Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning

, and ending

SOUTHEAST ENTERPRISES PACKAGING & 43-1062607 ASSEMBLY SPECIALISTS, INC.

Net Asset / Fund Balance at Begi	nning of Year			1,319,069
Revenue Contributions		592,303		
		2,225,354		
Program service revenue Investment income		9,766		
Capital gain / loss		37.00		
Fundraising / Gaming:				
Grees revenue				
Direct expenses				
Net income				
Other income		649		
Total revenue			2,828,072	
Expenses				-
Program services	1	,752,706		
Management and general		324,065		
Fundraising		65,382		
Total expenses			2,142,153	
Excess / (deficit)				685,919
Changes				-1
·				
Net Asset / Fund E	Salance at End of Year			2,004,987
Reconciliation of Fotal revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return		Less: Do Pri Lo: Oth Plus:	xpenses per financial stat nated services or year adjustments sses ner estment expenses	n of Expenses ements 2,481,993 339,840 urn 2,142,153
Assets Liabilities Net assets	Beginning 1,628,054 308,985 1,319,069	Balance She Ending 2,082, 77, 2,004,	Differer 176	5 , 918
	Miscellaneou Amended return Return / extended due d Failure to file penalty	as Information ate <u>05/16</u>	5/2 2	

Form 990 (2021)

Checklist of Required Schedules

Part IV

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

P	art IV Checklist of Required Schedules (continued)			ugo
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ŀ	
	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	T	
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b		• •		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	if "Yes," complete Schedule L, Part I	25b		х
26	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		ж
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			
	norman 2 K William Research to Octobrilla L. Dest W.	27	l	х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,		\$200 Mg	
•	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	Virtual Edition	SCIPTIME	##1400000000000000000000000000000000000
	"Ves." complete Schodule Part N/	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	. 23		
	concentration contributions? If "Ves." complete Schodule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	. 31		-11
,_	complete Cabadyla N. Davi II	32		х
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	. 32		- 22
,,	and the 204 7704 2 and 204 7704 22 K Was II semulate Calendula D. Pout I	۱ ,,		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	. 33		
14	and Dark I fine d	24		х
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 34		X
l5a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
b		256		
e.	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		v
-	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		Х
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
^	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		- T	
D	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u>.</u>
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		<u>. </u>	
	reportable gaming (gambling) winnings to prize winners?	1 10	: x l	

_P:	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			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	183	_		9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			1.75		130
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C)		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority	over,			ľ
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ассоил	t)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts	(FBAR).	01.02		48
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5а	l	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	ļ	x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		,			1
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			7,32		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods				
	and services provided to the payor?			7a	egonomical, de	World
b	If Was 2 still the annual alternative and the same of the stable of the annual annual and an annual and			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1.2		
	required to file Form 8282?			7c		ŀ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			10 50 4	4 Y G
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor		10.75	7e	500000000000000000000000000000000000000	reason. Fil
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Forr		as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				4864	
•	sponsoring organization have excess business holdings at any time during the year?	<i>2 10 y</i> 1110	•	8		654414C
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a	en e	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:				E GOV	
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			Sec.	
11	Section 501(c)(12) organizations. Enter:	1001				
a	Creas income from members or shoreholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources	114	<u></u>		V.C.	
		11b		15		*
	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	owers:	heiðart.
	l de la companya de	12b		1Za	ather :	841.712
	Section 501(c)(29) qualified nonprofit health insurance issuers.	JZN				11.0
	Is the organization licensed to issue qualified health plans in more than one state?			13a	ERC-COL	F. Frieds
	Note: See the instructions for additional information the organization must report on Schedule O.			्रक	(March	v. Phys
	Enter the amount of reserves the organization is required to maintain by the states in which			84.85	N.	
		425				
	the organization is licensed to issue qualified health plans	13b			<u></u>	
	Enter the amount of reserves on hand	13c		446		37
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule of the grantistics subject to the section 4990 tay on payment(s) of more than \$1,000,000 in recognized			14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneral			,		v
	excess parachute payment(s) during the year?	· · · · · · ·		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				.	37
	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?		16		_X
	If "Yes," complete Form 4720, Schedule O.]		
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			_		
	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) SOUTHEAST ENTERPRISES PACKAGING & Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 6 Did the organization have members or stockholders? 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, b stockholders, or persons other than the governing body? X R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Х а 8a Each committee with authority to act on behalf of the governing body? X b 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Yes Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 196 Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection, Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records > 6701 BOOTH LAUREN HALL

Form 990 (2021)

816-353-2704

MO 64133

KANSAS CITY

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BOARD VICE PRESIDENT

(4) SHIRLEY WURTH

BOARD SECRETARY

(5) JOE BEAUDET

Х

X

X

X

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 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.

(C)

Position (A) (B) (D) (E) (F) (do not check more than one Reportable Reportable Name and title Average Estimated amount box, unless person is both an compensation compensation hours of other officer and a director/trustee) from the from related compensation per week organization (W-2/ organizations (W-2/ Former from the flist any Individual trustee nstitutional trustee 1099-MISC/ 1099-MISC/ organization and hours for employee related related organizations 1099-NEC) 1099-NEC) organizations below dotted line) (1) LAUREN HALL 40.00 0.00 X 92,802 0 16,309 (2) ANDREA MORGAN 4.00 0.00 X X 0 0 BOARD PRESIDENT 0 (3) ROB SAUVE 4.00

4.00 X 0 0.00 X 0 0 BOARD TREASURER (6) JIM BARNES 2,00 0.00 X 0 0 0 BOARD MEMBER (7) MARTHA PRESSER 2.00 0.00 0 X 0 0 BOARD MEMBER (8) JUDY MONING 2.00 0.00 BOARD MEMBER X 0 0 0 (9) LINDA HECK

2.00 0 0.00 X 0 0 BOARD MEMBER (10) SAM STEELMAN 2.00 0.00 X 0 0 0 BOARD MEMBER (11) MIMI BALDINGER

Form **990** (2021)

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BOARD MEMBER

Part VII Section A. Officers	s, Directors, Tru	stee	es, K	ey E	mp	oyee	es, a	ind Highest Compensated	i Employees (continued)	T
(A) Name and title	(B) Average hours	bo	x, uni	Pos check ess pe	erson	than d is both or/trust	า อก	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(12) VERNON SCOVII	1								-	
BOARD MEMBER	2.00	x						o	0	o
(13) WILBUR KNOLES		71				<u> </u>				
BOARD MEMBER	0.00	x						0	0	0
									1	
									-	
1b Subtotal							>	92,802	du	16,309
c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII, S						>	92,802		16,309
Total number of individuals (increportable compensation from the compensation from	luding but not lin	nited	to ti				ove)		100,000 of	
3 Did the organization list any for employee on line 1a? If "Yes," or							. "	e, or highest compensated		Yes No
4 For any individual listed on line organization and related organi	1a, is the sum o	f rep han	ortal \$150	ole c),000	omp)? <i>lf</i>	ensa "Yes	tion ," co	and other compensation from place of the such that th	om the	4 X
5 Did any person listed on line 1a for services rendered to the org	i receive or accri	ie co	mpe	ensat	tion :	from	any	unrelated organization or ir		5 X
Section B. Independent Contractor	rs									
 Complete this table for your five compensation from the organization. 										r.
	(A) ousiness address								(B) on of services	(C) Compensation
		•								
		•								
								· · <u>-</u> · · · · · · · · · · · · · · · · · · ·		
2 Total number of independent correceived more than \$100,000 or								listed above) who	0	

Part VIII. Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) Total revenue (D) Revenue excluded from tax under sections 512-514 (B) Related or exempt function revenue business revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1đ e Government grants (contributions) 555,250 1e All other contributions, gifts, grants, 37,053 1f and similar amounts not included above Q Noncash contributions included in 9,931 1g lines 1a-1f 592,303 h Total, Add lines 1a-1f Business Code 900099 1,242,502 1,242,502 2a GOV AGENCY CONTRACTS Program Service 900099 982,852 982,852 PRODUCTION INCOME f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 9,766 9,766 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a 6a Gross rents 6b b Less: rental expenses Rental inc. or (loss) d Net rental income or (loss) Gross amount from (ii) Other (i) Securities sales of assets 7a other than inventory b Less: cost or other basis and sales exps. 7h c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c), See Part IV, line 18 8a b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less; direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 900099 522 522 SOFT DRINK/RECYCLING 11a 900099 127 127 MISCELLANEOUS b d All other revenue 649 \blacktriangleright Total. Add lines 11a-11d 2,828,072 10,288 2,225,481 Total revenue. See instructions

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Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must co	omplete all columns. All ot		nplete column (A).	
	Check if Schedule O contains a response include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	{D}
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and		į		
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	109,111	10,734	82,275	16,102
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,413,188	1,336,017	45,683	31,488
8	Pension plan accruals and contributions (include		_		
	section 401(k) and 403(b) employer contributions)	5,690	446		
9	Other employee benefits	119,636			5,533
10	Payroll taxes	116,651	105,679	7,497	3,475
11	Fees for services (nonemployees):				
a	Management				
b					
C	Accounting	35,559		35,559	
ď					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	, <u>,</u> ,,			
g	Other. (If line 11g amount exceeds 10% of line 25, column			_	
	(A) amount, list line 11g expenses on Schedule O.)	51,359	21,801	29,558	
12	Advertising and promotion	7,734		348	6,748
13	Office expenses	59,897	26,921	32,432	544
14	Information technology		· · · · · · · · · · · · · · · · · · ·		
15	Royalties				
16	Occupancy	85,630	58,578	27,052	
17	Travel	3,597	166	1,939	1,492
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				·
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	46 -6-			
22	Depreciation, depletion, and amortization	16,585	16,469	116	
23	Insurance	14,942		14,942	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	E0 400			
а	PRODUCTION EXPENSES	50,199	50,199	05 50	
b	MAINTENANCE AND REPAIRS	31,408	5,888	25,520	
С	PROGRAM SPECIFIC EXPENSES	19,572	14,345	5,227	
d	BAD DEBT EXPENSE	1,116	1,116	<u> </u>	
е	All other expenses	279	4 556 565	279	- شد عد سواور
25	Total functional expenses. Add lines 1 through 24e	2,142,153	1,752,706	324,065	65,382
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				* - 1.00
DAA					Form 990 (2021)

۲	'art	X Balance Sheet Check if Schedule O contains a response or note	e to a	ny line in th	is Part X			П			
		Office I octional of Contains a response of note	5 (O a	ny mie m an	is i atty	(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing				226,537	1	287,058			
	2	Savings and temporary cash investments				1,224,177	2	1,455,902			
	3	Pledges and grants receivable, net	· · • · · ·				3				
	4	Accounts receivable, net				98,285	4	263,399			
	5	Loans and other receivables from any current or former	r offic	er, director							
		trustee, key employee, creator or founder, substantial c	Š.								
		controlled entity or family member of any of these person		5							
	6	Loans and other receivables from other disqualified per		,							
g		under section 4958(f)(1)), and persons described in sec					6				
Assets	7	Notes and loans receivable, net					7				
As	8	Inventories for sale or use					8				
	9	Prepaid expenses and deferred charges				9,028	9	22,374			
	10a	Land, buildings, and equipment: cost or other		1			ā.				
		basis. Complete Part VI of Schedule D	1	Da	428,653	40,400					
	ь	Less: accumulated depreciation	1	0b	375,310		100	53,343			
	11	Investments—publicly traded securities				· · · · · · · · · · · · · · · · · · ·	11	,			
	12	Investments—other securities. See Part IV, line 11					12				
	13	Investments—program-related. See Part IV, line 11					13				
	14										
	15	Other assets. See Part IV, line 11			**************	100	15	100			
	16	Total assets. Add lines 1 through 15 (must equal line 3				1,628,054	16	2,082,176			
	17	Accounts payable and accrued expenses				308,985	_	77,189			
	18	Grants payable		•	18						
	19	Deferred revenue		19	"						
	20	Tax-exempt bond liabilities		20							
	21	Escrow or custodial account liability. Complete Part IV of					21				
ψ	22	Loans and other payables to any current or former office					2028S				
Liabilities		trustee, key employee, creator or founder, substantial co			%	A STATE OF S					
abi		controlled entity or family member of any of these perso					22				
Ξ	23	Secured mortgages and notes payable to unrelated third					23				
	24	Unsecured notes and loans payable to unrelated third p					24				
	25	Other liabilities (including federal income tax, payables t									
		parties, and other liabilities not included on lines 17-24).	. Con	plete Part	X						
		of Schedule D					25				
	26	Total liabilities. Add lines 17 through 25				308,985	26	77,189			
		Organizations that follow FASB ASC 958, check her									
8		and complete lines 27, 28, 32, and 33.									
Balances	27	Net assets without donor restrictions				1,319,069	27	2,004,987			
Bal	28	Net assets with donor restrictions			28						
힐		Organizations that do not follow FASB ASC 958, ch		Ž.,							
Fund		and complete lines 29 through 33.	_								
5	29	A State of the sta			29						
ŝi	30	Paid-in or capital surplus, or land, building, or equipmen		30							
Ass	31	Retained earnings, endowment, accumulated income, o					31				
Net Assets	32	Total net assets or fund balances				1,319,069	32	2,004,987			
z	33	Total liabilities and net assets/fund balances				1,628,054		2,082,176			

Form **990** (2021)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

Form 990 (2021)

3a

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

ZUZ1Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

 SOUTHEAST
 ENTERPRISES
 PACKAGING &
 Em

ASSEMBLY SPECIALISTS, INC.

