of a last for public use (for example, increastion or education) Preservation of a conservation easements held a qualified conservation contribution in the form of a conservation easements on the last day of the tax year. 2 Complete lines 2 attrough 2.21 if the organization held a qualified conservation contribution in the form of a conservation easements. 2 Complete lines 2 attrough 2.21 if the organization held a qualified conservation contribution in the form of a conservation easements. 2 Total arcregar erstricted by conservation easements. 2 Aumber of conservation easements included in (a) acquired attr 725:06, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transfored, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is holds? 5 Does the organization inform allowed to monitoring, inspecting, handling of violations, and enforcing conservation easement is holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements for the scoreservation easements or section 170(h)(4)(K)(i)) 9 In Part XIII, describe how the organiz	-				
Aggregate value at end of year	-				
Do the organization inform all donors advisors in writing that the assets held in donor advised funds are the organization's roperty, subject to the organization's accustive legal control? Do the organization's roperty, subject to the banefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the donor advisors in writing that grant funds for purpose conferring hours assement? For a number of land for public use (for example, recreation or education) Preservation of a conservation easements a total number of conservation easements a cotal number of conservation easement	4				
G Did the organization inform all grantees, donors, and donor advices in writing that grant funds can be used only for charitable purposes and not for the benefit? Part Display Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(g) conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a horizorally important land area Preveavation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preveavation of a pen space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in the last day of the lax year. Total number of conservation easements included in (a) acquired after 72500, and not on a historic structure <u>2d</u> 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic motioning, inspecting, handling of violations, and enforcing conservation easements during the year van a ordine of the conservation easements in located >	5		writing that the assets he	ld in donor advised fur	nds
tor charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring		are the organization's property, subject to the organization's	exclusive legal control?		Yes No
Impermissible private benefit? Yes No. Part II Conservation Easements. Complete if the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space Preservation of a conservation easement in the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a b Total accege restricted by conservation easements 2a c Number of conservation easements included in (c) acquired after 7252/06, and not on a historic structure listed in the National Register 2a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 2a 4 Number of conservation easements included in (c) acquired after 7252/06, and not on a historic structure 2a 2a 2a 2a d Number of conservation easements included in (c) acquired after 7252/06, and not on a historic structure 2a 4 Number of conservation easements included in (c) acquired after 7252/06, and not on a historic structure 2a d Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements to hods? No	6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	nt funds can be used	only
Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(8) of conservation easements held by the organization (check all that apply). Preservation of a flot for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a conservation easement on the last Preservation of a conservation easement on the last day of the tax year. 2 2 2 a Total number of conservation easements 2 2 b Total acreage restricted by conservation easements 2 2 c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement reported on line 2(d) above satisfy the requirements of saction 170(h)(4)(B)(h) an section 170(h)(4)(4)(B)(h) Yes No 6 In Part XIII, describe how the organization hourder FASB ASC S8, not to reposition in structure S 7 Amount of expenses incurred in monitoring, inspecting, handling		for charitable purposes and not for the benefit of the donor o	r donor advisor, or for an	y other purpose confe	rring
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□ Preservation of a historically important land area □ Preservation of a certified historic structure □ Preservation of on space 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last a Total arreage restricted by conservation easements 2a 2 Number of conservation easements on a certified historic structure included in (a) 2.0 Number of conservation easements on a certified historic structure included in (a) 2.0 Number of conservation easements on a certified historic structure included in (a) 2.1 2d 2.2 2d 2.3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >	Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, Part IV	/, line 7.
Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total accarge restricted by conservation easements a Mumber of conservation easements on a certified historic structure included in (a) a Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >	1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
□ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on certified historic structure included in (a) 2c d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 4 Number of states where property subject to conservation easements in biolog? Yes No 6 Staff and volunteer hours devided to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ 8 Does each conservation easement reported on line 2(d) above satis		Preservation of land for public use (for example, recrea	tion or education)	1	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (a) d Number of conservation easements included in (b) acquired after 7/25/06, and not on a historic structure d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b 2 2d 2d 2d 4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year b \$ \$ 6 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? b organization reports conservation easements in its revenue and exponse statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization elester. Complete if the organization elester, bed for public exhibition, education, or research in furtherance of public service, provide in Part XIIII describes the footnote to the organization's financial statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, p				Preservation of a cer	tified historic structure
day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b 2c 2c 2d 2d 2d 2d <th></th> <th></th> <th></th> <th></th> <th></th>					
a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2c listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b 2d 4 Number of states where property subject to conservation easements is located b 2d 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Ves No 6 Statf and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Ves No 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in the revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization accounting for conservation easements. Complete if the organization newer of Yes' on Form 990, Part IV, line 8. 14 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 16 If the organization elected, as permitted under FASB ASC 958, to	2		fied conservation contribu	ition in the form of a c	
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b 4 Number of states where property subject to conservation easement is located b 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is hold? 6 Statf and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year b					
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b Assets included in Form 990, Part X \$	_				

