Schedule	(Form	990)	2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
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IV Supplemental Information. Provid dule I, Part I, Line 2 - GRANTEES AND THEIR PUF ANIZATION. ALL GRANTS AE MADE WITHOUT RI	RPOSES AND PROGR	AMS ARE KNOWN BY	AT LEAST ONE DIREC	TOR, OFFICER, OR KEY EMP	ional information. PLOYEE OF THE
dule I, Part I, Line 2 - GRANTEES AND THEIR PUR	RPOSES AND PROGR	AMS ARE KNOWN BY	AT LEAST ONE DIREC	TOR, OFFICER, OR KEY EMP	ional information. PLOYEE OF THE
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(10)

Open To Public Inspection

Name	of the organization								Employ	yer ider	tificati	on nun	nber		
US IN	ICORPORATED										38-2	41837	77		
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1	(a) Name of disqualified	nerson	(b) Relationship be			person and		(c) De	escription	n of tran	saction	1		(d) Con	rected?
	(a) Name of disquamec	person		organizat	tion			(-) -		W. 100 Tel.	120-110-110-11	E0 		Yes	No
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2	Enter the amount under section 4958									nng u 	I	aı ▶ \$			
3	Enter the amount of	of tax, if any, or	n line 2, above,	reimbu	ursed by	the organ	izatior	٠.				\$			
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i ai	Complete if t	he organizatior	answered "Ye nount on Form !	s" on F	Form 99 art X, line	0-EZ, Part e 5, 6, or 2	V, line 2.	38a or F	orm 99	90, Pa	rt IV,	line 2	6; or	if the	
(a) N	Name of interested person	(b) Relationship with organization		fror	ean to or m the nization?	(e) Origir principal an		(f) Baland	ce due	(g) In o	default?	by bo	proved pard or nittee?		ritten ment?
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(8	a) Name of interested person	on (b) Relatio persor	nship between inter and the organizati	rested ((c) Amoun	t of assistance) (d) Type of	assistan	ce	(e) Purpo	se of a	assistar	nce
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(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zatio
				Yes	I
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Employer identification number

Name of the organization 38-2418377 **US INCORPORATED** Form 990, Part VI, Section B, Line 11b - EACH DIRECTOR AND OFFICER IS PROVIDED A DRAFT COPY OF FORM 990 FOR THE CURRENT YEAR PRIOR TO ITS BEING SUBMITTED TO THE IRS WITH INSTRUCTIONS TO REVIEW THE FORM AND DIRECT ANY QUESTIONS OR COMMENTS TO EITHER THE TREASURER OF EXECUTIVE DIRECTOR. Form 990, Part VI, Section B, Line 12c - THE CONFLICT OF INTEREST POLICY IS REVIEWED AT LEAST ANNUALLY DURING A BOARD MEETING. FURTHER, EACH BOARD MEMBER IS REQUIRED TO DIVULGE ANY POSSIBLE CONFLICT OF INTEREST THEY MAY HAVE WHENEVER SUCH A POTENTIAL CONFLICT OF INTEREST MAY ARISE. IF A CONFLICT IS DISCLOSED, THE OTHER DIRECTORS, IN THE ABSENCE OF THE REPORTING DIRECTOR, WILL DETERMINE IF A CONFLICT EXISTS AND ITS RESOLUTION Form 990, Part VI, Section B, Line 15 - COMPENSATION OF ANY DIRECTOR, THE EXECUTIVE DIRECTOR, SECRETARY AND TREASURER IS SET BY THE BOARD OF DIRECTORS BASED ON COMPENSATION PAID BY COMPARABLE ORGANIZATIONS FOR THE POSITION BEING CONSIDERED. Form 990, Part VI, Section C, Line 19 - THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ARE POSTED ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT, AS A GENERAL RULE, MADE AVAILABLE TO THE PUBLIC Form 990, Part IX, Line 11g - RESEARCH, WRITER AND ADVOCACY FEES \$179,098; BANK CHARGES \$5,082. TOTAL \$191,545 Form 990, Part XI, Line 9 - WRITE OFF OF PROVISION FOR A PRIOR YEAR'S RENT EXPENSE NO LONGER NEEDED.