Employer identification number 43-1062607

P	art.	Reas	on for Public Charity	Status. (All organization	s must o	complete	e this part.) See instruct	ions.
The	orga	inization is no	t a private foundation becaus	e it is: (For lines 1 through 12,	check only	one box.)	
1		A church, co	nvention of churches, or ass	ociation of churches described	in section	170(b)(1)(A)(i).	
2	П	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Fori	m 990).)			
3		A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(i	iii).	
4	П			d in conjunction with a hospital				nospital's name,
		city, and stat	te:					
5		• •	*	of a college or university owned			overnmental unit described in	* * * *
	section 170(b)(1)(A)(iv). (Complete Part II.)							
6			The state of the s	overnmental unit described in s	ection 17	0(b)(1)(A))(v).	
7	X							
8				70(b)(1)(A)(vi). (Complete Par	t II.)			
9	П	-		cribed in section 170(b)(1)(A)(ed in conj	unction with a land-grant colle	ge
			or a non-land-grant college of	of agriculture (see instructions).	Enter the	name, city	y, and state of the college or	
10	П	An organizat) more than 33 1/3% of its supp				SS
				pt functions, subject to certain				
				d unrelated business taxable in				
				0, 1975. See section 509(a)(2)				
11	\mathbb{H}	-		exclusively to test for public safe				of
12		-		exclusively for the benefit of, to ons described in section 509(a				
				cribes the type of supporting or				. Official
	а		=	erated, supervised, or controlled				na
	-		.,	er to regularly appoint or elect		-		
		supportin	ng organization. You must c	omplete Part IV, Sections A a	nd B.		•	
	b	Type II.	A supporting organization su	pervised or controlled in conne-	ction with i	its support	ted organization(s), by having	
				ting organization vested in the s	same pers	ons that c	ontrol or manage the supporte	ed
			• •	Part IV, Sections A and C.				
	С	its suppo	rted organization(s) (see inst	upporting organization operate tructions). You must complete	Part IV,	Sections .	A, D, and E.	
	d			I. A supporting organization op				
				organization generally must sa nust complete Part IV, Sectio	-		•	ess
	_		• ′	eived a written determination fro		-		
	е			-functionally integrated support			a type i, type ii, type iii	
	f		nber of supported organization	• =	0 0			
	g	Provide the fo	ollowing information about th	e supported organization(s).		.,.,,,,,,		
(i)	Name	e of supported	(ii) EiN	(III) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	org	anization		(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(~)] [
(E)								
						<u> </u>		
					1			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support 7 Amounts from line 4 358,378 375,625 374,131 450,769 932,143 2,491,046 8 Gross income from interest, dividends, personal received on securities loans, renis, royalities, and income from similar soutces 9 Net income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital seases (Explain in Part VI). 10 Office income. Do not include gain or loss from the sale of capital seases (Explain in Part VI). 11 Total support. Add lines 7 through 10 20 Gross receipts from related activities, etc. (see instructions) 12 (Explain in Part VI). 13 First 5 years. If the Form 99.0 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) conganization, check his box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2002 Schedule A, Part II, line 14 15 Public support percentage from 2002 Schedule A, Part II, line 14 16 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly sup	Sec	tion A. Public Support						
membership fees received. (Do not include any 'musual grants.") 2 Tax revenues leveled for the organization's beself and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization's beself and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge organization without charge organization without charge organization without charge organization or expended on its behalf 4 Total. Add fines it through 3 \$55,270 \$75,625 \$71,131 \$50,760 \$932,143 \$2,491,046 \$75 The portion of total contributions by each person (after than a governmental unit and the exceeded 2% of the amount shown on line 11, obtamn (f) 6 Public support. Subtrad line is from line 4 7 Amounts from line 4 8 Gross income from interest, dishlenders, profits of the support of the organization meets the facts and circumstances test. The organization of supported organization of the supported organizati	Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
organization's benefit and either paid to or expended on its behind to or expended on its behind to be organization without charge organization of lotal contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 column (f) 6 Public support Sultrad line of from line 4 2 2,491,046 8 Section B. Total Support Calendar year (or fiscal year beginning in)	1	membership fees received. (Do not	6,403	35,785	34,291	110,929	592,303	779,711
## Total. Add lines 1 through 3 331,975 339,840 3	2	organization's benefit and either paid						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization in included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4 358,378 375,625 374,131 450,769 932,143 2,491,046 6 Gross incorne from interest, dividends, payments received on securifies loans, return, regulates, and income from linerest, dividends, payments received on securifies loans, return, regulates, and income from securifies loans, return, regulates, and income from linerest, dividends, payments received on securifies loans, return, regulates, and income from securifies loans, return, regulates, and income from securifies loans, return, regulates, and income from linerest, dividends, return, regulates, and income from linerest, dividends, return, regulates, and income from securifies loans, return, regulates, and income from linerest, dividends, return, retu	3	furnished by a governmental unit to the	351,975	339,840	339,840	339,840	339,840	1,711,335
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amounts shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Support Subtract line 5 from line 4 358,378 375,625 374,131 450,769 932,143 2,491,046 8 Gross income from interest, dividends, payments received on securities loans, rents, royalles, and income from securities loans, rents, royalles, and income from mare activities, whether or not the business activities, whether or not the business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 2 31, 514 19,259 11, 259 4, 994 522 67,582 67	4	Total. Add lines 1 through 3	358,378	375,625	374,131	450,769	932,143	2,491,046
Section B. Total Support Calendary ear (or fiscal year beginning in)	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Calendar year (or fiscal year beginning in)	6	Public support. Subtract line 5 from line 4		经基础			中心是透透	2,491,046
7 Amounts from line 4 358,378 375,623 374,131 450,769 932,143 2,491,046 8 Gross income from interest, dividends, payments received on securilles loans, rents, royalties, and income from similar sources 20,369 17,366 25,673 13,371 9,766 86,545 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 2,645,173 13 First 5 years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(e)(3) organization. check this box and stop here. For granization and stop here and stop here. For granization qualifies as a publicly supported organization. 17 Discovery test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	Sec							
Section C. Computation of Public Support Percentage Public support percentage for 2021 (fine 6, column (f) divided by line 11, column (f)) Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 3 1/3% support test—2021. If the organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organi	Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) and in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 19 Private foundation. If the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, the Ckt this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the org	7	Amounts from line 4	358,378	375,625	374,131	450,769	932,143	2,491,046
activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2020 Schedule A, Part II, line 14 16 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization did not check a box o	8	payments received on securities loans, rents, royalties, and income from	20,369	17,366	25,673	13,371	9,766	86,545
loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2020 Schedule A, Part II, line 14 16 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-c	9	activities, whether or not the business				- 		
Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2020 Schedule A, Part II, line 14 15 90.73 % 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b	10	loss from the sale of capital assets	31 514	10 250	11 203	4 994	522	67 582
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	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.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	Tel Sacistic Victorial Actual Sa			Salary of the attention	- N5 43We-474 -4.44	
8	Public support. (Subtract line 7c from			de transfer			
500	tion B. Total Support	Constitution (Constitution)	的集团编辑下非常在1 5				
	ndar year (or fiscal year beginning in)	4-1 0047	1 45 2049	(c) 2019	(d) 2020	(e) 2021	(f) Total
		(a) 2017	(b) 2018	(6) 2019	(u) 2020	(e) 2021	(i) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				:		
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the org	anization's first. s	econd, third, fourth	, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here					, 	▶ [
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2021 (line 8,			n (f))		15	%
16	Public support percentage from 2020 Sche						%
	tion D. Computation of Investme						
17	Investment income percentage for 2021 (lin	· · · · · · · · · · · · · · · · · · ·		, column (f))		17	%
	Investment income percentage from 2020 5					امدا	%
19a	33 1/3% support tests—2021. If the organ						
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b	33 1/3% support tests—2020. If the organ						_
	line 18 is not more than 33 1/3%, check thi	s box and stop h e	ere. The organization	on qualifies as a p	ublicly supported or	rganization	., 🕨 🛓
20	Private foundation. If the organization did	not check a box o	on line 14, 19a, or	19b, check this bo	x and see instructio	ns	>

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

- 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?
- 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.
- 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.)

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	Yes	No
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3b 3c		
4a		
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9a 9b		
9c	100	
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10a		
 10b	45	001 0004

Schedule A (Form 990) 2021

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		437.5	
а			. 4	
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	17-17-2	est in the	Ş
	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
	10		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,		1. 30%	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			2
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ECHIER MARKET	1878 + ∀್ ಪಟ್ಟಿತ್≟
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		1.00	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	eren er	
Sect	ion C. Type II Supporting Organizations		L	l
	ton or Type it outporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	422		
		1000		
	or management of the supporting organization was vested in the same persons that controlled or managed	1	i de en Bando	STREET, STREET,
Sect	the supported organization(s). ion D. All Type III Supporting Organizations	1		
OCCL	on b. All Type in 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		res	INU
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	-		
				4.4.5
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	0.5305	e de la companya de l	全国公司
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	COMA	(1000)	and the second
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	3.2	OF TEACH	建原法工
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		396ag - 1
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		- William	S. Con
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1 8	三個體	
Casti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
a	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b		Hanal		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction Task Anguage lines 2s and 2h below.	uons). [Vac	No
2	Activities Test. Answer lines 2a and 2b below.	F 112	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		(2) (2) (3) (2) (4) (3)	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		6.05.00	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1.34		
	how the organization was responsive to those supported organizations, and how the organization determined	_		3.1 P
	that these activities constituted substantially all of its activities.	2a	* - : * * * * * * * * * * * * * * * * *	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	`		
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	_		
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	[,		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Suppor			
1 Check here if the organization satisfied the Integral Part Test as a qualifying t			ee
instructions. All other Type III non-functionally integrated supporting organiz	ations must comp	lete Sections A through E.	T
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year
·	T .		(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	-	
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			The Age of the Control of the Contro
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	The state of the s	A SECULAR DE LA CONTRACTOR DE LA CONTRAC
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		~
d Total (add lines 1a, 1b, and 1c)	1d		· · · ·
	E 32		
e Discount claimed for blockage or other factors		are said fine factors in	
(explain in detail in Part VI):	2		
2 Acquisition indebtedness applicable to non-exempt-use assets	3	<u>-</u>	<u></u>
3 Subtract line 2 from line 1d.			
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	BOTOTOTOTO OT TOUR OR SOURCE BURGERS	
Section C Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1_		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		Kalindaya da ka	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally in	tegrated Type III	supporting organization	
(see instructions).			

Schedule A (Form 990) 2021

Page 7

Pai	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	itions (continued)	·
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		
6	Other distributions (describe in Part VI), See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organiza	tion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			7***
Sect	ion E Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6	Soft Second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2	Underdistributions, if any, for years prior to 2021	Marco de la companya		7-5
	(reasonable cause required-explain in Part VI). See			
	instructions.		Eliconomic del Constitución de la Constitución de Constitución	
3_	Excess distributions carryover, if any, to 2021			
	From 2016			
b	From 2017	Section 1997		
	From 2018			
	From 2019			
	From 2020		7000	
	Total of lines 3a through 3e		1.6 6	
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
<u>i</u>	Carryover from 2016 not applied (see instructions)		110000000000000000000000000000000000000	
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	SANTO CARTON TO THE TAKEN		
4	Distributions for 2021 from Section D. line 7: \$		Pathy Physical III	
	Section D, line 7: \$ Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder, Subtract lines 4a and 4b from line 4.	& * C = 101-3 x 2 x 1 X × 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X	1 407 F 27 G 20 W 14	To the tage begins in the control of
5	Remaining underdistributions for years prior to 2021, if		Section Company of Parameters	
•	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	La Sa		
·	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
	Excess from 2018			
С	Excess from 2019	:		
	Excess from 2020			
e	Excess from 2021			

Part VI	III, line 12 B, lines 1 3a, and 3	; Part IV, So and 2; Part b; Part V, lir	mation. Pro ection A, lir IV, Section ne 1; Part Vo complete	nes 1, 2, 3t n C, line 1; /, Section f	o, 3c, 4b, 4 Part IV, S 3, line 1e;	4c, 5a, 6, Section D Part V, S	, 9a, 9b, 9d , lines 2 an Section D, l	, 11a, 11b d 3; Part lines 5, 6,	o, and 11c IV, Section and 8; an	; Part IV, S n E, lines	Section 1c, 2a, 2b	
PART I	I, LINE	10 - 0	THER IN	COME D	ETAIL							
					\$		67,060					
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SOUTHEAST ENTERPRISES PACKAGING &

43-1062607

Page 8

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization SOUTHEAST ENTERPRISES PACKAGING & 43-1062607 ASSEMBLY SPECIALISTS, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat 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. Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

and section 170(h)(4)(B)(ii)?

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

In Part XIII, describe how the organization reports conservation easements in its 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

- of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, 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:
 - (i) Revenue included on Form 990, Part VIII, line 1

organization's accounting for conservation easements.

(ii) Assets included in Form 990, Part X

b Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1

<u> </u>	\$				
	Schedule	D	(Form	990)	2021

362,556

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021

34,184

53,343

328,372

e Other

c Leasehold improvements

d Equipment

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 900 Part IV I	ine 11h See Form 000 Port X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(27 200) 72.00	Cost or end-of-year market value
(1) Financial	derivatives		
	gerivatives Id equity interests		,
(3) Other			
(A)	,		
(B)	,	*	***************************************
(C)			
(D)			
(E)			
/H/			
·	n (b) must equal Form 990, Part X, col. (B) line 12.)		
(Part VIII	Investments – Program Related.		present a second
	Complete if the organization answered "Yes" on	Form 990, Part IV. I	ine 11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			"
(3)			
(4)			
(5)	100 mg		-
(6)			
(7)			
(8)	A STATE OF THE STA		
(9)	MANUAL CONTRACTOR OF THE CONTR		
	(b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15.
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
	line 25.		Map-land
1. - (1) - 511:	(a) Description of liability	· · · · · · · · · · · · · · · · · · ·	(b) Book value
	ncome taxes		
(2)			· · · · · · · · · · · · · · · · · · ·
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 25.)		<u></u> ▶
2. Liability for υ	incertain tax positions. In Part XIII, provide the text of the footn	ote to the organization's t	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

			•

	orm 990) 2021	SOUTHEAST	ENTERPRISES	PACKAGING	&	43-1062607	Page 5
Part XIII	Suppleme	ntal Information	(continued)				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

2021

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

Name of the organization

SOUTHEAST ENTERPRISES PACKAGING & ASSEMBLY SPECIALISTS, INC.

Employer identification number 43-1062607

FORM 990, PART I, LINE 6

VOLUNTEERS PROVIDE VARIOUS SERVICES TO SUPPORT THE MISSION OF THE ORGANIZATION AND THE PARTICIPANTS WITH DEVELOPMENTAL DISABILITIES.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT WE PROVIDE CHALLENGING VOCATIONAL OPPORTUNITIES AND SUPPORT SERVICES FOR JACKSON COUNTY ADULTS AGED 18 OR OLDER WITH DEVELOPMENTAL OR INTELLECTUAL DISABILITIES. OUR PROGRAMMING INCLUDES OCCUPATIONAL THERAPY AND INDIVIDUAL NEEDS SUPPORT WHILE PROVIDING THE BUSINESS COMMUNITY WITH QUALITY PRODUCTS AND SERVICES IN A TIMELY MANNER THAT EXCEEDS OUR CUSTOMERS' EXPECTATIONS. OUR ORGANIZATION IS ISO 9001 COMPLIANT, AND WE FOLLOW THE MANAGEMENT PRINCIPLES WHICH INCLUDE A STRONG CUSTOMER FOCUS AND CONTINUAL IMPROVEMENTS. OUR PARTICIPANTS ARE PROUD OF THEIR WORK AND INCREASED INDEPENDENT SKILLS AND SELF-ESTEEM THROUGH THEIR EMPLOYMENT AND ACCESS TO OPPORTUNITIES THAT MEET THEIR NEEDS. IN 2021 AN EIGHT MEMBER TEAM OF FIVE ASSOCIATES (ADULTS WITH DEVELOPMENTAL DISABILITIES) AND THREE STAFF PRESENTED A PROPOSAL TO THE MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENTAL AUTHORITY. BASED ON THE MERITS OF THAT PROPOSAL AND PRESENTATION, SOUTHEAST ENTERPRISES WAS AWARDED A MISSOURI VALUE-ADDED GRANT IN THE AMOUNT OF \$57,322 FOR PROFESSIONAL FEASIBILITY STUDIES AND DEVELOPMENT PLAN TO ASSESS AN EXPANSION OF OUR DRY SPICE MIX AND PACKAGING DEPARTMENT WITH THE GOAL TO BRING ECONOMIC BENEFITS AND SUPPORTS TO THE ASSOCIATES SOUTHEAST ENTERPRISES SERVES WHILE CONTRIBUTING TO THE WELFARE OF SMALL AGRI-BUSINESSES.

Employer identification number

SOUTHEAST ENTERPRISES PACKAGING &	43-1062607
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO R	EVIEW FORM 990
THE FORM 990 IS REVIEWED BY THE CEO AND THE EXECUTIVE COM	MITTEE PRIOR TO
FILING. A COPY IS MADE AVAILABLE TO THE BOARD AND IS POS	TED ON THE
WEBSITE.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS PO	LICY
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND	ENFORCES
COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY B	Y REVIEWING THE
POLICY AND NOT ALLOWING ANY PERSON WITH A CONFLICT OF INT	EREST TO VOTE ON
THE RELATED BUSINESS MATTERS.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSU	RE EXPLANATION
GOVERNING DOCUMENTS ARE AVILABLE ON OUR WEBSITE AND ALSO 1	MADE AVAILABLE TO
THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EX	XPLANATION
ROUNDING	
	PAGE 1 OF 1

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

➤ Attach to your tax return.