Partiall Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization accession, and other records, check any of the following that make significant use of its continued) a Deptice exhibition d Loan or exchange program b Different exhibition d Loan or exchange program c Provide acception of thure generations d Loan or exchange program b Different exhibition d Loan or exchange program c Provide acception of thure generations collections and explain how they further the organization sectors? Yes No Partial cost control of the organization solucion? Yes No Partial cost control of the organization and explain how they further the organization and on form 900, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 16 Amount c Beginning balance (and Current 990, Part X, line 21, for escrow or custodial account fability? Yes No b If 'Yes,' explain the arrangement in Part XIII Check here if the explanation in sub been provided on Part XIII Provide the domernet Turend, Long part A line 21, for escrow or custodial account fability?	Sche		E PLAYERS .						84-11			_{ge} 2
collection lores (chock all that apply): a b <th>Par</th> <th>t III Organizations Maintaining Co</th> <th>ollections of Ar</th> <th>t, Histo</th> <th>rical Tre</th> <th>asures, o</th> <th>r Other</th> <th>⁻ Simila</th> <th>r Assets</th> <th>(continu</th> <th>ed)</th> <th></th>	Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	asures, o	r Other	⁻ Simila	r Assets	(continu	ed)	
a Public scholinion d Lean or exchange program b Scholary research e Other	3	Using the organization's acquisition, accessio	n, and other record	ls, check a	any of the f	ollowing that	: make si	gnificant	use of its			
b Scholary research e Other c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. 6 Description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 7 Description of for ansequent carter than to be maintained as gard of the organization's collection's exempt purpose in Part XII. 1a Is the organization ansequent the mate to ansequence the organization ansevered 'Yes' on Form 990, Part X, line 21. 1a Is the organization include an amount on form 990, Part X, line 21. 1b I's", "explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1a Is the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Part V explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 900, Part X, line 21. for the respenditures for facilities in or form 900, Part X, line 21. a Beginning of year balance i		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 Description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 6 PerstrW Eccrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. 1 Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Intermediary for contributions or or custodial account liability? 2 Dotine organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Intermediary for the organization include an amount on Form 990, Part X, line 21, for escrow are custodial account liability? Intermediary for the organization include an amount on Form 990, Part X, line 10. 2 Port Configuration for the organization maxwere 'Yes' on Form 990, Part X line 10. Intermediary for the organization for the organization solution maxwere 'Yes' on Form 990, Part X line 10. 3	а	Public exhibition	(d 🗌 L	oan or exc	hange progra	am					
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5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Yes No Part V Escrow and Oustodial Arrangements. Complete if the organization's collection? Yes No Part V Escrow and Oustodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X 0 If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount 1 1 1 0 Bathous during the year 1 1 1 1 1 0 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 0 bif 'Yes,'' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII No 1 1 1 1 1 1 1 1 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b Tortowinert PundBS. Complete the orga	4	Provide a description of the organization's co	llections and explai	n how the	y further th	e organizatio	n's exen	npt purpo	se in Part	XIII.		
to be sold to raise funds rather than to be maintained as part of the organization scalection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. In the organization and the vertice of the organization and the vertice of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? In the vertice of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? In the vertice of the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. In the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance In Q. Current year In Yes In the organization in the part State of the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance In Q. Current year end balance (line 19, column (a)) held as: In Organization and the organization state anelid and administered for the organization	5				•	-						
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f Administrative expenses	e											
g End of year balance	f											
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c Leasehold improvements 126,568. 88,136. 38,432. e Other 601,457. 529,847. 71,610.	1a	Land										
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e Other	d	Equipment										
					60	1,457.		529,8	47.			
				X. columr	n (B), line 1	0c.)				110	,04	2.

Schedule D (Form 990) 2021

Complete if the organization answered "Yes"	on Form 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) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) USOE POOLED FUND	1,522,397.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	1,522,397.		
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
	Description		
(1) (2)			
(2)(3)			
(3)(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	0.15)	►	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO USA ULTIMATE FOUND.	ATION		15,683.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		15,683.

ULTIMATE PLAYERS ASSOCIATION

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

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Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 ULTIMATE PLAYERS ASSOCIATIO	N		84-1	L152993	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statement	ts With	Revenue per Re			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,970,	856.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	108,879.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		879.
3	Subtract line 2e from line 1			3	3,861,	977.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,861,	977.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,452,	125.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				-
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,452,	125.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,452,	125.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

THE CORPORATION AND THE FOUNDATION QUALIFY AS TAX-EXEMPT ORGANIZATIONS
UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, ARE
NOT SUBJECT TO FEDERAL INCOME TAX. ACCORDINGLY, NO INCOME TAX PROVISION
HAS BEEN RECORDED. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY
RELATED TO THE CORPORATION'S AND FOUNDATION'S TAX-EXEMPT PURPOSES ARE
SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

THE CORPORATION'S AND FOUNDATION'S FORMS 990, RETURN OF ORGANIZATION

EXEMPT FROM INCOME TAX, ARE SUBJECT TO EXAMINATION BY VARIOUS TAXING

AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THE DATE THEY WERE FILED.