US INCORPORATED

EIN: 38-2418377

Form: Form 990 (2021)

Page: 6

Part VI, Section C, Line 17

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Schedule O, Statement 1 US INCORPORATED

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

open to Public Inspection

stions and the latest information.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

US INCORPORATED

(7)

38-2418377

	(a) Name, address, and EIN (if applicable) of disregarded entity	Pr	(b) imary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) ind-of-year assets	(f) Direct conti entity	
(1)								
(2)								
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(4)								
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Part II	Identification of Related Tax-Exempt Organi one or more related tax-exempt organizations of	zations. Complete it	the organization a	nswered "Yes" or	Form 990, Part	IV, line 34, beca	use it ha	ad
	(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f)	1	a)
			or foreign country)		(if section 501(c)(3))	Direct controlling entity		512(b)(13) rolled tity?
			or foreign country)				conti	rolled
	C FOUNDATION (83-4365190) WY 131 SUITE 2, PETOSKEY, MI 49770	SUPPORTING ORGANIZATION	or toreign country)	501(c)(3)			conti	rolled ity?
					(if section 501(c)(3))	entity	conti	rolled tity?
1691 US H					(if section 501(c)(3))	entity	conti	rolled tity?
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2021

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets			(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	aging	(k) Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No	
(1)												
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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. (e)
Type of entity
(C corp, S corp, or trust) (d) Direct controlling entity (i) Section 512(b)(13) controlled entity? (b) Primary activity (g) Share of (h) Percentage (c) Legal domicile (state or foreign country) (f) Share of total (a)
Name, address, and EIN of related organization income Yes No (1) (2) (3) (4) (5) (6) (7)

Schedule R (Form 990) 2021

schedul	e H (Form 990) 2021																		raye o
Part	Transactions With Related Organizations. Complete if the organization answ	vere	ed "\	es'	on	For	m 9	990,	Pa	rt IV	/, lir	ne 3	4, 3	5b,	or 3	36.			
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			2000								occurrent of						Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one																		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity																		1
b	Gift, grant, or capital contribution to related organization(s)		•		٠				•			•							1
C	Gift, grant, or capital contribution from related organization(s)																1c	1	_
d	Loans or loan guarantees to or for related organization(s)														25		1d		1
е	Loans or loan guarantees by related organization(s)		•	e .	*	2 2	129	((*))	300		- 83	*	2	25	20 - 3		1e		1
f	Dividends from related organization(s)														39 - 3		1f		√
g	Sale of assets to related organization(s)																		1
h	Purchase of assets from related organization(s)														98 - 9		1h		1
i	Exchange of assets with related organization(s)														34		1i	-	1
j	Lease of facilities, equipment, or other assets to related organization(s)		ř.		8	¥ 1	19	300	4		*	×		×	(i)		1j		1
10.1																			
k	Lease of facilities, equipment, or other assets from related organization(s)																1k		1
	Performance of services or membership or fundraising solicitations for related organization(s																_		1
m	Performance of services or membership or fundraising solicitations by related organization(s														*		1m	-	1
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)														98 - 1		1n	1	<u></u>
0	Sharing of paid employees with related organization(s)	*	*	s ×	*	3 3	190	100		60 - 50		*	* 8	18			10		1
	_ custo significant reconstruction of the property of the prop																A	ļ	
p	Reimbursement paid to related organization(s) for expenses														19	×	1p	-	1
q	Reimbursement paid by related organization(s) for expenses	1			4			1140									1q		1
																			1
r	Other transfer of cash or property to related organization(s)														•		1r	-	1
S	Other transfer of cash or property from related organization(s)																1s	roobo	Ido
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	Tom	piete			e, inc	T	ing	COV		rei	atior	ISNI	os a	na tr	ans		resno	ids.
	(a) Name of related organization		7	(b ransa				Δ	mour	(c)	alvar	4		letho	d of a	laterr	(d) nining amo	unt inve	alved
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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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all p sec 5010 organiz	tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Dispropi alloca	ortionate	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or iging	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	- 10
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chedule B (F	Form 990) 2021	Page 5
art VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
	Provide additional information for responses to questions on schedule h. See instructions.	

Schedule R, Part VII, Statement 1

EIN: 38-2418377

US INCORPORATED

Page: 3

Form: Schedule R (2021)

Part V, Line 2

Description of Covered Relationships and Transaction Thresholds

Description of Covered Herenand	
	Amt. involved
US INC FOUNDATION	100,000
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GRANT APPROVED BY OFFICERS OF US INC FOUNDATION.	The state of the s
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	US INC FOUNDATION C GRANT APPROVED BY OFFICERS OF US INC FOUNDATION. US INC FOUNDATION n

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

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

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

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

OMB No. 1545-0047

2021

Employer identification number Name of the organization 38-2418377 **US INCORPORATED** Organization type (check one): Section: Filers of:) (enter number) organization √ 501(c)(3 Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization ☐ 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

Employer identification number

38-2418377 US INCORPORATED os) Use duplicate copies of Part Lif additional space is needed.

Part I	Contributors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US INC FOUNDATION 1691 US HWY 131 SUITE 2 PETOSKEY, MI 49770	\$ 100,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COLCOM FOUNDATION TWO GATEWAY CENTER SUITE 1800 PITTSBURGH, PA 15222	\$ 200,000	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

of Part II

Name of organization
US INCORPORATED

Employer identification number

38-2418377

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page Schedule B (Form 990, 990-EZ or 990-PF) (2021) **Employer identification number** Name of organization 38-2418377 **US INCORPORATED** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held (c) Use of gift (b) Purpose of gift from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4