OMB No. 1545-0172

Altachment Sequence No.

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ Go to www.irs.gov/Form4562 for instructions and the latest information. (99) SOUTHEAST ENTERPRISES PACKAGING &

Identifying number 43-1062607

ASSEMBLY SPECIALISTS, INC.

	ness or activity to which this form relate		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	NDIRECT DEPRECIAT							
P		ense Certain Prop any listed property			omnlete Part	. 1		
1	Maximum amount (see instruction		, complete rait v				1	1,050,000
2	Total cost of section 179 propert		instructions)				2	
3	Threshold cost of section 179 pro						3	2,620,000
4	Reduction in limitation. Subtract						4	
5	Dollar limitation for tax year. Subtract						5	
6		ion of property	1) Cost (business use	l l	Elected cost		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	A A							
7	Listed property. Enter the amoun	t from line 29	1		7			7.31.00
8	Total elected cost of section 179						8	
9	Tentative deduction. Enter the sr						9	
10	Carryover of disallowed deduction						10	
11	Business income limitation. Ente						11	
12	Section 179 expense deduction.					******	12	
13	Carryover of disallowed deduction				13			
	: Don't use Part II or Part III below				,			
	irt II Special Deprecia			ation (Don't	include liste	d proper	ty. Se	e instructions.)
14	Special depreciation allowance for						Í	
• •	during the tax year. See instruction						14	
15	Property subject to section 168(f)						15	
16	Other depreciation (including AC						16	15,455
	irt III MACRS Deprecia						· · · · · · · · · · · · · · · · · · ·	
Education Control			Section A					
17	MACRS deductions for assets pla	aced in service in tax ye	ears beginning before	2021			17	1,130
18	If you are electing to group any assets place							
		Assets Placed in Ser					ystem	·
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)		(e) Convention	(f) Meti	nod	(g) Depreciation deduction
19a	3-year property							
b	5-year property	13.						
C	7-year property							
d	10-year property							
e								
f	20-year property							
	25-year property			25 yrs.		S/L		
	Residential rental			27.5 yrs.	MM	S/L		· · · · · · · · · · · · · · · · · ·
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
ı	property			55 3.5.	MM	S/L		
		ssets Placed in Servi	ce During 2021 Tax \	ear Using the		<u> </u>		m
20a	Class life		20 Hunning 2021 1001			S/L		
b	12-year			12 yrs.		S/L		
<u>c</u>	30-year			30 yrs.	MM	S/L		
d	40-year			40 yrs.	MM	S/L		
		etructions \		_ 40 yis.	14(14)	1 0/1		I.,
	rt IV Summary (See in						24	
21 22	Listed property. Enter amount from Total. Add amounts from line 12,		nes 19 and 20 in colum	nn (a) and line 2			21	
22	here and on the appropriate lines						22	16,585
23	For assets shown above and place							······································

Federal Asset Report Form 990, Page 1

<u> </u>	······································	•		···			
Asse	. Description	Date In Service	Cost	Bus Sec Basis % 179Bonus for Depr	PerConv Meth	Prior	Current
. .	Mucho						
Prior	MACRS: LANDSCAPING	10/31/19	7,000	7 000	15 HY S/L	217	467
	ACOUSTIC PADS	11/19/19	3,315		10 HY S/L	96	331
157	ACCOUSTICAL PANELS	3/13/20	3,315	3,315	10 HY S/L	67	332
	• •	****	13,630	13,630		380	1,130
		_	•			•	
Othe	Depreciation:						
2	HEAT SEALER	3/03/80	246	246	7 MO S/L	246	0
5	TABLE SAW RECORD SAFE	4/15/82 4/15/82	200 550	200 550	5 MO S/L 5 MO S/L	200	0
6 7	RECORD SAFE	4/15/82 4/01/82	326	326	5 MO S/L 5 MO S/L	550 326	0
8	SHRINK PKG SYSTEM	11/15/82	7,990	7,990	5 MO S/L	7,990	ő
9	1 DESK 3 CHAIRS	10/01/80	268	268	7 MO S/L	268	0
11	HOSPITAL BED WORK STOOL	9/15/81 2/15/81	405 385	405 385	5 MO S/L 5 MO S/L	405 385	0
	PALLET RACKS	11/15/83	1,460	1,460	5 MO S/L	1,460	ŏ
13	BANCLER SEALES	4/15/84	270	270	5 MO S/L	270	0
	2 DESK 2 CHAIRS 2 FILE 15 STOOLS 3 DESK 6 CHAIRS	12/08/82 11/04/83	1,000 2,210	1,000 2,210	5 MO S/L 5 MO S/L	1,000 2,210	0 0
	BAR HEAT SEALER	11/04/83	309	309	5 MO S/L 5 MO S/L	309	0
17	COUNTER SCALE	10/15/85	1,156	1,156	5 MO S/L	1,156	0
	AIR COMPRESSOR REWIRE SHRINK MACHINE	2/15/85 3/15/85	495 203	495 203	5 MO S/L 5 MO S/L	495 203	0
	COUNTING SCALE	3/15/85 11/15/86	1,147	203 1,147	5 MO S/L 5 MO S/L	203 1,147	0 0
23	EQUIPMENT	3/15/87	3,010	3,010	5 MO S/L	3,010	0
	EQUIPMENT BENCHES	4/15/87	1,691	1,691	5 MO S/L	1,691	0
	FOLDING TABLE CABINET	5/15/87 10/15/87	222 459	222 459	5 MO S/L 5 MO S/L	222 459	0
	PKG EQUIP	1/06/88	2,051	2,051	5 MO S/L	2,051	ŏ
28	TWO ELECTRIC SCALES	4/15/88	2,316	2,316	5 MO S/L	2,316	0
	HEAT SEALER EQUIPMENT	8/15/88 12/31/88	451 1,109	451 1,109	5 MO S/L 5 MO S/L	451 1,109	0 0
	SCALE	4/03/89	978	978	5 MO S/L	978	ŏ
	TABLE	5/01/89	680	680	5 MO S/L	680	0
	TAPE MACHINE STAR SIGNS	7/01/89 2/06/96	400 899	400 899	5 MO S/L 5 MO S/L	400 899	0
	BENCHES	6/15/96	6,684	6,684	5 MO S/L	6,684	ŏ
	HEAT SEALER	11/01/89	125	125	5 MO S/L	125	0
	TAPE MACHINE TABLE	5/07/90 10/12/90	751 400	751 400	5 MO S/L 5 MO S/L	751 400	0
	TAPE MACHINE	10/12/90	475	475	5 MO S/L 5 MO S/L	475	0
41	SCALE	12/18/90	928	928	5 MO S/L	928	0
	2 TAPE MACHINES	2/28/91	1,410 684	1,410	5 MO S/L	1,410	0
	3 STORAGE CABINETS ABBOT SCALE	2/28/91 2/28/91	1,916	684 1,916	5 MO S/L 5 MO S/L	684 1,916	0 0
45	ABBOT SCALE	8/28/91	1,010	1,010	5 MO S/L	1.010	ŏ
	AT&T/SPEAKERS/WIRING/INSTALLAT		2,305	2,305	5 MO S/L	2,305	0
	TAPE MACHINE 2 TAPE DISPENSERS	7/09/91 11/22/91	685 1,458	685 1,458	5 MO S/L 5 MO S/L	685 1,458	0 0
	TAPE DISPENSER	5/06/92	687	687	5 MO S/L	687	ŏ
	ABBOT SCALE	5/15/92	963	963	5 MO S/L	963	0
	DIGITAL SCALE SHRINK WRAP EQUIP	11/11/94 4/30/95	647 11,541	647 11,541	5 MO S/L 5 MO S/L	647 11,541	0
	2 ELE TAPE DISPENSERS	3/03/95	1,399	1,399	5 MO S/L	1,399	ŏ
	PENNSYLVANIA SCALE	5/15/95	733	733	5 MO S/L	733	0
	ELE TAPE MACHINE PALLET JACK	12/15/95 12/30/95	805 3,598	805 3,598	5 MO S/L 5 MO S/L	805 3,598	0 0
	WORK BENCHES	3/31/96	2,032	2,032	5 MO S/L	2,032	ő
	AUTO BAG & KIT	3/31/96	808	808	5 MO S/L	808	0
	3 ELE TAPE MACHINE AUTOBAG MACH SEALER	6/03/96 9/30/96	2,101 714	2,101 714	5 MO S/L 5 MO S/L	2,101 714	0 0
	L-BAR	11/13/96	1,700	1,700	5 MO S/L 5 MO S/L	1,700	ő
62	HAND PALLET JACK	9/09/97	450	450	5 MO S/L	450	0
	ELEC PALLET JACK	9/16/97 12/07/98	3,270 3,202	3,270 3,202	5 MO S/L 5 MO S/L	3,270	0
	YALE HAND TRUCK PACKAGING MACHINE	12/07/98	5,202 550	550	5 MO S/L 5 MO S/L	3,202 550	0
66	TAPE MACHINE	12/18/98	597	597	5 MO S/L	597	0
	SHRINK SYSTEM	12/28/98 6/08/99	3,958 1,793	3,958	5 MO S/L 5 MO S/L	3,958	0
68	BANDER	U/VOI 23	1,173	1,793	2 1410 O/L	1,793	0

Federal Asset Report Form 990, Page 1

	.					
	D-4-		Due Cee Desir			
A A D	Date	04	Bus Sec Basis	DauCanii Math	D.:	O
Asset Description	In Service	Cost	<u>%</u> 179Bonus for Depr	PerConv Meth	Prior	Current
69 SHRINK WRAP MACH	12/22/99	1,895	1,895	5 MO S/L	1,895	0
70 FLOOR MACHINE	5/10/00	1,850	1,850	5 MO S/L	1,850	0
71 SEARS FILING CABINET	7/26/76	88	88	5 MO S/L	88	0
72 LOCKING METAL CABINET	12/01/78	116	116	7 MO S/L	116	0
73 50 CHAIRS & 10 TABLES	6/01/80	1,320	1,320	7 MO S/L	1,320	0
74 MO STATE AGENCY SURP	6/01/80	170	170	7 MO S/L	170	0
75 2 TABLES & 10 CHAIRS	7/01/80	264	264	7 MO S/L	264	0
76 10 CHAIRS	8/01/80	144	144	7 MO S/L	144	0
77 4 SANDERS & OFFICE	9/01/80	176	176	7 MO S/L	176	0
78 DESK FILE CABINET	9/01/80	1,504	1,504	7 MO S/L	1,504	0
79 6 WORK BENCHES	9/01/84	638	638	5 MO S/L	638	0
80 2 WORK BENCHES	11/15/84	213	213	5 MO S/L	213	0
81 FILE CABINET	12/31/85	214	214	5 MO S/L	214	0
82 DISPLAY	7/25/86	1,200	1,200	5 MO S/L	1,200	0
83 OFFICE FURNITURE	10/30/86	23,530	23,530	5 MO S/L	23,530	0
84 TYPEWRITER	5/01/87	545	545	5 MO S/L	545	0
85 LUNCHROOM CHAIRS	7/01/87	2,460	2,460	5 MO S/L	2,460	0
87 WORD PROCESSOR	1/24/90	638	638	5 MO S/L	638	0
88 STAR SIGN/GRAPHICS	12/01/95	718	718	7 MO S/L	718	0
89 HP LASERJET 4000N	6/08/99	1,480	1,480	5 MO S/L	1,480	Ō
91 ABBOTT SCALE	5/13/96	556	556	7 MO S/L	556	0
92 CRUSHER	11/13/96	2,150	2,150	5 MO S/L	2,150	0
93 MOBILE EDUC DEMO	11/22/96	4,373	4,373	7 MO S/L	4,373	0
94 EDUC & PROM EQUIP	12/02/96	1,353	1,353	7 MO S/L	1,353	0
95 EDUCATION & ORIM EQUIP	12/09/96	241	241	7 MO S/L	241	0
96 ABBOT SCALE	1/07/97	1,600	1,600	5 MO S/L	1,600	0
97 TELECORDER	9/30/97	450	450	5 MO S/L	450	0
98 CAMCORDER	9/30/97	680	680	5 MO S/L	680	0
99 INTERIOR PAINTING	7/14/80	2,280	2,280	5 MO S/L	2,280	0
100 LANDSCAPING	6/01/81	2,499	2,499	5 MO S/L	2,499	0
101 1 PLBG FLOOR COVERING	3/25/82	5,021	5,021	5 MO S/L	5,021	0
102 PAINTING	3/13/82	1,690	1,690	5 MO S/L	1,690	0
103 PAINTING	6/01/82	3,925	3,925	5 MO S/L	3,925	0
104 INSTALL LIGHT FIXTURE	2/01/85 7/01/87	325 650	325 650	5 MO S/L 5 MO S/L	325 650	0
105 CARPENTRY	4/16/88	350	350	5 MO S/L	350 350	0
106 CEMENT PADS UNDER DR 107 ALL NATIONS FLAG	4/01/91	1,590	1,590	5 MO S/L	1,590	ŏ
107 ALL NATIONS PLAG 108 THERMOSTATS	6/13/91	600	600	5 MO S/L	600	ŏ
108 THERWOSTATS 109 PATIO	12/18/95	1,860	1,860	5 MO S/L	1,860	ŏ∣
110 AWNING	4/29/99	5,865	5,865	5 MO S/L	5,865	ŏ
111 ELEC BANDER	11/28/00	1,146	1,146	5 MO S/L	1,146	ŏ
112 ELEC PALLET JACK	11/30/00	3,250	3,250	5 MO S/L	3,250	ŏ
113 PHOTO COPIER	12/27/00	629	629	5 MO S/L	629	ŏ
114 ELEC BANDING MACHINE	12/29/00	1,146	1,146	5 MO S/L	1,146	ŏ
116 MISC EQUIP	12/15/01	1,125	1,125	5 MO S/L	1,125	ŏ
117 BAGGER	4/21/03	2,900	2,900	5 MO S/L	2,900	ŏΙ
118 ADDL CONF ROOM CHAIRS	7/03/03	1,327	1,327	5 MO S/L	1,327	ō
120 MULTI MEDIA PROJECTOR	7/28/03	2,700	2,700	5 MO S/L	2,700	0
123 PROM VIDEA	9/22/03	10,000	10,000	5 MO S/L	10,000	0
124 VERTEX SYSTEM	11/01/04	469	469	5 MO S/L	469	0
125 TV/VCR	2/28/05	1,499	1,499	5 MO S/L	1,499	0
127 CABINET & COUNTERTOP	6/30/05	1,500	1,500	5 MO S/L	1,500	Ö
128 LAPTOP	8/23/06	1,390	X 0	5 MO S/L	1,390	0
129 COPY MACHINE - TRADED #182	12/27/07	15,115	15,115	5 MO S/L	15,115	0
131 PALLET JACK (BUBLITZ)	7/31/08	4,169	4,169	5 MO S/L	4,169	0
132 YALE ERP035 FORKLIFT	8/26/09	16,300	16,300	5 MO S/L	16,300	0
133 TABLE WITH ATTACHED CHAIRS	9/15/09	2,000	2,000	5 MO S/L	2,000	0
134 50 STACKING CHAIRS	12/28/09	750	750	5 MO S/L	750	0
135 WASHER	2/24/09	860	860	5 MO S/L	860	0
136 GRANGER	5/04/09	979	979	5 MO S/L	979	0
137 FLAG POLE LIGHT	5/27/10	1,076	1,076	5 MO S/L	1,076	0
138 DIGITAL PHONE SYSTEM AND INSTAL	8/18/10	11,240	11,240	5 MO S/L	11,240	0
139 PENNSYLVANIA COUNTING SCALE M		755	755	5 MO S/L	755	0
140 DELL OPTIPLEX 790 DESKTOPS (11)	8/15/11	13,718	13,718	5 MO S/L	13,718	0
141 DELL POWEREDGE T610 SERVER	8/15/11	5,695	5,695	5 MO S/L	5,695	0
142 DELL LATITUDE E5420 LAPTOP	8/15/11	1,528	1,528	5 MO S/L	1,528	0
143 DELL 2155CDN LASER PRINTER	8/15/11	1,044	1,044	5 MO S/L	1,044	0
144 TURBO-DRY HAND CLEANERS WHITE		2,758	2,758	5 MO S/L	2,758	0
145 CLOSED CIRCUIT CAMERA SYSTEM (*		12,447	12,447	5 MO S/L	12,447	0
146 FORKLIFT BATTERY 36 VOLT	9/16/14	5,400	5,400	5 MO S/L	5,400	0
147 LANDSCAPING - BEDS, BUSHES, ROSE		4,660	4,660	5 MO S/L	4,660	0
148 PRINTERS (2)	12/30/14	790	790	5 MO S/L	790	0