MANAGEMENT OF THE CORPORATION AND THE FOUNDATION BELIEVES THAT THEY DO NOT 132054 10-28-21 Schedule D (Form 990) 2021 Part XIII Supplemental Information (continued)

HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL

STATEMENTS.

SCHEDULE I (Form 990)		Gov	irants and Oth vernments, an ete if the organization	nd Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization		PLAYERS AS	SSOCIATION					Employer identification number $84 - 1152993$
Part I General Info	rmation on Grants a	nd Assistance						
1 Does the organizati criteria used to awa	ard the grants or assis	stance?					stance, and the selecti	
	Other Assistance to	Domestic Organiz		Governments. C	omplete if the orga	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address or gover	•	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UTAH ULTIMATE DISC PO BOX 818 DRAPER, UT 84020	ASSOCIATION	27-5013767	501(C)(3)	10,000.	0.			STATE ORGANIZATION TO ENHANCE AND PROMOTE THE SPORT OF ULTIMATE
GEORGIA ULTIMATE 1198 ZIMMER DRIVE ATLANTA, GA 30306		84-4370383	501(C)(3)	10,000.	0.			STATE ORGANIZATION TO ENHANCE AND PROMOTE THE SPORT OF ULTIMATE
OHIO ULTIMATE 5680 BATTLE CREEK W COLUMBUS, OH 43228	АУ	APPLIED FOR		10,000.	0.			STATE ORGANIZATION TO ENHANCE AND PROMOTE THE SPORT OF ULTIMATE
			<u>.</u>					
2 Enter total number	of section 501(c)(3) a	nd government ord	l janizations listed in the	e line 1 table			I	▶ 2.
3 Enter total number	of other organizations	s listed in the line 1	table	······				▶ 1.
LHA For Paperwork R	eduction Act Notice,	, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021

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

ULTIMATE PLAYERS ASSOCIATION

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

Schedule I (Form 990) 2021

AFFILIATE ORGANIZATIONS ARE ELIGIBLE TO APPLY FOR GRANT FUNDS USING GRANT

APPLICATIONS. GRANTS ARE APPROVED BASED ON MEETING CERTAIN CRITERIA LISTED

IN THE GRANT DOCUMENTATION. STATE ORGANIZATIONS AUTOMATICALLY QUALIFY TO

RECEIVE GRANT FUNDS ON A SPECIFIC SCHEDULE OVER A 3-YEAR PERIOD ONCE THEY

ARE APPROVED AS A STATE ORGANIZATION.

84-1152993

Page **2**

SCI	SCHEDULE J Compensation Information		1	OMB No. 1545-0047							
(Fo	rm 990)										
•	,	Compensated Employees		20	ΖΙ						
_		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic					
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe							
Nam	e of the organizatior		Employer ide								
		ULTIMATE PLAYERS ASSOCIATION	84-1	L15299	3						
Pa	rt I Question	s Regarding Compensation									
					Yes	No					
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,								
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class or c	harter travel Housing allowance or residence for perso	nal use								
	Travel for com	panions Payments for business use of personal re-	sidence								
	Tax indemnific	ation and gross-up payments \fbox Health or social club dues or initiation fee	S								
	Discretionary s	pending account Personal services (such as maid, chauffer	ır, chef)								
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or									
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b	X						
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,									
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X						
3		y, of the following the organization used to establish the compensation of the organization's									
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to								
		tion of the CEO/Executive Director, but explain in Part III.									
	X Compensation										
		ompensation consultant									
	Form 990 of o	her organizations	ommittee								
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing									
4	organization or a re										
а	•	e payment or change-of-control payment?		4a		x					
b		eive payment from a supplemental nonqualified retirement plan?				X					
	-	eive payment from an equity-based compensation arrangement?				x					
Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
	יו יוס נס מוץ טו וווס אמיט, ווסג גווב מרסטווס מוע מוטעועל גוול מאמושטול מווטעוונס וטו למטו ונפוון ווו דמוג ווו.										
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.									
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n								
	contingent on the re										
а	-			5a		Х					
		ation?				X					
		r 5b, describe in Part III.									
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n								
	contingent on the n	et earnings of:									
а	The organization?			6a		X					
		ation?				X					
		r 6b, describe in Part III.									
7	-	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments									
		es 5 and 6? If "Yes," describe in Part III		7	Х						
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie								
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X					
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in									
	Regulations section	53.4958-6(c)?	<u></u>	9							
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n 990)	2021					