43-1062607

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr_	PerConv Meth	Prior	Current
149 150 151 152 153 155	AWNINGS RECOVERED, INSTALLED DOUBLE TIER LYON LOCKERS (103) 2018 HINO 268A BOX TRUCK SECURITY DOORS & ENTRANCE PADS VERTEX INTUITION SOFTWARE CAMERA SYSTEM	7/28/15 12/28/15 7/20/17 3/31/18 12/18/18 12/23/19	2,980 10,790 87,575 4,806 5,890			2,980 10,790 87,575 4,806 5,890 2,130	5 MO S/L 10 MO S/L 7 MO S/L 7 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L	2,980 5,395 42,745 1,888 2,356	0 1,079 12,511 687 1,178
133	Total Other Depreciation	12/23/19 -	2,130 415,022		-	413,632	3 MO S/L	2,130 358,345	15,455
	Total ACRS and Other Deprec	iation =	415,022		=	413,632		358,345	15,455
	Grand Totals Less: Dispositions and Transfer Less: Start-up/Org Expense Net Grand Totals	rs =	428,652 0 0 428,652		-	427,262 0 0 427,262		358,725 0 0 358,725	16,585 0 0 16,585

Form 990			Тах	Tax Return History			2021
Name 7	SOUTHEAST EN ASSEMBLY SPE	ENTERPRISES SPECIALISTS,	PACKAGING & INC.			Employe 43-	Employer Identification Number 43-1062607
		2017	2018	2019	2020	2024	, , , , , , , , , , , , , , , , , , , ,
Contributions, gifts, grants	rants			34,291	110,929	592,303	7707
Membership dues				ī	1		
Program service revenue Capital dain or loss	l de			T, //L,868	1,501,963	2,225,354	
				25,673	13,371	9 766	
Fundraising revenue (income/loss)	e (income/loss)			1	-1	٠l	
Gaming revenue (income/loss)	me/loss)						
Other revenue				21,959	6,359	649	
Total revenue				1,853,791	١.	2,828,072	
Grants and similar amounts paid	nounts paid		9				
Benefits paid to or for members	members	12 miles 2					
Compensation of officers, etc.	bers, etc.			83,360		109,111	
Other compensation				1,424,304	1,542,748	1,655,165	
Professional fees				-	55,350		
Occupancy costs				•	112,000	85,630	
Depreciation and depletion	etion			19,973	16,134	۱ ۰	
Other expenses	-			164,574	152,867	188,744	
Total expenses				•	1,879,099	2,142,153	
Excess or (Deficit)		:		23,340	-246,477	685,919	
Total exempt revenue				1,853,791	1.632.622	2 828 072	
Total unrelated revenue	ne ne				7	2	
Total excludable revenue	enu				1,521,693	2,235,769	
Total Assets				1,633,613	1,628,054	,082,	
Total Liabilities				68,	308,985	77,189	
Net Fund Balances			1	1,565,546	1,319,069	2,004,987	

Federal Statements							
		Tax-Exempt	l Interest o	n Investr	<u>nents</u>		
Descriptio	n						
		Amount	Unrelated I Business	Exclusion Code	Postal A	Acquired after 6/30/75	InState Muni (\$ or %)
	\$	9,766		14			
TOTAL	\$	9,766	:				
	•						

		Fund Raising		Fund Raising			
	n-employee)	Management & General \$ 20,723 8,835	Se	Management & General			
atements	Fees for Service (Nor	Program Service \$ 11,870 9,931 \$ 21,801	Part IX, Line 24e - All Other Expenses	Program Service			
Federal Statements	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	Fxpenses \$ 20,723 8,835 11,870 9,931 \$ 51,359	Form 990, Part IX, Line 24	Total Expenses			
607	Form 990, Part	Description PAYROLL PROCESSING OTHER EMPLOYEE-OCCUPATIONAL THERAPY IN-KIND SERVICES TOTAL	Form	Description LLANEOUS TOTAL			
43-1062607		PAYROLL OTHER EMPLOYEE IN-KIND		MISCELLANEOUS			

43-1062607	Federal Statements	
	Schedule A, Part II, Line 1(e)	
	Description	
PPP LOAN - FORGIVEN CONTRIBUTIONS FR	\$ 555,250	
TOTAL	7,883 \$ 592,303	
	Schedule A, Part II, Line 8(e)	
	Description	
TOTAL	\$ 9,766 \$ 9,766	
	Schedule A, Part II, Line 10(e)	
	Description	
SOFT DRINK/RECYCLING TOTAL	w w	
	Schedule A, Part II, Line 12 - Current year	
	Description	
GOV AGENCY CONTRACTS PRODUCTION INCOME MISCELLANEOUS TOTAL	w. w.	
	The state of the s	

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u> _	For the	ne 2021 calendar year, or tax year beginning and ending			
В	Check if	applicable: C Name of organization SOUTHEAST ENTERPRISES PACKAGING &		D Employe	r identification number
	Address	change ASSEMBLY SPECIALISTS, INC.			
一	Name ch	Doing business as			.062607
<u>!</u>		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephor	
	Initial ret		1	870-	353-2704
	Final retu terminate	rd			
\Box	Amended	KANSAS CITY MO 64133-0273		G Gross red	eipts\$ 2,828,072
		r iname and address of phinapar officer.	H(a) is this a gro	in return for e	ubordinates? Yes X No
<u> </u>	Application	on pending LAUREN HALL	May is this a give	ih iemin ioi s	
		6701 BOOTH	H(b) Are all subs	ordinates inc	uded? Yes No
		KANSAS CITY MO 64133	If "No,"	attach a list,	See instructions
1	Tax-exe	mpt status; X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
	Website	THE COLUMN ANTITUTE DE TOTAL OF O	H(c) Group exen	aption numbe	er 🕨
ĸ			Year of formation: 1:		M State of legal domicile: MO
	art I		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		The other of the o
SCAS BA		Briefly describe the organization's mission or most significant activities:	 		
	''	SOUTHEAST ENTERPRISES' MISSION IS PROVIDING MEANINGFUL	EMDT.OVMENII	ΆΝΤ	
ည္	· ·	OPPORTUNITIES TO HELP ADULTS WITH INTELLECTUAL AND DEVI			
Governance		DISABILITIES LIVE LIFE TO THE FULLEST.	HOEMHI IA		
Ver	_ :		E0/ #**		
ගී		Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 2			10
	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	12
Activities &		Number of independent voting members of the governing body (Part VI, line 1b)			12
ξį	5 1	Cotal number of individuals employed in calendar year 2021 (Part V, line 2a)			183
Act		Total number of volunteers (estimate if necessary)			5
-	7a 1	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0
	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
			Prior Year		Current Year
உ	8 (Contributions and grants (Part VIII, line 1h)		,929	592,303
Revenue	9 F	Program service revenue (Part VIII, line 2g)	1,501		2,225,354
Š	10 i	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		,371	9,766
区	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,359	649
	12 T	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,632	, 622	2,828,072
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1–3)			<u> </u>
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)			0
v)	15 S	salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,542	,748	1,764,276
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0
be		otal fundraising expenses (Part IX, column (D), line 25) ▶ 65,382	The state of the		
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	336	,351	377,877
Net Assets or Fund Balances		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,879		2,142,153
		tevenue less expenses. Subtract line 18 from line 12		,477	685,919
		Revenue 1633 Expeniedd. Oddiddd fillio 16 fform fillio 12	Beginning of Curre		End of Year
	20 T	otal assets (Part X, line 16)	1,628	,054	2,082,176
Ass		otal liabilities (Part X, line 26)	308	,985	77,189
in Set		let assets or fund balances. Subtract line 21 from line 20	1,319		2,004,987
	art II	Signature Block	•	t	
		alties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ante and to the heet	of my knov	wledge and helief it is
tru	e, correc	ot, and complete. Declaration of preparer (other than officer) is based on all information of which preparer I	nas any knowledge.	Of the Kilos	vicage and belief, it is
	-, _T	1			
C:		Signature of officer		Date	_
Sig		· · · · · · · · · · · · · · · · · · ·		Date	
Her	e				
		Type or print name and title	Date		PTIN
Date	,	Print/Type preparer's name Preparer's signature		Check	<u>'</u> "
Paid		WILLIAM J. MILLER, CPA WILLIAM J. MILLER, CPA	1	22 self-em	
-	arer	Firm's name NOVAK BIRKS, P.C.	Fire	n's EIN ▶	43-1122456
Use	Only	4435 MAIN ST STE 500			
	- 1	KANSAS CITY, MO 64111-1858	_{Db} ,	200 00	816-931-6111

May the IRS discuss this return with the preparer shown above? See instructions

Form **990** (2021)

P	art IV Checklist of Required Schedules			Т
		F	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
	complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			 _
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
	candidates for public office? If "Yes," complete Schedule C, Part I			<u>^`</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	,		x
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		 ^ -
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		x
	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			İ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			x
	"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,			x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		 ^ -
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
	complete Schedule D, Part III	8		<u> </u>
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	۱,۵		-
	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.			CALLED SA
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		x	
	complete Schedule D, Part Vi	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	445		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u> .
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			-
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	·	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			₹.
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			X_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	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			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			\
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			\ \ \
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
	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	1		,,
	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			٦,
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	If "Yes," complete Schedule G, Part III		ļ	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			_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			1,7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	l <u>.</u>	X

_ P	art IV Checklist of Required Schedules (continued)			
		<u></u>	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-		
	Part IX, column (A), line 2? if "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	<u></u>	X
b	• • • • • • • • • • • • • • • • • • • •	24b	├──	 -
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d		24d		<u> </u>
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			l
	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	1		ĺ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	İ		İ
	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	ļ		
	"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		<u> </u>
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			77
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			77
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
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,"			77
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			77
	or IV, and Part V, line 1	34		$\frac{x}{x}$
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			77
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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_		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• • • • • • • •		
	1 1 -		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		· .
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form 990 (2021)

For	m 990 (2021) SOUTHEAST ENTERPRISES PACKAGING & 43-1062607					age 6
P	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on				ctions).
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>		<u></u>	_[X
Se	ction A. Governing Body and Management				r ::	T
			1.0	MANGE SEE	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		1	1
	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				· 作	The Re
	committee, explain on Schedule O.		4.0			
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			2003		
	any other officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct					
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		,	5		X
6	Did the organization have members or stockholders?			6	 -	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	following:			
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		· <u> </u>	9		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	nal Re	evenue Co	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form	ı?	11a	X	CONTRACTOR OF THE PARTY OF THE
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t	o confl	icts?	12b	X	
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		
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	PARTITION OF
15	Did the process for determining compensation of the following persons include a review and approval by					1960
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>
b	Other officers or key employees of the organization			15b	78 50 70 R	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			10.0	翻器	級課務
	with a taxable entity during the year?			16a	1.75m + 115m	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				熱製	
	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		L
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 (sec	ion 50	1(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website 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	t polic	y, and			
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and record	. >				

6701 BOOTH

816-353-2704 Form 990 (2021)

MO 64133

LAUREN HALL

KANSAS CITY

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 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) Name and title	(B) Average hours per week	(d	o nol o x, unle	Pos check ess pe nd a d	rson i Iirecto	than or is both a	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimaled amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LAUREN HALL										
	40.00			x				92,802	o	16,309
CEO (2) ANDREA MORGAN	0.00	┢		Λ	 			92,802	<u> </u>	10,305
(2) ANDREA MORGAN	4.00									
BOARD PRESIDENT	0.00	x		x				О	0	0
(3) ROB SAUVE										
(0) 2102 2230 1 =	4.00									
BOARD VICE PRESIDENT	0.00	X		X				0	0	0
(4) SHIRLEY WURTH										
	4.00									0
BOARD SECRETARY	0.00	X	_	Х				0	. 0	0
(5) JOE BEAUDET										
	4.00	3,5		37				. 0	0	. 0
BOARD TREASURER	0.00	X		Х		-		0		
(6) JIM BARNES	2.00					1				
DOS DO AGRADED	0.00	х						0	0	0
O MARTHA PRESSER	0.00	22								
(/)MAKINA EKEBBEK	2.00									
BOARD MEMBER	0.00	x	;					0	0	0
(8) JUDY MONING										
(0) 0 0 0 1 1 1 1 1 1 1 1	2.00									
BOARD MEMBER	0.00	Х						0	0	0
(9) LINDA HECK										
	2.00		į					_	_	
BOARD MEMBER	0.00	X						0	0	0
(10) SAM STEELMAN							i			
	2.00						1		0	0
BOARD MEMBER	0.00	X						0	0	
(11) MIMI BALDINGER	2 00									
DOADD MEMBER	2.00	Х						0	0	0
BOARD MEMBER	0.00	_^ <u>^</u>	نـــــا		L	ь				Form 990 (2021)

DAA

Part VII Section A. Officers	s, Directors, Tru	stee	es, K	ey E	mpl	oye	es, a	and Highest Compensated	Employees (continuea)	
(A) Name and title	(B) Average hours	(C) Position do not check more than one iox, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) VERNON SCOVII	LE 2.00 0.00	x						0	0	0
BOARD MEMBER (13) WILBUR KNOLES		_						U		
BOARD MEMBER	2.00 0.00	x			i			0	0	0
									mangaga	
			:							
1b Subtotal	. , , , , , , , ,			,			>	92,802		16,309
c Total from continuation shee							>	92,802		16,309
d Total (add lines 1b and 1c) . 2 Total number of individuals (ind	cluding but not lin	nited	l to t	hose	liste	ed ak	ove		100,000 of	10,300
reportable compensation from Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual Did any person listed on line 1a	rmer officer, dire complete Schedu 1a, is the sum o izations greater t	ctor, ule J f rep han	trus for s orta \$150	tee, such ble c	key indi	empl vidua ensa "Yes 	oyed	e, or highest compensated and other compensation from plete Schedule J for such	om the '7 ndividual	Yes No 3 X
for services rendered to the org	ganization? If "Ye	s," c	omp	lete	Sch	edule	∋ <i>J f</i> i	or such person		5 X
Section B. Independent Contracto Complete this table for your five compensation from the organize	e highest compe ation. Report co	nsat npe	ed in nsati	depe	ende or the	ent co e cal	ontra end:	ar year ending with or withir	i the organization's tax yea	ır.
Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
		····		<u> </u>						
						_				
	<u>. </u>									
2 Total number of independent c received more than \$100,000 c	ontractors (included compensation	ding from	but r	ot lit orga	mite niza	d to t	hos	e listed above) who	0	
DAA	15									Form 990 (2021)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded (A) Total revenue (B)
Related or exempt function revenue from tax under sections 512-514 business revenue 1a 1a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d 555,250 e Government grants (contributions) 1e All other contributions, gifts, grants, 37,053 and similar amounts not included above 1f g Noncash contributions included in 9,931 lines 1a-1f 1g 592,303 h Total. Add lines 1a-1f ... Business Code 900099 1,242,502 1,242,502 GOV AGENCY CONTRACTS 982,852 900099 982,852 PRODUCTION INCOME f All other program service revenue 2,225,354 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 9,766 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6a Gross rents 6a 6b b Less: rental expenses 6c c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Other Revenue b Less: cost or other 7b basis and sales exps. 7с c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 522 522 900099 11a SOFT DRINK/RECYCLING 127 900099 127 MISCELLANEOUS d All other revenue 649 e Total. Add lines 11a-11d 10,288 2,828,072 2,225,481 Total revenue. See instructions

Statement of Functional Expenses

	art IX Statement of Functional Expution 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All othe	r organizations must com	plete column (A).	
	Check if Schedule O contains a responsor include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			SOME PROPERTY OF THE	Professional Control of the Control
2	Grants and other assistance to domestic		İ		
	individuals. See Part IV, line 22				AASON A A. St.
3	Grants and other assistance to foreign				
	organizations, foreign governments, and			1.300	AND REAL PROPERTY OF THE PARTY
	foreign individuals. See Part IV, lines 15 and 16				Nu sa sa sa sa sa sa sa sa sa sa sa sa sa
4	Benefits paid to or for members			15.07.19524390983103434411111111111111	Bigging and an artist of the second of the s
5	Compensation of current officers, directors,	109,111	10,734	82,275	16,102
_	trustees, and key employees	109,111	10,754	02,213	10,102
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	1,413,188	1,336,017	45,683	31,488
7	Other salaries and wages	<u> </u>	2/000/02/		
8	Pension plan accruals and contributions (include	5,690	446	5,244	
	section 401(k) and 403(b) employer contributions)	119,636	103,709	10,394	5,533
9	Other employee benefits	116,651	105,679	7,497	5,533 3,475
10 11	Payroll taxes Fees for services (nonemployees):				
a b	Management				
C	LegalAccounting	35,559		35,559	
d					
u •	Lobbying Professional fundraising services. See Part IV, line 17		PA 12 CO 12 DE 18 DE 18 DE 18 DE 18 DE 18 DE 18 DE 18 DE 18 DE 18 DE 18 DE 18 DE 18 DE 18 DE 18 DE 18 DE 18 DE		
f	Investment management fees				
g					
ອ	(A) amount, list line 11g expenses on Schedule O.)	51,359	21,801	29,558	
12	Advertising and promotion	7,734	638	348	
13	Office expenses	59,897	26,921	32,432	544
14	Information technology				
15	Royalties				
16	Occupancy	85,630	58,578	27,052	
17	Travel	3,597	166	1,939	1,492
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			77.0	
22	Depreciation, depletion, and amortization	16,585	16,469	116	
23	Insurance	14,942	Magnetica to the transfer a 数点数	14,942	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If	- 10 P		20 STAND 200	
	line 24e amount exceeds 10% of line 25, column				·v
	(A) amount, list line 24e expenses on Schedule O.)	FO 100	50,199	(1998年) (1997年) (1998年) (1998年)	
а	PRODUCTION EXPENSES	50,199	5,888	25,520	
b	MAINTENANCE AND REPAIRS	31,408 19,572	14,345	5,227	
C	PROGRAM SPECIFIC EXPENSES		1,116	5,221	
d	BAD DEBT EXPENSE	1,116 279	1,110	279	
е	All other expenses	2,142,153	1,752,706	324,065	65,382
25	Total functional expenses. Add lines 1 through 24e	Z,14Z,133	1,732,700	J24,00J	00,302
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				Form 990 (2021)

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 287,058 226,537 Cash—non-interest-bearing 1,224,177 1,455,902 Savings and temporary cash investments Pledges and grants receivable, net 263,399 98,285 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 22,374 9,028 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 428,653 10a basis. Complete Part VI of Schedule D 69,927 b Less; accumulated depreciation 10b 375,310 53,343 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 intangible assets 100 100 15 Other assets. See Part IV, line 11 1,628,054 2,082,176 16 Total assets, Add lines 1 through 15 (must equal line 33)..... 308,985 77,189 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 308,985 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Vet Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,319,069 2,004,987 Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 2,004,987 1,319,069 Total net assets or fund balances 32 1,628,054 2,082,176 Total liabilities and net assets/fund balances

Form 990 (2021)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

Form 990 (2021)

3b

Schedule O.

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

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

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

SOUTHEAST ENTERPRISES PACKAGING &

Employer identification number 43–1062607

ASSEMBLY SPECIALISTS, Reason for Public Charity Status. (All organizations must complete this part.) See instructions. · Part los The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (vi) Amount of (ii) EIN (iii) Type of organization (v) Amount of monetary (i) Name of supported (described on lines 1-10 listed in your governing support (see other support (see organization above (see instructions)) document? instructions) instructions) Yes (B) (C) (D)

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

Schedule A (Form 990) 2021

(E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion 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.")	6,403	35,785	34,291	110,929	592,303	779,711
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	351,975	339,840	339,840		339,840	1,711,335
4	Total. Add lines 1 through 3	358,378	375,625	374,131	450,769	932,143	2,491,046
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	Contract Contract And					2,491,046
	tion B. Total Support					1.2004	10 T-1-1
Caler	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	358,378	375,625	374,131	450,769	932,143	2,491,046
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,369	17,366	25,673	13,371	9,766	86,545
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	31,514	19,259		4,994	522	67,582
11	Total support. Add lines 7 through 10	100000000000000000000000000000000000000	设施 公,共1900年	a constant and a constant	100 000 7 2 - 2000		2,645,173
12	Gross receipts from related activities, etc. (see instructions)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[12]	5,511,343
13	First 5 years. If the Form 990 is for the org						. □
	organization, check this box and stop here)	<u></u>		<u></u>		
	tion C. Computation of Public Su			(0)		14	94.17%
14	Public support percentage for 2021 (line 6,					15	90.73%
15	Public support percentage from 2020 Sche 33 1/3% support test—2021. If the organi	dule A, Part II, line	the boy on line 1	3 and line 14 is 3'	3 1/3% or more, ch		30.73.70
16a	box and stop here. The organization quali						▶ X
	33 1/3% support test—2020. If the organi	nes as a publicly so 	ipported organizat k o bov on line 13	or 16a, and line 1 ^s	i is 33 1/3% or moi	e check	······································
b	this box and stop here. The organization of						▶ □
47.	10%-facts-and-circumstances test—202	ualisies as a public 1. If the organization	an did not check a	hox on line 13 16:	or 16b, and line	14 is	,
17a	10% or more, and if the organization meets	the facts-and-circ	umstances test, ch	eck this box and s	top here. Explain	in	
	Part VI how the organization meets the fac	ts-and-circumstand	es test. The organ	ization qualifies as	a publicly support	ed	
	organization						▶ □
b	10%-facts-and-circumstances test—202	0. If the organization	on did not check a	box on line 13, 16a	a, 16b, or 17a, and	line	
IJ	15 is 10% or more, and if the organization	meets the facts-and	d-circumstances te	st, check this box	and stop here. Ex	plain	
	in Part VI how the organization meets the f	acts-and-circumsta	nces test. The org	anization qualifies	as a publicly suppo	orted	
	organization						▶ [
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b	, 17a, or 17b, ched	k this box and see		
. •	instructions						▶ 🗌
						Schedule	A (Form 990) 2021

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

Ouppost Comedato to: O.S	
(Complete only if you checked the box on lir	ne 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the t	ests listed below, please complete Part II.)

	tion A. Public Support			T			
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.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					ļ	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					· · · · · · · · · · · · · · · · · · ·	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	mana in a distribution of the	Destruction State	ASSESSMENT SALES	Same	5.76.55	
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			,		· · · · · · · · · · · · · · · · · ·	10.70
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
1.4	and 12.) First 5 years. If the Form 990 is for the or	ranization's firet e	econd third fourth	or fifth tax vear a	s a section 501(c)(3)	
14	organization, check this box and stop her						▶ □
205	tion C. Computation of Public S						<u></u>
							%
15	Public support percentage for 2021 (line 8					····	%
6	Public support percentage from 2020 Sch					10	
	tion D. Computation of Investme			solumes (D)		17	%
17	Investment income percentage for 2021 (I						%
18	Investment income percentage from 2020	Schedule A, Part II	I, Jine 17				
19a	33 1/3% support tests—2021. If the orga	inization did not ch	eck the box on line	14, and line 15 is	more than 33 1/3%	a, and iine	<u> </u>
	17 is not more than 33 1/3%, check this be	ox and stop here.	The organization q	ualifies as a public	by supported organ	ization	P !_
b	33 1/3% support tests—2020. If the orga	inization did not ch	eck a box on line 1	4 or line 19a, and	line 16 is more tha	n 33 1/3%, and	
	line 18 is not more than 33 1/3%, check the	is box and stop he	ere. The organizati	on qualifies as a p	ublicly supported o	rganization	
20	Private foundation. If the organization di	d not check a box o	on line 14, 19a, or	19b, check this bo	x and see instruction		
						'Schodule	A (Form 990) 202

Page 4

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

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3а lines 3h and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- 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).
- 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).
- 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

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r	Yes	No
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chedule A	(Form 9	90) 2021

Schedule A (Form 990) 2021

(see instructions).

Par		((3) Supporting Organiza	uona (commueu)	Current Year
Sect	lion D – Distributions			Cultent real
1	Amounts paid to supported organizations to accomplish exempt p	urposes		
2	Amounts paid to perform activity that directly furthers exempt purp	oses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of s	supported organizations		
4	Amounts paid to acquire exempt-use assets			<u> </u>
5	Qualified set-aside amounts (prior IRS approval required—provide	e details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	anization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	, , , , , , , , , , , , , , , , , , , ,		Pre-2021	Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
_	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
	From 2017			
	From 2018			
	From 2019	Distriction of the second seco		
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			PROBLEM STATE
	Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see instructions)	Table 1 and		organización socionis
<u>-</u> -	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.			
<u> </u>	Distributions for 2021 from	MIN STRUCK		
4	-			100
	Godini E, mo 1.	NOT BE WORTH BOTH		4.000
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount	金に大力 ボッドカ・ドキに大きないのはからいからなどである。		MARKET ST.
	Remainder, Subtract lines 4a and 4b from line 4.	March Street Street	SON LYNNING ASSENSACION CONTRACTOR OF THE CONTRA	HINDON TO THE CONTRACT
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.	SCOTT A SECRETARION OF CONTROL		CONTRACTOR OF THE PROPERTY OF
	Remaining underdistributions for 2021 Subtract lines 3h		15000000000000000000000000000000000000	
	and 4b from line 1. For result greater than zero, explain in			1
	Part VI. See instructions.	State pour limbord and production		MANUSCON STATES
7	Excess distributions carryover to 2022, Add lines 3j			
	and 4c.			
В	Breakdown of line 7:	An and a second of the second		EARTHRANGE CO. CO. T.C.
a	Excess from 2017		TO STATE OF THE ST	FERRING SAN AND SAN
b	Excess from 2018		TWINK ON	MARINE STATE OF TH
С	Excess from 2019			National Control
	Excess from 2020			

Schedule A (Forr	n 990) 2021		SOUTH	EAST	ENTERP	RISES	PACKA	GING 8		13-10626		ı	Page 8
Part VI	Suppleme III, line 12; B, lines 1 a 3a, and 3b	Part IV, 3 and 2; Pa : Part V.	Section A rt IV, Sec line 1: Pa	, lines 1, tion C, lii rt V, Sec	2, 3b, 3c, ne 1; Part tion B, line	4b, 4c, 5 IV, Section 1e; Part	5a, 6, 9a, 9 on D, lines t V, Sectio	9b, 9c, 11 s 2 and 3 on D, line:	1a, 11b, ; Part I\ s 5, 6, a	Part II, line 1 and 11c; Pa /, Section E, and 8; and P	art IV, S Iines	Section 1c, 2a, 2	b,
	lines 2, 5, a	and 6. Als	so comple	ete this p	art for any	<u>addition</u>	al informa	ition. (Se	e instru	ctions.)			
PART II	, LINE	10 -	OTHER	INCOM	E DETA	IL							
							67 (060					
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DAA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer Identification number Name of the organization SOUTHEAST ENTERPRISES PACKAGING & 43-1062607 ASSEMBLY SPECIALISTS, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Partic Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year _____ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. (Partill) Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by 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 certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **▶**\$ 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)? In Part XIII, describe how the organization reports conservation easements in its 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's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, 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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche			SES PACKAGI		43-1062		,	Page Z
_Pa	art III Organizations Maintaini	ng Collections o	f Art, Historical	Freasures,	or Other Sin	illar Assets	(contini	<u> </u>
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	s, check any of the fol	llowing that ma	ike significant us	e of its		
a	Public exhibition	d 📗	Loan or exchange pr	ogram				
b	Scholarly research	е	Other					
С	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		
7	XIII.	701100010110 DITE DITE	,, ,	J				
-	During the year, did the organization solicit	ar rancius donations (of art historical treasu	ree or other ei	imilar			
5	During the year, did the organization solicit	or receive donations of	or art, motorical ireasu	res, or other s	iiiiiiai		☐ Ye	s No
#Da	assets to be sold to raise funds rather than tkiv Escrow and Custodial A		an of the organization	i s collection?		<u>,,,,,,,,,</u>		3 110
en.r.	Complete if the organization	n answered "Yes	" on Form 990, P	art IV, line 9	9, or reported	an amount	on Form	1
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custoo	lian or other intermed	iary for contributions o	or other assets	not		-	
	included on Form 990, Part X?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					. L Ye	s 💹 No
b	If "Yes," explain the arrangement in Part XII	and complete the fol	lowing table:					
						<u> </u>	Amount	
C	Beginning balance					1c		***
	Additions during the year					1d		
e	Distributions during the year							
	Ending balance							
f 2-	Did the organization include an amount on I	Form 000 Port Y line	21 for escrow or cus	todial account	liahilitv?		Ye	s No
Za	If "Yes," explain the arrangement in Part XII	Charle boro if the ev	mianation has been n	rovided on Par	+ XIII		. 🗆 😁	<u></u>
		. Check here if the ex	planation has been pr	Ovided Oil I di	(2311 , ,			
ara	Endowment Funds. Complete if the organization	n anaugrad "Vac	" on Form 990 P	art IV lina 1	ın			
	Complete if the organization		1	(c) Two yea		hree years back	(a) Four	years back
	į.	(a) Current year	(b) Prior year	(c) Two yea	is pack (d))	inee years back	(6) 1 (6)	years back
1a	Beginning of year balance						-	
b	Contributions						-	
G	Net investment earnings, gains, and							
	losses							
Н	Grants or scholarships		•					
	Other expenditures for facilities and	·						
·	-				Į.			
£	programs	·····						
	Administrative expenses							
g	End of year balance		/line 4 - column (a)	hold go:				
	Provide the estimated percentage of the cur		s (line 19, column (a))	neid as.				
		%						
b	Permanent endowment > %							
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2c she							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held and	administered t	for the		г	
	organization by:							Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiz	ations listed as requir	red on Schedule R?				3b	
	Describe in Part XIII the intended uses of the			,				
	Land, Buildings, and Equ		THIO TO TO THE TOTAL THE T					
[Kd]	Complete if the organization	n answered "Yes	" on Form 990. Pa	art IV. line 1	11a. See Forn	n 990. Part	X, line 1	0.
	Description of property	(a) Cost or other t	ı	other basis	(c) Accumula		(d) Book	
	pesoribion or property	(investment)	1	her)	depreciatio		-	
	Land			66 007	Л	5,938	1	9,159
b	Buildings	.		66,097	40			L J , L J J
С	Leasehold improvements			3.55 EES		270		1 104
d	Equipment	.		362,556	328	3,372		34,184
е	Other				· · · · · · · · · · · · · · · · · · ·			
otal	Add lines 1a through 1e. (Column (d) must	egual Form 990, Part	X, column (B), line 10	Oc.)		▶	Ę	53,343