Schedule J (Form 990) 2021

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) THOMAS CRAWFORD	(i)	242,988.	0.	3,120.	7,383.	0.	253,491.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

OFFICERS WHO ARE EMPLOYEES OF THE ORGANIZATION ARE PROVIDED COUNTRY CLUB

MEMBERSHIPS. THESE MEMBERSHIPS ARE PRIMARILY USED FOR PURPOSES RELATED TO

THEIR DUTIES, AND ON BEHALF OF THE ORGANIZATION. THE PERSONAL USE PORTION

OF THE DUES IS REPORTED AS TAXABLE COMPENSATION AND REPORTED IN COLUMN (B)

(III) OTHER REPORTABLE COMPENSATION OF SCHEDULE J PART II.

PART I, LINE 7:

THE ORGANIZATION MAY PAY A PERFORMANCE BONUS TO THE CHIEF EXECUTIVE OFFICER

OR OTHER OFFICERS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

202

Employer identification number

84-1152993

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attach to Form 990.

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

Name of the	organization
-------------	--------------

ULTIMATE PLAYERS ASSOCIATION

Par	tI	Types of Property						
	·		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributio	•	ts
1	Δrt -	Works of art			· ···· · · · · · · · · · · · · · · · ·			
2		Historical treasures						
3		Fractional interests						
4		s and publications						
- 5		ning and household goods						
6		and other vehicles						
7		s and planes						
8								
9		ectual property Irities - Publicly traded						
9 10								
11		rities - Closely held stock						
		irities - Partnership, LLC, or interests						
12	Secu	irities - Miscellaneous						
13	Qual	ified conservation contribution -						
	Histo	oric structures						
14	Qual	ified conservation contribution - Other $_{\dots}$						
15	Real	estate - Residential						
16	Real	estate - Commercial						
17	Real	estate - Other						
18		ectibles						
19	Food	l inventory						
20		s and medical supplies						
21	Taxio	dermy						
22	Histo	prical artifacts						
23	Scier	ntific specimens						
24		eological artifacts						
25		$r \triangleright (SPORTS EQUIPM)$	X	1	92,809.			
26	Othe	er 🕨 ()						
27	Othe	r 🕨 ()						
28	Othe	r 🕨 ()						
29	Num	ber of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions			
	for w	hich the organization completed Form 828	83, Part V, D	onee Acknowledg	ement		X	
<u> </u>	Duni				autori in Daut I. Kana 4. Haussel		Yes	No
зua		ng the year, did the organization receive by		• • • • •	· · · · ·			
		hold for at least three years from the date					20-	x
•-		npt purposes for the entire holding period?	(30a	
		es," describe the arrangement in Part II.		auiroo tha maria	of any nonoton-level	iana?	04	x
31	DOes	the organization have a gift acceptance of	JUNCV THAT RE	equires the review (o any nonstandard contribut		31	1 4

contributions?
b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

Schedule M (Form 990) 2021

32a

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Schedule M	(Form 990) 2021	ULTIMATE	PLAYERS	ASSOCIATION	84-1152993	Page 2
Part II	Supplemental	Information.	Provide the info number of contr	ormation required by Part I, lines 30b, 32b, and 33, ributions, the number of items received, or a comb	and whether the organizat ination of both. Also comp	tion

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 **Open to Public** Inspection Employer identification number

84-1152993

Name of the organization

ULTIMATE PLAYERS ASSOCIATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESPONSIBLE FOR ENHANCING AND PROMOTING THE SPORT THROUGH CHARACTER,

COMMUNITY AND COMPETITION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION - DEVELOP AND RUN PROGRAMS TO CERTIFY COACHES, OBSERVERS, AND

TOURNAMENT DIRECTORS.

EXPENSES \$ 93,655. INCLUDING GRANTS OF \$ 0. REVENUE \$ 10,546.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION IS A MEMBER ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

USA ULTIMATE IS GOVERNED BY A BOARD OF DIRECTORS THAT IS A BLEND OF ELECTED

AND APPOINTED DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE TAX RETURN WAS CIRCULATED TO THE ENTIRE BOARD OF DIRECTORS

FOR COMMENT BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD OF DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF

INTEREST STATEMENT ANNUALLY. THE AUDIT & ETHICS COMMITTEE, WHO IS AWARE OF

THE POTENTIAL CONFLICTS OF INTEREST, CLOSELY MONITORS AND ENFORCES THE

CONFLICT OF INTEREST STATEMENT.

84-1152993

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS HAS A CLOSED PERSONNEL SESSION AND DECIDES ON

COMPENSATION AND HIRING ISSUES.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON USA

ULTIMATE'S WEBSITE AND AVAILABLE UPON REQUEST.