Part VII	Investments – Other Securities.		
	Complete if the organization answered "Yes" on		
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial o			
	eld equity interests		
	.,		
, ,			
(H)	a (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments – Program Related.		ACCOMPANY MANAGEMENT OF THE PROPERTY OF THE PR
	Complete if the organization answered "Yes" on	Form 990, Part IV, li	ine 11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Document of Without the		Cost or end-of-year market value
(1)			
(2)			
(3)		7	
(4)			
(5)	1		
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 13.)		A Principal Control of the Control o
PartiX	Other Assets.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, li	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)		,	
(6)			
(7)			
(8)			
(9)	(b) must equal Form 990, Part X, col. (B) line 15.)		
	Other Liabilities.		
Part X	Complete if the organization answered "Yes" on	Form 990 Part IV Ii	ne 11e or 11f. See Form 990. Part X
	line 25.	, 0,,,, 000, , a,,,,,,	110 710 07 7711 000 7 07111 000 7 1 0110 7 1
 	(a) Description of liability		(b) Book value
(1) Federal i	ncome taxes		
(1) <u>rederain</u> (2)	noomo suxoo		
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)		** * *	
	(b) must equal Form 990, Part X, col. (B) line 25.)		>
	poertain tax positions. In Part XIII, provide the text of the footr	ote to the organization's t	financial statements that reports the

	orm 990) 2021	SOUTHEAST	ENTERPRISES	PACKAGING	&	43-1062607	Page 5
Part XIII	Supplemen	tal Information	(continued)				
			.,,				
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Inspection ...

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.

SOUTHEAST ENTERPRISES PACKAGING & Name of the organization ASSEMBLY SPECIALISTS, INC.

Employer identification number 43-1062607

FORM 990, PART I, LINE 6 VOLUNTEERS PROVIDE VARIOUS SERVICES TO SUPPORT THE MISSION OF THE ORGANIZATION AND THE PARTICIPANTS WITH DEVELOPMENTAL DISABILITIES.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT WE PROVIDE CHALLENGING VOCATIONAL OPPORTUNITIES AND SUPPORT SERVICES FOR JACKSON COUNTY ADULTS AGED 18 OR OLDER WITH DEVELOPMENTAL OR INTELLECTUAL DISABILITIES. OUR PROGRAMMING INCLUDES OCCUPATIONAL THERAPY AND INDIVIDUAL NEEDS SUPPORT WHILE PROVIDING THE BUSINESS COMMUNITY WITH QUALITY PRODUCTS AND SERVICES IN A TIMELY MANNER THAT EXCEEDS OUR CUSTOMERS' EXPECTATIONS. OUR ORGANIZATION IS ISO 9001 COMPLIANT, AND WE FOLLOW THE MANAGEMENT PRINCIPLES WHICH INCLUDE A STRONG CUSTOMER FOCUS AND CONTINUAL IMPROVEMENTS. OUR PARTICIPANTS ARE PROUD OF THEIR WORK AND INCREASED INDEPENDENT SKILLS AND SELF-ESTEEM THROUGH THEIR EMPLOYMENT AND ACCESS TO OPPORTUNITIES THAT MEET THEIR NEEDS. IN 2021 AN EIGHT MEMBER TEAM OF FIVE ASSOCIATES (ADULTS WITH DEVELOPMENTAL DISABILITIES) AND THREE STAFF PRESENTED A PROPOSAL TO THE MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENTAL AUTHORITY. BASED ON THE MERITS OF THAT PROPOSAL AND PRESENTATION, SOUTHEAST ENTERPRISES WAS AWARDED A MISSOURI VALUE-ADDED GRANT IN THE AMOUNT OF \$57,322 FOR PROFESSIONAL FEASIBILITY STUDIES AND DEVELOPMENT PLAN TO ASSESS AN EXPANSION OF OUR DRY SPICE MIX AND PACKAGING DEPARTMENT WITH THE GOAL TO BRING ECONOMIC BENEFITS AND SUPPORTS TO THE ASSOCIATES SOUTHEAST ENTERPRISES SERVES WHILE CONTRIBUTING TO THE WELFARE OF SMALL AGRI-BUSINESSES.

Name of the organization SOUTHEAST ENTERPRISES PACKAGING &	Employer identification number 43-1062607
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO F	REVIEW FORM 990
THE FORM 990 IS REVIEWED BY THE CEO AND THE EXECUTIVE COM	MITTEE PRIOR TO
FILING. A COPY IS MADE AVAILABLE TO THE BOARD AND IS POS	STED ON THE
WEBSITE.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS PO	DLICY
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND	ENFORCES
COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY E	BY REVIEWING THE
POLICY AND NOT ALLOWING ANY PERSON WITH A CONFLICT OF INT	EREST TO VOTE ON
THE RELATED BUSINESS MATTERS.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSU	RE EXPLANATION
GOVERNING DOCUMENTS ARE AVILABLE ON OUR WEBSITE AND ALSO	MADE AVAILABLE TO
THE PUBLIC UPON REQUEST.	
	.,
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS E	XPLANATION
ROUNDING	,
	PAGE 1 OF 1

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

SOUTHEAST ENTERPRISES PACKAGING &

Identifying number 43-1062607

ASSEMBLY SPECIALISTS, INC. Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1,050,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,620,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions (b) Cost (business use only) (a) Description of property 6 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 _____ 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 15 Property subject to section 168(f)(1) election 15 15,455 16 Other depreciation (including ACRS). MACRS Depreciation (Don't include listed property. See instructions.) Partill Section A 1,130 MACRS deductions for assets placed in service in tax years beginning before 2021 17 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B-Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (e) Convention រា Method (g) Depreciation deduction (business/investment use (a) Classification of property period only-see instructions) service 19a 3-year property SAN ARRA h 5-year property 7-year property C **"是你是我们的** d 10-year property 15-year property DPSSET MINISTER f 20-year property S/L 25 yrs. 25-year property S/L 27.5 yrs. MM Residential rental S/L 27.5 yrs. MM property MM S/L 39 yrs. Nonresidential real S/L ММ property Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs. S/L 12-year b S/L 30 yrs. MM 30-year 40 yrs. MM d 40-year Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 16,585 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions. 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

43-1062607

Federal Asset Report Form 990, Page 1

								
Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis s_for Depr_	PerConv Meth	Prior	Current
Prior 154	MACRS: LANDSCAPING	10/31/19	7,000			15 HY S/L	217	467
156 157	ACOUSTIC PADS ACCOUSTICAL PANELS	11/19/19 3/13/20	3,315 3,315		3,315 3,315	10 HY S/L 10 HY S/L	96 67	331 332
15,	· ·	5,15,20	13,630		13,630		380	1,130
	Depreciation:	2/02/00	246		246	7 MO S/L	246	0
2 5	HEAT SEALER TABLE SAW	3/03/80 4/15/82	246 200		246 200	5 MO S/L	200	0
6 7	RECORD SAFE	4/15/82 4/01/82	550 326		550 326	5 MO S/L 5 MO S/L	550 326	0
8	RECORD SAFE SHRINK PKG SYSTEM	11/15/82	7,990		7,990	5 MO S/L	7,990	0
9	1 DESK 3 CHAIRS	10/01/80 9/15/81	268 405		268 405	7 MO S/L 5 · MO S/L	268 405	0
10 11	HOSPITAL BED WORK STOOL	2/15/81	385		385	5 MO S/L	385	0
12	PALLET RACKS	11/15/83	1,460 270		1,460 270	5 MO S/L 5 MO S/L	1,460 270	0 0
13 14	BANCLER SEALES 2 DESK 2 CHAIRS 2 FILE	4/15/84 12/08/82	1,000		1,000	5 MO S/L	1,000	0
	15 STOOLS 3 DESK 6 CHAIRS	11/04/83	2,210 309		2,210 309	5 MO S/L 5 MO S/L	2,210 309	0
16 17	BAR HEAT SEALER COUNTER SCALE	11/15/84 10/15/85	1,156		1,156	5 MO S/L	1,156	0
18	AIR COMPRESSOR	2/15/85	495 203		495 203	5 MO S/L 5 MO S/L	495 203	0
	REWIRE SHRINK MACHINE COUNTING SCALE	3/15/85 11/15/86	1,147		1,147	5 MO S/L	1,147	0
23	EQUIPMENT	3/15/87	3,010 1,691		3,010 1,691	5 MO S/L 5 MO S/L	3,010 1,691	0
	EQUIPMENT BENCHES FOLDING TABLE	4/15/87 5/15/87	222		222	5 MO S/L	222	0
	CABINET	10/15/87 1/06/88	459 2,051		459 2,051	5 MO S/L 5 MO S/L	459 2,051	0
27 28	PKG EQUIP TWO ELECTRIC SCALES	4/15/88	2,316		2,316	5 MO S/L	2,316	0
	HEAT SEALER	8/15/88 12/31/88	451 1,109		451 1,109	5 MO S/L 5 MO S/L	451 1,109	0
30 31	EQUIPMENT SCALE	4/03/89	978		978	5 MO S/L	978	0
	TABLE TAPE MACHINE	5/01/89 7/01/89	680 400		680 400	5 MO S/L 5 MO S/L	680 400	0
	STAR SIGNS	2/06/96	899		899	5 MO S/L	899	0
	BENCHES HEAT SEALER	6/15/96 11/01/89	6,684 125		6,684 125	5 MO S/L 5 MO S/L	6,684 125	0
38	TAPE MACHINE	5/07/90	751		751	5 MO S/L	751	0
	TABLE TAPE MACHINE	10/12/90 10/12/90	400 475		400 475	5 MO S/L 5 MO S/L	400 475	0
41	SCALE	12/18/90	928		928	5 MO S/L	928	0
42 43	2 TAPE MACHINES 3 STORAGE CABINETS	2/28/91 2/28/91	1,410 684		1,410 684	5 MO S/L 5 MO S/L	1,410 684	0
44	ABBOT SCALE	2/28/91	1,916		1,916	5 MO S/L	1,916	0
	ABBOT SCALE AT&T/SPEAKERS/WIRING/INSTALLAT	8/28/91 3/06/91	1,010 2,305		1,010 2,305	5 MO S/L 5 MO S/L	1,010 2,305	0
47	TAPE MACHINE	7/09/91	685		685	5 MO S/L	685 1,458	0
	2 TAPE DISPENSERS TAPE DISPENSER	11/22/91 5/06/92	1,458 687		1,458 687	5 MO S/L 5 MO S/L	687	0
50	ABBOT SCALE	5/15/92	963		963 647	5 MO S/L 5 MO S/L	963 647	0 0
	DIGITAL SCALE SHRINK WRAP EQUIP	11/11/94 4/30/95	647 11,541		11,541	5 MO S/L	11,541	0
53	2 ELE TAPE DISPENSERS	3/03/95	1,399		1,399	5 MO S/L 5 MO S/L	1,399 733	0
	PENNSYLVANIA SCALE ELE TAPE MACHINE	5/15/95 12/15/95	733 805		733 805	5 MO S/L	805	Ó
56	PALLET JACK	12/30/95	3,598		3,598 2,032	5 MO S/L 5 MO S/L	3,598 2,032	0
	WORK BENCHES AUTO BAG & KIT	3/31/96 3/31/96	2,032 808		808	5 MO S/L	808	0
59	3 ELE TAPE MACHINE	6/03/96	2,101 714		2,101 714	5 MO S/L 5 MO S/L	2,101 714	0
	AUTOBAG MACH SEALER L-BAR	9/30/96 11/13/96	1,700		1,700	5 MO S/L	1,700	0
62	HAND PALLET JACK	9/09/97	450 3,270		450 3,270	5 MO S/L 5 MO S/L	450 3,270	0 0
	ELEC PALLET JACK YALE HAND TRUCK	9/16/97 12/07/98	3,202		3,202	5 MO S/L	3,202	0
65	PACKAGING MACHINE	12/12/98	550 597		550 597	5 MO S/L 5 MO S/L	550 597	0
	TAPE MACHINE SHRINK SYSTEM	12/18/98 12/28/98	3,958		3,958	5 MOS/L	3,958	0
	BANDER	6/08/99	1,793		1,793	5 MO S/L	1,793	0