SCH	EDULE	R
	1	

(Form 990)

. .

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number 84 - 1152993

Department of the Treasury Internal Revenue Service

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

Name of the organization

ULTIMATE PLAYERS ASSOCIATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity			(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
USA ULTIMATE FOUNDATION - 46-5012449							
5825 DELMONICO DR., SUITE 370	SUPPORT OF ULTIMATE				ULTIMATE PLAYERS		
COLORADO SPRINGS, CO 80919	PLAYERS ASSOCIATION	COLORADO	501(C)(3)	LINE 12A, I	ASSOCIATION	X	
	-						
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 ULTIMATE PLAYERS ASSOCIATION

84-1152993 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?				or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	0
	-										
	-										
	-										
	-										
	4										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) (g) Share of total income Share of end-of-year assets				(h) Percentage ownership	contr	i) b)(13) rolled ity?
		country)		of truoty		400010		Yes	No		

Schedule R (Form 990) 2021 ULTIMATE PLAYERS ASSOCIATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
n Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)	1k		+
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses	1 p		
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	1r		
Cher transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) USA ULTIMATE FOUNDATION	С	13,754.	CASH
(2) USA ULTIMATE FOUNDATION	N	0.	
(3) USA ULTIMATE FOUNDATION	0	6,000.	CASH
<u>(4)</u>			
(5)			
(6)			

т

Schedule R (Form 990) 2021 ULTIMATE PLAYERS ASSOCIATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(-)	(1-)	(-)	(-1)	10		(4)	()		- \	(1)	(1)	(1.)								
(a)	(b)	(c)	(d)	(e) Are a	i ll	(f)	(g)		h)	(i)	(j)	(k)								
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	s sec. (3)	Share of total	Share of end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin									
of entity		country)	excluded from tax under	orgs.		income			tions?	of Schedule K-1	partner?									
		country)	sections 512-514)	Yes I	No	Income	255615	Yes	No	(Form 1065)	Yes No	<u>'</u>								
				+	-+							+								
												L								
												 								

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 ULTI Part VII Supplemental Information

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

	_	EXTENDED TO NOVEMBER 15, 2022	_	
Form 990-T	E	Exempt Organization Business Income Tax Return		OMB No. 1545-0047
		(and proxy tax under section 6033(e))		
	For ca	lendar year 2021 or other tax year beginning, and ending		2021
Department of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.		
Internal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmploy	yer identification number
B Exempt under section	Print	ULTIMATE PLAYERS ASSOCIATION	84	4-1152993
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	E Group (see in:	exemption number structions)
408(e) 220(e)	Type	5825 DELMONICO DR., SUITE 370	Ì	
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
529(a) 529A		COLORADO SPRINGS, CO 80919	_F	Check box if
		ok value of all assets at end of year 5 , 314, 050.		an amended return.
		► X 501(c) corporation 501(c) trust 401(a) trust Other trust		
H Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
		ation filing a consolidated return with a 501(c)(2) titleholding corporation	·····	
		ed Schedules A (Form 990-T)		
• •		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
		d identifying number of the parent corporation. THE ORGANIZATION Telephone number 7	10 1	10 0200
		► THE ORGANIZATION Telephone number ► 7	19-2	19-0322
		ss taxable income computed from all unrelated trades or businesses (see		0.
			1 2	
2 Reserved 3 Add lines 1 and 2			3	
		(see instructions for limitation rules)	4	0.
		taxable income before net operating losses. Subtract line 4 from line 3	5	
		ng loss. See instructions	6	0.
	•	ss taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro		·	7	
8 Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.
		duction. See instructions	9	
10 Total deductions			10	1,000.
11 Unrelated busine	ess taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero			11	0.
Part II Tax Com	putat	ion		
1 Organizations tax	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at	trust r	ates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from	n: 🗋	Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See ins	structio	ns ►	3	
4 Other tax amounts			4	
5 Alternative minimu			5	
		cility income. See instructions	6	
		h 6 to line 1 or 2, whichever applies	7	0.
I HA For Paperwork	Reduct	ion Act Notice, see instructions.		Form 990-T (2021)

For Paperwork Reduction Act Notice, see instructions. HA

Form 9 (2021)

Form 9	90-T (2021)			Page 2
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021 6a			
b	2021 estimated tax payments. Check if section 643(g) election applies			
С	Tax deposited with Form 8868			
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	Other credits, adjustments, and payments: Form 2439			
	□ Form 4136 Other Total ▶ 6g			
7	Total payments. Add lines 6a through 6g	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 owed	▶ 9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	▶ 10		
	Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded	▶ 11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authori	ty	Ye	s No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	Э		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign countr	у		
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year			
4	Enter available pre-2018 NOL carryovers here \$ 3,656. Do not include any post-2017 NOL	carryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on P			
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructio	ns.		
	Business Activity Code Available post-2017 NO			
	<u>541800</u> \$	86		
	541800 \$	2,93	7.	
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V			
Part	V Supplemental Information			

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other that	d this return, including accompanying schedules and stat an taxpayer) is based on all information of which preparer CHIEF E:	ements, and to the best of my know	wledge and belief, it is true,
Here		OFFICER	XECUTIVE	May the IRS discuss this return with the preparer shown below (see
	Signature of officer	Date Title		instructions)? X Yes No
Paid	Print/Type preparer's name	Preparer's signature RITA F. Hto 7 Church CHRISTENSEN 11	e Check Chec	if PTIN ed P00290681
Preparer Use Only		DWIN, LLP	Firm's EIN	
Use Only	1365 GARDI	•		
	Firm's address 🕨 COLORADO	SPRINGS, CO 80907	Phone no.	(719) 590-9777

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	3,656.	0.	3,656.	3,656.
NOL CARRYOV	VER AVAILABLE THIS Y	EAR	3,656.	3,656.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

2

B Employer identification number 84-1152993

D Sequence:

1

of

c 11 Α

Name of the organizatio			
ULTIMATE	PLAYERS	ASSOCIATION	

<u>C</u> Unrelated business activity code (see instructions) ► 541800

Describe the unrelated trade or business ADVERTISING THROUGH EMAIL BLASTS

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances c Balance	► 1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Sch D (Form 1041 or Form				
1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach				
statement)	5			
6 Rent income (Part IV)				
7 Unrelated debt-financed income (Part V)				
8 Interest, annuities, royalties, and rents from a controlled				
organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17)				
organizations (Part VII)	9			
0 Exploited exempt activity income (Part VIII)				
1 Advertising income (Part IX)		4,950.	6,604.	-1,654.
2 Other income (see instructions; attach statement)				-
3 Total. Combine lines 3 through 12		4,950.	6,604.	-1,654.

directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part I	, line 13,		
	column (C)			16	-1,654.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	-1,654.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2021

							1
Sched Part	ule A (Form 990-T) 2021 III Cost of Goods Sold Enter meth	od of inventory valu					Page 2
1	Inventory at beginning of year				1		
2	Purchases				2		
3	Cost of labor				3		
4	Additional section 263A costs (attach statement)				4		
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				6		
7	Inventory at end of year				7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				8		
9	Do the rules of section 263A (with respect to property p					Yes	No
Part	IV Rent Income (From Real Property and	Personal Prope	erty Leased with Re	al Proper	ty)		
1	Description of property (property street address, city, st	ate, ZIP code). Chec	k if a dual-use. See instru	ctions.			
	A						
	в						
	c						
	D		- <u>r</u> r				
	-	Α	В	С		D	
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
С	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
							0
3	Total rents received or accrued. Add line 2c columns A	through D. Enter her	re and on Part I, line 6, co	lumn (A)			0.
	Deductions directly connected with the income						
4	in lines 2(a) and 2(b) (attach statement)						
-	Total de des l'anna Addition de aleman Adherente D. Est						0.
5 Part	Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se	e instructions)	т, ппе 6, соштт (в)				0.
1	Description of debt-financed property (street address, c		Check if a dual-use. See	netructione			
•	A	ity, state, Zir codej.	Offeck if a dual-use. See				
	в 🗌						
	c 🗌						
	D						
		Α	В	С		D	
2	Gross income from or allocable to debt-financed						
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
с	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)						
6	Divide line 4 by line 5	(%		%		%
7	Gross income reportable. Multiply line 2 by line 6						
8	Total gross income (add line 7, columns A through D).	Enter here and on F	art I, line 7, column (A)		• <u> </u>		0.
	-						
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns A thro						0.
11	Total dividends-received deductions included in line	10					0.

Sched Dart	ule A (Form 990-T) 2021 VI Interest, Annu	iities Ro	ovalties and Re	ents fror	n Control	led Or	nanization	S (c	ee instruct	ions)		Page 3
Tart							Exempt Contro	`		,		
	1. Name of controlled organization		2. Employer identification number	3. Net unrelated 4 income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income		mn 4 in the aniza-	e connected with	
(1)										Jointo		
(2)												
(3)												
(4)												
			No		Controlled O	•	ons					
7	7. Taxable Income	in	Net unrelated Icome (loss) e instructions)		otal of specif syments mad		10. Part of that is inconstruction of the controlling gross	luded	in the zation's		con	luctions directly nected with e in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ent	er he	umns 6 and 11. re and on Part I, 3, column (B)
Totals						►			0.			0.
Part	VII Investment	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization _{(s}	ee inst	tructions)			
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connormal (attach stater	ected	4. Set- (attach st		nt)	and set-asides (add cols 3 and 4)
(1)												
<u>(2)</u>												
<u>(3)</u>												
(4) Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part		vemnt A	ctivity Income	Other 1	 [han Adva			(000 in	l atruationa)			0.
1	Description of exploite			, outer i			gincome		Structions			
2	Gross unrelated busin		e from trade or busi	ness Ente	r here and o	n Part I	line 10 colum	n (A)		2		
3	Expenses directly con						-	• •				
										3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from ac	tivity that i	s not unrelated busi	iness incor	me					5		
6	Expenses attributable									6		
7	Excess exempt expen									_		
	4. Enter here and on P	art II, line	12							7		