Federal Asset Report Form 990, Page 1

Description Description									
SIRRIER WARDARCH 1122999 11895 118				Cook			DorCony Moth	Drior	Current
FLOOR MACHINE					<u>% 179Bonus</u>				
21 SARS FILING CARINET 72676 88								1,895	
10 10 10 10 10 10 10 10			3/10/00 7/26/76						
73 SOCHAIRS & IOTABLES 60180 1,320 1,320 7 MO STATE AGENCY SURP 60180 170 7 JARLES & IOCARIKS 70180 204 170 7 JARLES & IOCARIKS 70180 204 170 7 JARLES & IOCARIKS 70180 204 170 7 JARLES & IOCARIKS 70180 204 170 7 JARLES & IOCARIKS 70180 204 170 7 JARLES & IOCARIKS 70180 204 170 7 JARLES & IOCARIKS 70180 204 170 7 JARLES & IOCARIKS 70180 204 170 7 JARLES & IOCARIKS 70180 204 170 7 JARLES & IOCARIKS 70180 204 204 205 206 207 208 208 208 208 208 208 208 208 208 208								116	
74 MO STATE AGENCY SURP 60180 170 170 7 MO SIL 170 U 7 TA 27 ALLERS 8 10 CHARS 70180 244 264 7 MO SAL 2244 0 0 7 TA 27 ALLERS 8 10 CHARS 70180 244 170 MO SIL 170 U 7 TA 27 ALLERS 8 10 CHARS 70180 244 170 MO SIL 170 U 7 TA 27 ALLERS 8 10 CHARS 7 MO SIL 170 U 7 TA 27 ALLERS 8 10 CHARS 7 MO SIL 170 U 7 TA 27 ALLERS 8 10 CHARS 7 MO SIL 170 U 7 TA 27 ALLERS 1 MO SIL 17			6/01/80					1,320	
10 10 10 10 10 10 10 10	74	MO STATE AGENCY SURP							
77 ASANDERS & OFFICE 901880 176 178 178 178 178 178 178 178 178 178 178			7/01/80						
78 DESK FILE CARINET									
79 6 WORK BENCHES 9/01/84 638 688 5 MO St. 213 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			9/01/80			1,504		1,504	
87 FILE CADINET 1221/88 2 DISPLAY 1725/86 1,200 1,200 5 MO S/L 2,300 0 88 OFFICE FURNITURE 1030/86 23,530 23,530 5 MO S/L 2,300 0 87 OFFICE FURNITURE 1030/86 23,530 23,530 5 MO S/L 2,350 0 88 SUNCHROOM CHAIRS 1701/87 2,460 2,460 5 MO S/L 2,450 0 89 UNCHROOM CHAIRS 1701/87 2,460 3 4,660 5 MO S/L 2,460 1 89 SIAR SIGNORRAPHICS 1249/90 3 MO S/L 2,460 1 80 SIAR SIGNORRAPHICS 1049/90 1,480 1 MO S/L 1,600 1 80 SIAR SIGNORRAPHICS 1049/90 1,480 1 MO S/L 1,600 1 80 SIAR SIGNORRAPHICS 1049/90 1,480 1 MO S/L 1,480 1 80 SIAR SIGNORRAPHICS 1059/90 1,480 1 MO S/L 1,480 1 80 SIAR SIGNORRAPHICS 1059/90 1,480 1 MO S/L 1,480 1 80 SIAR SIGNORRAPHICS 1059/90 1,480 1 MO S/L 1,480 1 80 SIAR SIGNORRAPHICS 1059/90 1,480 1 MO S/L 1,480 1 80 SIAR SIGNORRAPHICS 1059/90 1,480 1 MO S/L 1,480 1 80 SIAR SIGNORRAPHICS 1059/90 1,480 1 MO S/L 1,480 1 80 SIAR SIGNORRAPHICS 1059/90 1,480 1 MO S/L 1,480 1 80 SIAR SIGNORRAPHICS 1059/90 1,480 1 MO S/L 1,480 1 80 SIAR SIGNORRAPHICS 1059/90 1	79	6 WORK BENCHES		638					
SECTION 1725/86 1,200 1,200 1,200 5 MO SL 1,200 0									
83 OFFICE FURNITURE								1.200	
84 TYPEWRITER							5 MO S/L	23,530	
87 WORD PROCESSOR			5/01/87	545				545	
88 STAR SIGN/GRAPHICS 12010/95 718 718 718 7 MO SIZ. 1718 0 91 HASCRITT HORON 60/899 1,480 1,480 5 MO SIZ. 1448 0 91 ABBOTT SCALE 5113/96 556 556 556 7 MO SIZ. 1,515 0 92 CRUSHER 11/13/96 2,150 2,150 5 MO SIZ. 1,515 0 93 MOBILE EDUC DEMO 11/22/96 4,373 4,373 7 MO SIZ. 1,515 0 94 EDUCE PROM EQUIP 12/03/96 1,353 1,353 7 MO SIZ. 1,535 0 95 EDUCATION & ORIM EQUIP 12/03/96 1,353 1,353 7 MO SIZ. 1,535 0 96 ABBOTT SCALE 91/03/96 1,400 1,400 1,400 1,500 1,400 0 97 THE ECONOMY 1,400 1									
BP LASERJET 4000N									
91 ABBOTT SCALE 513/96 52 CRUSIER 11/13/96 2,150 2,150 2,150 3 MOBILE EDUC DEMO 11/22/96 4,373 4,373 4,373 7, MO S.L. 4,373 9.4 6 DUC & PROM EQUIP 12/02/96 1,333 1,333 7, MO S.L. 1,353 0 DEMOCRATION & ORIM EQUIP 12/02/96 1,353 1,353 7, MO S.L. 1,353 0 DEMOCRATION & ORIM EQUIP 12/02/96 1,353 1,353 7, MO S.L. 1,353 0 DEMOCRATION & ORIM EQUIP 12/02/96 1,380 1,360 1,600 3,600 3,600 7			6/08/99				5 MO S/L		
92 CRUSHER 11/13/96 2,150 2,150 5 MO SL 2,150 0 93 MOBILE EDUC DEMO 11/22/96 4,373 4,373 7 MO SL 4,373 0 94 EDUC & PROM EQUIP 12/02/96 1,333 1,333 1,333 7 MO SL 1,353 0 95 EDUCATION & ORIM EQUIP 12/02/96 241 241 7 MO SL 241 0 96 ABBOT SCALE 1/07/97 1,600 1,600 5 MO SL 1,600 0 97 TELECORDER 9/30/97 450 450 5 MO SL 1,600 0 98 CAMCORDER 9/30/97 450 450 5 MO SL 1,600 0 98 CAMCORDER 9/30/97 450 450 5 MO SL 2,200 1 99 INTERIOR PAINTING 7/14/80 2,280 2,280 5 MO SL 2,200 0 100 LANDSCAPING 601/81 2,499 2,499 5 MO SL 2,200 0 101 1PLBG FLOOR COVERING 3/25/82 5,421 5,021 5,023 5 MO SL 2,200 0 102 PAINTING 3/13/82 5,522 5,021 5,023 5 MO SL 2,000 0 103 PAINTING 3/13/82 5,522 5 MO SL 3,025 5 MO SL 2,000 0 104 PAINTING 3/13/82 5,525 5 MO SL 3,025 5 MO SL 3,025 0 105 PAINTING 3/13/82 5,525 5 MO SL 3,025 5 MO SL 3,025 0 106 PAINTING 3/13/82 5,525 5 MO SL 3,025 5 MO SL 3,025 0 107 ALMATING 3/13/82 5,525 5 MO SL 3,025 5 MO SL 3,025 0 108 PAINTING 3/13/82 5,525 5 MO SL 3,025 5 MO SL 3,025 0 109 PAINTING 3/13/82 5,525 5 MO SL 3,025 5 MO SL 3,025 0 100 PAINTING 3/13/82 5,525 5 MO SL 3,025 5 MO SL 3,025 0 101 PAINTING 3/13/82 5,525 5 MO SL 3,025 5 MO SL 3,025 0 103 PAINTING 3/13/82 5,525 5 MO SL 3,025 5 MO SL 3,025 0 104 PAINTING 3/13/82 5,525 5 MO SL 3,025 5 MO SL 3,025 0 105 PAINTING 3/13/82 5,525 5 MO SL 3,025 5 MO SL 3,025 0 106 PAINTING 3/13/82 5 MO SL 3,025 5 MO SL 3,025 0 107 ALMATINNS FLAG 4/01/91 1,590 1,590 1,590 5 MO SL 3,025 0 108 THERMOSTATS 6/13/89 1,590 1,590 1,590 5 MO SL 1,590 0 109 PATIO 12/18/95 1,860 1,860 1,860 5 MO SL 1,590 0 109 PATIO 12/18/95 1,860 1,860 1,860 5 MO SL 1,590 0 109 PATIO 12/18/95 1,860 1,860 1,860 5 MO SL 1,360 0 109 PATIO 12/18/95 1,860 1,860 1,860 5 MO SL 1,360 0 109 PATIO 12/18/95 1,860 1,860 1,860 5 MO SL 1,360 0 109 PATIO 12/18/95 1,860 1,860 1,860 5 MO SL 1,360 0 109 PATIO 12/18/95 1,860 1,860 1,860 5 MO SL 1,360 0 109 PATIO 12/18/95 1,860 1,860 1,860 1,860 0 109 PATIO 12/18/95 1,860 1,860 1,860 1,860 0 109 PATIO 12/18/95 1,860 1,860 1,860 1,860 0 109 PATIO 12/18/95 1,860 1,860 1,860 1,860			5/13/96	556		556	7 MO S/L	556	0
EDUC & PROM EQUIP 1200/96 241 241 7 MO S/L 1,353 0	92	CRUSHER	11/13/96			2,150		2,150	
EDUCATION & ORIM EQUIP 1209/96 241 241 7 MO S/L 241 0			11/22/96					4,573 1 353	
ABBOTI SCALE	94	EDUC & PKUM EQUIP FDUCATION & ORIM FOLIIP	12/02/30 12/09/96						
97 TELECORDER 9/30/977 650 680 5 MO S/L 680 0 98 CAMCORDER 9/30/977 660 680 5 MO S/L 680 0 99 INTERIOR PAINTING 7/14/80 2,280 2,280 5 MO S/L 2,280 0 101 LANDSCAPING 6/01/81 2,499 2,499 5 MO S/L 2,280 0 101 IPLBG FLOOR COVERING 3/25/82 5,021 5,021 5 MO S/L 2,502 0 102 PAINTING 3/13/82 1,690 1,690 5 MO S/L 1,690 0 103 PAINTING 6/01/82 3,925 3,925 5 MO S/L 3,925 0 104 INSTALL LIGHT FIXTURE 2/01/85 325 325 5 MO S/L 3,252 0 105 CARPENTRY 7/01/87 650 650 5 MO S/L 3,025 0 106 CEMENT PADS UNDER DR 4/16/88 350 350 5 MO S/L 350 0 107 ALL NATIONS FLAG 4/01/91 1,590 1,590 5 MO S/L 3,00 0 108 THERMOSTATS 6/13/91 660 660 5 MO S/L 660 0 109 PATIO 12/18/95 1,860 1,860 5 MO S/L 1,690 0 109 PATIO 12/18/95 1,866 1,865 5 MO S/L 1,860 0 101 AWNING 4/29/99 5,865 5 8,655 5 MO S/L 3,860 0 101 AWNING 1/25/20/20/20/20/20/20/20/20/20/20/20/20/20/	96	ABBOT SCALE	1/07/97				5 MO S/L	1,600	0
STERICOR PAINTING	97	TELECORDER	9/30/97						
100 LANDSCAPING						680			
1PILEG FLOOR COVERING 3/25/82 5,021 5,021 5,021 5 MO S/L 5,021 0			7/14/80 6/01/81	2,280 2,499		2,200		2,200	
PAINTING						5,021	5 MO S/L	5,021	
INSTALL LIGHT FIXTURE			3/13/82	1,690		1,690		1,690	
105 CARPENTEY 7/01/87 650 650 5 MO S/L 650 0			6/01/82	3,925					
CREMENT PADS UNDER DR									
107 ALL NATIONS FLAG				350		350			
12118/95			4/01/91	1,590		1,590	5 MO S/L		
AWNING									
ELEC BANDER			12/18/95					1,000 5.865	
112 ELEC PALLET JACK								1,146	
113 PHOTO COPIER				3,250		3,250			
116 MISC EQUIP		1,010 001							
117 BAGGER									
118 ADDL CONF ROOM CHAIRS 7/03/03 1,327 1,327 5 MO S/L 1,327 0									
120 MULTI MEDIA PROJECTOR 7/28/03 2,700 2,700 5 MO S/L 2,700 0 123 PROM VIDEA 9/22/03 10,000 10,000 5 MO S/L 10,000 0 0 10,000 5 MO S/L 10,000 0 10,000 5 MO S/L 10,000 0 124 VERTEX SYSTEM 11/01/04 4669 469 5 MO S/L 1,499 0 1,499 5 MO S/L 1,499 0 1,499 5 MO S/L 1,499 0 1,499 5 MO S/L 1,500 0 1,500 5 MO S/L 1,500 0 1,500 5 MO S/L 1,500 0 1,500 5 MO S/L 1,390 0 1,500 1,500 5 MO S/L 1,390 0 1,500			7/03/03	1.327		1,327		1,327	
124 VERTEX SYSTEM				2,700					
125 TV/VCR- 2/28/05									
127 CABINET & COUNTERTOP 6/30/05 1,500 1,500 5 MO S/L 1,500 0 128 LAPTOP 8/23/06 1,390 X 0 5 MO S/L 1,390 0 129 COPY MACHINE - TRADED #182 12/27/07 15,115 15,115 5 MO S/L 15,115 0 131 PALLET JACK (BUBLITZ) 7/31/08 4,169 4,169 5 MO S/L 4,169 0 132 YALE ERP035 FORKLIFT 8/26/09 16,300 16,300 5 MO S/L 16,300 0 133 TABLE WITH ATTACHED CHAIRS 9/15/09 2,000 2,000 5 MO S/L 2,000 0 134 50 STACKING CHAIRS 12/28/09 750 750 5 MO S/L 750 0 135 WASHER 2/24/09 860 860 5 MO S/L 860 0 136 GRANGER 5/04/09 979 979 5 MO S/L 979 0 137 FLAG POLE LIGHT 5/27/10 1,076 1,076 5 MO S/L 1,076 0 138 DIGITAL PHONE SYSTEM AND INSTAL 8/18/10 11,240 11,240 5 MO S/L 11,240 0 139 PENNSYLVANIA COUNTING SCALE M 11/04/10 755 755 5 MO S/L 13,718 0 140 DELL OPTIPLEX 790 DESKTOPS (11) 8/15/11 13,718 13,718 5 MO S/L 13,718 0 141 DELL POWEREDGE T610 SERVER 8/15/11 5,695 5,695 5 MO S/L 1,528 0 142 DELL LATITUDE E5420 LAPTOP 8/15/11 1,528 1,528 5 MO S/L 1,044 0 144 TURBO-DRY HAND CLEANERS WHITE 5/01/12 2,758 2,758 5 MO S/L 2,758 0 145 CLOSED CIRCUIT CAMERA SYSTEM (8/01/12 12,447 12,447 5 MO S/L 12,447 0 146 FORKLIFT BATTERY 36 VOLT 9/16/14 5,400 5,400 5 MO S/L 4,660 0									
128 LAPTOP				1,500			5 MO S/L	1,500	0
131 PALLET JACK (BUBLITZ)	128 I	LAPTOP	8/23/06	1,390	X	_			_
132 YALE ERP035 FORKLIFT	-								
133 TABLE WITH ATTACHED CHAIRS 9/15/09 2,000 2,000 5 MO S/L 2,000 0 134 50 STACKING CHAIRS 12/28/09 750 750 5 MO S/L 750 0 135 WASHER 2/24/09 860 860 5 MO S/L 860 0 136 GRANGER 5/04/09 979 979 5 MO S/L 979 0 137 FLAG POLE LIGHT 5/27/10 1,076 1,076 5 MO S/L 1,076 0 138 DIGITAL PHONE SYSTEM AND INSTAI 8/18/10 11,240 11,240 5 MO S/L 11,240 0 139 PENNSYLVANIA COUNTING SCALE M 11/04/10 755 755 5 MO S/L 755 0 140 DELL OPTIPLEX 790 DESKTOPS (11) 8/15/11 13,718 13,718 5 MO S/L 13,718 0 141 DELL POWEREDGE T610 SERVER 8/15/11 5,695 5,695 5 MO S/L 5,695 0 142 DELL LATITUDE E5420 LAPTOP 8/15/11 1,528 1,528 5 MO S/L 1,528 0 143 DELL 2155CDN LASER PRINTER 8/15/11 1,044 1,044 5 MO S/L 1,044 0 144 TURBO-DRY HAND CLEANERS WHITE 5/01/12 2,758 2,758 5 MO S/L 2,758 0 145 CLOSED CIRCUIT CAMERA SYSTEM (8/01/12 12,447 12,447 5 MO S/L 12,447 0 146 FORKLIFT BATTERY 36 VOLT 9/16/14 5,400 5,400 5 MO S/L 5,400 0 147 LANDSCAPING - BEDS, BUSHES, ROSI 10/31/14 4,660 4,660 5 MO S/L 4,660 0									
134 50 STACKING CHAIRS 12/28/09 750 750 5 MO S/L 750 0 135 WASHER 2/24/09 860 860 5 MO S/L 860 0 136 GRANGER 5/04/09 979 979 979 5 MO S/L 979 0 137 FLAG POLE LIGHT 5/27/10 1,076 1,076 5 MO S/L 1,076 0 138 DIGITAL PHONE SYSTEM AND INSTAI 8/18/10 11,240 11,240 5 MO S/L 11,240 0 139 PENNSYLVANIA COUNTING SCALE M 11/04/10 755 755 5 MO S/L 755 0 140 DELL OPTIPLEX 790 DESKTOPS (11) 8/15/11 13,718 13,718 13,718 5 MO S/L 13,718 0 141 DELL POWEREDGE T610 SERVER 8/15/11 5,695 5,695 5 MO S/L 5,695 0 142 DELL LATITUDE E5420 LAPTOP 8/15/11 1,528 1,528 5 MO S/L 1,528 0 143 DELL 2155CDN LASER PRINTER 8/15/11 1,044 1,044 5 MO S/L 1,528 0 144 TURBO-DRY HAND CLEANERS WHITE 5/01/12 2,758 2,758 5 MO S/L 2,758 0 145 CLOSED CIRCUIT CAMERA SYSTEM (*8/01/12 12,447 12,447 5 MO S/L 12,447 0 146 FORKLIFT BATTERY 36 VOLT 9/16/14 5,400 5,400 5 MO S/L 5,400 0 147 LANDSCAPING - BEDS, BUSHES, ROSI 10/31/14 4,660 4,660 5 MO S/L 4,660 0									
135 WASHER 2/24/09 860 860 5 MO S/L 860 0 136 GRANGER 5/04/09 979 979 5 MO S/L 979 0 137 FLAG POLE LIGHT 5/27/10 1,076 1,076 5 MO S/L 1,076 0 138 DIGITAL PHONE SYSTEM AND INSTAI 8/18/10 11,240 11,240 5 MO S/L 11,240 0 139 PENNSYLVANIA COUNTING SCALE M 11/04/10 755 755 5 MO S/L 11,240 0 140 DELL OPTIPLEX 790 DESKTOPS (11) 8/15/11 13,718 13,718 5 MO S/L 13,718 0 141 DELL POWEREDGE T610 SERVER 8/15/11 5,695 5,695 5 MO S/L 13,718 0 142 DELL LATITUDE E5420 LAPTOP 8/15/11 1,528 1,528 MO S/L 1,528 0 143 DELL 2155CDN LASER PRINTER 8/15/11 1,044 1,044 1,044 0 144 TURBO-DRY HAND CLEANERS WHITE 5/01/12 2,758 2,758 5 MO S/L 2,758 0 145 CLOSED CIRCUIT CAMERA S			12/28/09	750		750	5 MO S/L	750	
137 FLAG POLE LIGHT 5/27/10 1,076 1,076 5 MO S/L 1,076 0 138 DIGITAL PHONE SYSTEM AND INSTAI 8/18/10 11,240 11,240 5 MO S/L 11,240 0 139 PENNSYLVANIA COUNTING SCALE M 11/04/10 755 755 5 MO S/L 755 0 140 DELL OPTIPLEX 790 DESKTOPS (11) 8/15/11 13,718 13,718 5 MO S/L 13,718 0 141 DELL POWEREDGE T610 SERVER 8/15/11 5,695 5,695 5 MO S/L 5,695 0 142 DELL LATITUDE E5420 LAPTOP 8/15/11 1,528 1,528 5 MO S/L 1,528 0 143 DELL 2155CDN LASER PRINTER 8/15/11 1,044 1,044 5 MO S/L 1,528 0 144 TURBO-DRY HAND CLEANERS WHITE 5/01/12 2,758 2,758 5 MO S/L 2,758 0 145 CLOSED CIRCUIT CAMERA SYSTEM (*8/01/12 12,447 12,447 5 MO S/L 12,447 0 146 FORKLIFT BATTERY 36 VOLT 9/16/14 5,400 5,400 5 MO S/L 5,400 0 147 LANDSCAPING - BEDS, BUSHES, ROSI 10/31/14 4,660 0	135	WASHER	2/24/09						
138 DIGITAL PHONE SYSTEM AND INSTAI 8/18/10 11,240 11,240 5 MO S/L 11,240 0 139 PENNSYLVANIA COUNTING SCALE M 11/04/10 755 755 5 MO S/L 755 0 140 DELL OPTIPLEX 790 DESKTOPS (11) 8/15/11 13,718 13,718 5 MO S/L 13,718 0 141 DELL POWEREDGE T610 SERVER 8/15/11 5,695 5,695 5 MO S/L 5,695 0 142 DELL LATITUDE E5420 LAPTOP 8/15/11 1,528 1,528 5 MO S/L 1,528 0 143 DELL 2155CDN LASER PRINTER 8/15/11 1,044 1,044 5 MO S/L 1,044 0 144 TURBO-DRY HAND CLEANERS WHITE 5/01/12 2,758 2,758 5 MO S/L 2,758 0 145 CLOSED CIRCUIT CAMERA SYSTEM (* 8/01/12 12,447 12,447 5 MO S/L 12,447 0 146 FORKLIFT BATTERY 36 VOLT 9/16/14 5,400 5,400 5 MO S/L 5,400 0 147 LANDS									
139 PENNSYLVANIA COUNTING SCALE M 11/04/10 755 755 5 MO S/L 755 0 140 DELL OPTIPLEX 790 DESKTOPS (11) 8/15/11 13,718 13,718 5 MO S/L 13,718 0 141 DELL POWEREDGE T610 SERVER 8/15/11 5,695 5,695 5 MO S/L 5,695 0 142 DELL LATITUDE E5420 LAPTOP 8/15/11 1,528 1,528 5 MO S/L 1,528 0 143 DELL 2155CDN LASER PRINTER 8/15/11 1,044 1,044 5 MO S/L 1,044 0 144 TURBO-DRY HAND CLEANERS WHITE 5/01/12 2,758 2,758 5 MO S/L 2,758 0 145 CLOSED CIRCUIT CAMERA SYSTEM (* 8/01/12 12,447 12,447 5 MO S/L 12,447 0 146 FORKLIFT BATTERY 36 VOLT 9/16/14 5,400 5,400 5 MO S/L 5,400 0 147 LANDSCAPING - BEDS, BUSHES, ROSI 10/31/14 4,660 4,660 5 MO S/L 4,660 0	137	FLAG PULE LIGHT DIGITAL PHONE SVOTEM AND INSTAL							
140 DELL OPTIPLEX 790 DESKTOPS (11) 8/15/11 13,718 13,718 5 MO S/L 13,718 0 141 DELL POWEREDGE T610 SERVER 8/15/11 5,695 5,695 5 MO S/L 5,695 0 142 DELL LATITUDE E5420 LAPTOP 8/15/11 1,528 1,528 5 MO S/L 1,528 0 143 DELL 2155CDN LASER PRINTER 8/15/11 1,044 1,044 5 MO S/L 1,044 0 144 TURBO-DRY HAND CLEANERS WHITE 5/01/12 2,758 2,758 5 MO S/L 2,758 0 145 CLOSED CIRCUIT CAMERA SYSTEM (* 8/01/12 12,447 12,447 5 MO S/L 12,447 0 146 FORKLIFT BATTERY 36 VOLT 9/16/14 5,400 5,400 5 MO S/L 5,400 0 147 LANDSCAPING - BEDS, BUSHES, ROSI 10/31/14 4,660 4,660 5 MO S/L 4,660 0	130 1	PENNSYLVANIA COUNTING SCALE M	11/04/10				5 MO S/L	755	
141 DELL POWEREDGE T610 SERVER 8/15/11 5,695 5,695 5 MO S/L 5,695 0 142 DELL LATITUDE E5420 LAPTOP 8/15/11 1,528 1,528 5 MO S/L 1,528 0 143 DELL 2155CDN LASER PRINTER 8/15/11 1,044 1,044 5 MO S/L 1,044 0 144 TURBO-DRY HAND CLEANERS WHITE 5/01/12 2,758 2,758 5 MO S/L 2,758 0 145 CLOSED CIRCUIT CAMERA SYSTEM (* 8/01/12 12,447 12,447 5 MO S/L 12,447 0 146 FORKLIFT BATTERY 36 VOLT 9/16/14 5,400 5,400 5 MO S/L 5,400 0 147 LANDSCAPING - BEDS, BUSHES, ROSI 10/31/14 4,660 4,660 5 MO S/L 4,660 0	140 I	DELL OPTIPLEX 790 DESKTOPS (11)	8/15/11	13,718			5 MO S/L	13,718	
143 DELL 2155CDN LASER PRINTER 8/15/11 1,044 1,044 5 MO S/L 1,044 0 144 TURBO-DRY HAND CLEANERS WHITE 5/01/12 2,758 2,758 5 MO S/L 2,758 0 145 CLOSED CIRCUIT CAMERA SYSTEM (* 8/01/12 12,447 12,447 5 MO S/L 12,447 0 146 FORKLIFT BATTERY 36 VOLT 9/16/14 5,400 5,400 5 MO S/L 5,400 0 147 LANDSCAPING - BEDS, BUSHES, ROSI 10/31/14 4,660 4,660 5 MO S/L 4,660 0	141 I	DELL POWEREDGE T610 SERVER						5,695 1.500	
144 TURBO-DRY HAND CLEANERS WHITE 5/01/12 2,758 2,758 5 MO S/L 2,758 0 145 CLOSED CIRCUIT CAMERA SYSTEM (* 8/01/12) 12,447 12,447 5 MO S/L 12,447 0 146 FORKLIFT BATTERY 36 VOLT 9/16/14 5,400 5,400 5 MO S/L 5,400 0 147 LANDSCAPING - BEDS, BUSHES, ROSI 10/31/14 4,660 4,660 5 MO S/L 4,660 0				1,528 1.044					
145 CLOSED CIRCUIT CAMERA SYSTEM (* 8/01/12) 12,447 12,447 5 MO S/L 12,447 0 146 FORKLIFT BATTERY 36 VOLT 9/16/14 5,400 5,400 5 MO S/L 5,400 0 147 LANDSCAPING - BEDS, BUSHES, ROSI 10/31/14 4,660 4,660 5 MO S/L 4,660 0	145 L 144 1	DELL ZIOCON LASEK EKINTEK FURBO-DRY HAND CLEANERS WHITE					5 MO S/L		
146 FORKLIFT BATTERY 36 VOLT 9/16/14 5,400 5,400 5 MO S/L 5,400 0 147 LANDSCAPING - BEDS, BUSHES, ROSI 10/31/14 4,660 4,660 5 MO S/L 4,660 0	145 (CLOSED CIRCUIT CAMERA SYSTEM (8/01/12	12,447		12,447	5 MO S/L	12,447	0
700	146 J	FORKLIFT BATTERY 36 VOLT		5,400					
140 LITHIEVS (S) 150-014 150 150 2 1			10/31/14				5 MO S/L		
	148)	LYMITERS (S)	17100174	1,00		770	2 1.,0 0.1	,,,	Ÿ