Schedule A (Form 990-T) 2021

Schod	ule A (Form 990-T) 2021					1 Page 4
Part						Fage 4
1	Name(s) of periodical(s). Check box if reportir	ng two or mo	re periodicals on a c	onsolidated basis		
	A USA ULTIMATE MEMBER					
	в 🛄					
	c 🗌					
	D					
Enter a	mounts for each periodical listed above in the	correspondir	ng column.			
	·	· _	Α	В	С	D
2	Gross advertising income		4,950.			
	Add columns A through D. Enter here and on				►	4,950.
а	3	,	, (,		···········	
3	Direct advertising costs by periodical	Г	6,604.			
а	Add columns A through D. Enter here and on					6,604.
			.,			
4	Advertising gain (loss). Subtract line 3 from lir	ne 🗌				
•	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column ir	-				
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8		-1,654.			
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than	····· –				
'	line 5, subtract line 6 from line 5. If line 5 is less					
•	than line 6, enter zero	······ –				
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain o					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gr					0.
Part	Part II, line 13 X Compensation of Officers, Dir	actors a	nd Trustees (·····	····· ►	0.
Γαιτ		ectors, a		e instructions)	0 Democraticano	1 Ocean constitue
			0 7.414		3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
						0
	Enter here and on Part II, line 1				>	0.
Part	XI Supplemental Information (se	e instruction	IS)			

990-T SCH A	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/19 865.		0.	865.	865.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	865.	865.

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2021

OMB No. 1545-0047

Open to	Public	Inspect	ion for
501(c)(3)	Organ	izations	s Only

2

A Name of the organization

ULTIMATE	PLAYERS	ASSOCIATION	
00111110		11000011111011	

<u>c</u> Unrelated business activity code (see instructions) ► 541800

D Sequence:

B Employer identification number 84-1152993

of

2

E Describe the unrelated trade or business ADVERTISING ON TELEVISION

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	S	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ►	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	0.			
Pa	t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inc			uctions. Dedu	ction	s must be
1	Compensation of officers, directors, and trustees (Part X)				1	

2	Salaries and wages			2	1	
3	Repairs and maintenance			3		
4	Bad debts			4		
5	Interest (attach statement). See instructions			5		
6	Taxes and licenses			6		
7	Depreciation (attach Form 4562). See instructions	7				
8	Less depreciation claimed in Part III and elsewhere on return			8b		
9	Depletion			9		
10	Contributions to deferred compensation plans			10		
11	Employee benefit programs			11		
12	Excess exempt expenses (Part VIII)			12		
13	Excess readership costs (Part IX)			13		
14	Other deductions (attach statement)			14		
15	Total deductions. Add lines 1 through 14			15		0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	l, line 13,			
	column (C)			16		0.
17	Deduction for net operating loss. See instructions			17		0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18		

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

chod	10 A (Form 990 T) 2021						2
Part	ule A (Form 990-T) 2021 III Cost of Goods Sold Enter metho	d of inventory valua	tion				Page
1	Inventory at beginning of year				1		
2	Purchases				2		
3	Cost of labor				3		
4	Additional section 263A costs (attach statement)				4		
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				6		
7	Inventory at end of year				7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter he	re and in Part I, line	2		8		
9	Do the rules of section 263A (with respect to property pro					Yes	No
Part			-		rty)		
1	Description of property (property street address, city, sta	te, ZIP code). Checł	t if a dual-use. See instru	uctions.			
	B						
	D	•					
~		Α	В	C		D	
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
b	but not more than 50%) From real and personal property (if the						
U	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
с	Total rents received or accrued by property.						
U	Add lines 2a and 2b, columns A through D						
3	Total rents received or accrued. Add line 2c columns A th	nrough D. Enter here	and on Part I, line 6, co	olumn (A)	•		0.
	Deductions directly connected with the income						
4	in lines 2(a) and 2(b) (attach statement)						
5	Total deductions. Add line 4 columns A through D. Ente	r here and on Part I	line 6, column (B)				0.
Part	(555						
1	Description of debt-financed property (street address, cit	y, state, ZIP code). (Check if a dual-use. See	instructions	-		
	B						
	D	•	р				
•	Gross income from or allocable to debt-financed	Α	В	C		D	
2							
3	property Deductions directly connected with or allocable						
5	to debt-financed property						
а							
b	Other deductions (attach statement)						
c	Total deductions (add lines 3a and 3b,						
U	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
-	financed property (attach statement)						
6	Divide line 4 by line 5	%	%		%		9
7	Gross income reportable. Multiply line 2 by line 6						
8	Total gross income (add line 7, columns A through D). E	Enter here and on Pa	art I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns A through						0.
11	Total dividends-received deductions included in line 1	0					0.

Schedu Part	ile A (Form 990-T) 2021 VI Interest, Annu	ities. Bo	ovalties, and Re	ents fror	n Control	led Or	ganization	S (s)	ee instruct	ions)	Pag	e 3
rart		11100, 110	Sydnees, and re				Exempt Contro	,		,		—
1. Name of controlled organization		2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income		mn 4 in the aniza-	he connected with		
(1)												
(2)												
(3)												
(4)												
			No	nexempt (Controlled O	rganizati	ons					
7	in				otal of specified ayments made		10. Part of column 9 that is included in the controlling organization's gross income		in the zation's	11. Deductions directly connected with income in column 10		
(1)												
(2)												
(3)												
(4)												
	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)						n Part I,	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)				
Totals						🕨			0.		(0.
Part			of a Section 50	1(c)(7), (nization _{(s}	ee inst	tructions)			
	1. Description of income				2. Amount of income directly conn (attach state)		ected (attach statement		5. Total deduction and set-aside (add cols 3 and	S		
(1)												
(2)												
(3)												
(4) Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I, umn (A) 0 .					Add amounts i column 5. Ente here and on Par line 9, column (er rt I,
Part			ctivity Income,	, Other 1	han Adve	ertising	g Income	(see in	structions)			
1	Description of exploite											
2	Gross unrelated busine							• •		2		
3	Expenses directly con											
										3		—
4	4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 4											
5	Gross income from act									4 5		
5 6	Expenses attributable									6		
7	Excess exempt expense									\vdash		
	4. Enter here and on P									7		

Schedule A (Form 990-T) 2021

2

	ule A (Form 990-T) 2021				Page 4
Part	U U				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a c	onsolidated basis.		
	A ESPN ADVERTISING				
	в				
	c 🗌				
	D				
Enter a	amounts for each periodical listed above in the co	prresponding column.			
	·	A	В	С	D
2	Gross advertising income	0			
-	Add columns A through D. Enter here and on P				0.
а	Add boldhing / through D. Enter here and on t			·····	
3	Direct advertising costs by periodical	0.			
	Direct advertising costs by periodical				0.
а	Add columns A through D. Enter here and on P			····· •	0.
		[]			
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less	;			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea		al or zero here and	on	L
	Part II, line 13			•	0.
Part		ctors, and Trustees	e instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	I. Name	2. The			
(4)				to business	unrelated business
(<u>1</u>)				%	
(2)				%	
(3)				%	
(4)				%	
					•
	Enter here and on Part II, line 1			>	0.
Part	XI Supplemental Information (see	instructions)			

2

990-T SCH A	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/19	2,937.	0.	2,937.	2,937.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	2,937.	2,937.

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oach	roturn
File a	separate	application	tor each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре с	r Name of exempt organization or other filer, see instruc	her filer, see instructions.			Taxpayer identification number (TIN)				
print	ULTIMATE PLAYERS ASSOCIATIO	84-1152993							
File by th due date filing you	for Number, street, and room or suite no. If a P.O. box, se	Number, street, and room or suite no. If a P.O. box, see instructions. 5825 DELMONICO DR., SUITE 370							
	turn. See SOLD Dillicities Direct								
Enter t	he Return Code for the return that this application is for (file	e a separat	e application for each return)						
Applic	ation	Return	Application			Return			
ls For		Code	Is For						
Form 9	90 or Form 990-EZ	01	Form 1041-A						
Form 4	720 (individual)	03	Form 4720 (other than individual)			09			
Form 9		04	Form 5227						
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	90-T (trust other than above)	06	Form 8870			12			
Form 9	90-T (corporation)	07							
 If th If th box 1 t t J 	request an automatic 6-month extension of time until he organization named above. The extension is for the orga \mathbf{X} calendar year 2021 or	Group Exe and atta NOVEN anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>IBER 15, 2022</u> , to file return for: d ending	f this is fo all memb	r the whole o ers the exter npt organizat 	group, check this			
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				\$	0.			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits an									
estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	0.			
c Balance due. Subtract line 3b from line 3a. Include your pay			n this form, if required, by						
using EFTPS (Electronic Federal Tax Payment System). See instructions.				3c	\$	0.			
Cautio instruc	n: If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	153-TE an	d Form 8879	-TE for payment			

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

Form 8868 (Rev. 1-2022)