43-1062607

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
149 150 151 152	AWNINGS RECOVERED, INSTALLED DOUBLE TIER LYON LOCKERS (103) 2018 HINO 268A BOX TRUCK SECURITY DOORS & ENTRANCE PADS	7/28/15 12/28/15 7/20/17 3/31/18	2,980 10,790 87,575 4,806			2,980 10,790 87,575 4,806		2,980 5,395 42,745 1,888	0 1,079 12,511 687
153 155	VERTEX INTUITION SOFTWARE CAMERA SYSTEM	12/18/18 12/23/19	5,890 2,130		-	5,890 2,130	5 MO S/L 5 MO S/L	2,356 2,130 250,345	1,178
	Total Other Depreciation	_	415,022		-	413,632		358,345	15,455
	Total ACRS and Other Depreci	iation	415,022		=	413,632		358,345	15,455
	Grand Totals Less: Dispositions and Transfer Less: Start-up/Org Expense Net Grand Totals	rs =	428,652 0 0 428,652		-	427,262 0 0 427,262		358,725 0 0 358,725	16,585 0 0 16,585

Form 990	Тах	Tax Return History			2021
Name SOUTHEAST EI ASSEMBLY SPI	ENTERPRISES PACKAGING & SPECIALISTS, INC.			Employer Ic	Employer Identification Number 43-1062607
	2017 2018	2019	2020	2021	2000
Contributions, gifts, grants		34,291	110,929	592,303	77.7
Membership dues					
Program service revenue		1,771,868	1,501,963	2,225,354	
Capital gain or loss				J	
Investment income		25,673	13,371	9,766	
Fundraising revenue (income/loss)				4	
Gaming revenue (income/loss)					
Other revenue		I ~	6,359	649	
Total revenue		1,853,791		2,828,072	
Grants and similar amounts paid			4		
Benefits paid to or for members					
Compensation of officers, etc.		- 1		109,111	
Other compensation		1,424,304	1,542,748	1,655,165	
Professional fees		37,412	55,350	86,	
Occupancy costs			112,000	85,630	
Depreciation and depletion		19,973	16,134		
Other expenses			152,867	188,744	
Total expenses		_	1,879,099	2,142,153	
Excess or (Deficit)	A company of the same of the s	23,340	-246,477	! ∼	:
Total exempt revenue		1,853,791	1,632,622	2,828,072	
Total unrelated revenue					
Total excludable revenue		1,819,500	1,521,693	2,235,769	
Total Assets		୍ୟ		2,082,176	
Total Liabilities		68,067	308,985	77,189	
Net Fund Balances		1,565,546	1,319,069	2,004,987	

 43-1062607		Fede	ral State	ments			
		<u>Tax-Exempt</u>	t Interest o	n Investn	<u>nents</u>		
Description		 Amount	Unrelated I Business	Exclusion Code	Postal <i>F</i> Code	Acquired after 6/30/75	InState Muni (\$ or %)
TOTAL	\$_ \$_			14			

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		Fund Raising \$ \$ 0 0 \$	
	employee)	Management & General s 20,723 8,835 8,835 8 279 \$ \$ 279 \$ \$ 279 \$ \$ \$ 279 \$ \$ \$ 279 \$ \$ \$ \$ 279 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
tements	11g - Other Fees for Service (Non-employee)	Total Program Service Servic	
Federal Statements	IX, Line 11g - Other F		
43-1062607	Form 990, Part IX, Line	Description PAYROLL PROCESSING OTHER EMPLOYEE-OCCUPATIONAL THERAPY IN-KIND SERVICES TOTAL Description MISCELLANEOUS S TOTAL Form 990,	

43-1062607	Federal Statements	
	Schedule A, Part II, Line 1(e)	
PPP LOAN - FORGIVEN	Ā	
CONTRIBUTIONS FR	, 255 , 256 , 257	555, 250 29, 170 7, 663
TOTAL	\$ 592,303	303
	Schedule A, Part II, Line 8(e)	
	Description	لبو
TOTAL	(6 s	766 766
	Schedule A, Part II, Line 10(e)	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Description	
SOFT DRINK/RECYCLING TOTAL	W W	522 522
	Schedule A, Part II, Line 12 - Current year	
	Description	
GOV AGENCY CONTRACTS PRODUCTION INCOME MISCELLANEOUS TOTAL	\$ 1,242,502 982,852 127 \$ 2,225,481	502 852 127 481