

NOVAK BIRKS, P.C.
4435 MAIN ST STE 500
KANSAS CITY, MO 64111-1858

Southeast Enterprises Packaging &
Assembly Specialists, Inc.
Attention: Lauren Hall, CEO
P.O. Box 9473
Kansas City, MO 64133-0273



TAXPAYERS COPY
(Retain for your records)

**NOVAK BIRKS, P.C.
4435 MAIN ST STE 500
KANSAS CITY, MO 64111-1858
816-931-6111**

March 10, 2023

CONFIDENTIAL

Southeast Enterprises Packaging &
Assembly Specialists, Inc.
P.O. Box 9473
Kansas City, MO 64133-0273

Dear Lauren:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 12/31/22 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

NOVAK BIRKS, P.C.
4435 MAIN ST STE 500
KANSAS CITY, MO 64111-1858

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

If applicable, also enclosed is any material you furnished for use in preparing the returns. Nonetheless, if the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing

authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

NOVAK BIRKS, P.C.

A handwritten signature in blue ink, appearing to read 'WJ Miller', is positioned above the printed name.

William J. Miller, CPA

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

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

Net Asset / Fund Balance at Beginning of Year		<u>2,004,987</u>
Revenue		
Contributions	<u>38,050</u>	
Program service revenue	<u>2,372,462</u>	
Investment income	<u>4,756</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>522</u>	
Total revenue		<u>2,415,790</u>
Expenses		
Program services	<u>1,812,907</u>	
Management and general	<u>330,512</u>	
Fundraising	<u>84,079</u>	
Total expenses		<u>2,227,498</u>
Excess / (deficit)		<u>188,292</u>
Changes		<u>-1</u>
Net Asset / Fund Balance at End of Year		<u><u>2,193,278</u></u>

Reconciliation of Revenue

Total revenue per financial statements	<u>2,755,630</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u>339,840</u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u>2,415,790</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>2,567,339</u>
Less:	
Donated services	<u>339,840</u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u>1</u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u>2,227,498</u></u>

	Beginning	Ending	Differences
Assets	<u>2,082,176</u>	<u>2,268,110</u>	
Liabilities	<u>77,189</u>	<u>74,832</u>	
Net assets	<u><u>2,004,987</u></u>	<u><u>2,193,278</u></u>	<u>188,291</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/23
 Failure to file penalty _____

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022
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.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTHEAST ENTERPRISES PACKAGING & ASSEMBLY SPECIALISTS, INC.		D Employer identification number 43-1062607
	Doing business as		E Telephone number 816-353-2704
Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 9473		Room/suite	G Gross receipts \$ 2,415,790
City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY MO 64133-0273			
F Name and address of principal officer: LAUREN HALL 6701 BOOTH KANSAS CITY MO 64133			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.SOUTHEASTENTERPRISES.ORG			H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1975	M State of legal domicile: MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SOUTHEAST ENTERPRISES' MISSION IS PROVIDING MEANINGFUL EMPLOYMENT AND OPPORTUNITIES TO HELP ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES LIVE LIFE TO THE FULLEST.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	159
	6 Total number of volunteers (estimate if necessary)	6	2
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	592,303	38,050
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,225,354	2,372,462
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,766	4,756
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,828,072	2,415,790
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,764,276	1,867,757
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 84,079		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	377,877	359,741	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,142,153	2,227,498	
19 Revenue less expenses. Subtract line 18 from line 12	685,919	188,292	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,082,176	2,268,110
	22 Net assets or fund balances. Subtract line 21 from line 20	77,189	74,832
		2,004,987	2,193,278

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer LAUREN HALL		Date	
	Type or print name and title CEO			
Paid Preparer Use Only	Print/type preparer's name WILLIAM J. MILLER, CPA	Preparer's signature WILLIAM J. MILLER, CPA	Date 03/10/23	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P01604284
	Firm's name NOVAK BIRKS, P.C.		Firm's EIN 43-1122456	
	Firm's address 4435 MAIN ST STE 500 KANSAS CITY, MO 64111-1858		Phone no. 816-931-6111	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE MEANINGFUL EMPLOYMENT AND OPPORTUNITIES TO HELP ADULTS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES LIVE LIFE TO THE FULLEST BY PROUDLY BRIDGING COMMUNITY AND BUSINESS WITH PURPOSE AND PASSION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,812,907** including grants of \$) (Revenue \$ **2,372,462**)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,812,907**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		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?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part 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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	159		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	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			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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
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.		
	1a 10		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
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.		X
9			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	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			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
15a			
b	Other officers or key employees of the organization		X
15b			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

LAUREN HALL
KANSAS CITY
6701 BOOTH

MO 64133

816-353-2704

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAUREN HALL CEO	40.00 0.00			X				108,330	0	17,225
(2) ANDREA MORGAN BOARD PRESIDENT	4.00 0.00	X		X				0	0	0
(3) ROB SAUVE BOARD VICE PRESIDENT	4.00 0.00	X		X				0	0	0
(4) SHIRLEY WURTH BOARD SECRETARY	4.00 0.00	X		X				0	0	0
(5) JOE BEAUDET BOARD TREASURER	4.00 0.00	X		X				0	0	0
(6) MIMI BALDINGER BOARD MEMBER	2.00 0.00	X						0	0	0
(7) MARTHA PRESSER BOARD MEMBER	2.00 0.00	X						0	0	0
(8) JUDY MONING BOARD MEMBER	2.00 0.00	X						0	0	0
(9) LINDA HECK BOARD MEMBER	2.00 0.00	X						0	0	0
(10) WILBUR KNOLES BOARD MEMBER	2.00 0.00	X						0	0	0
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							108,330		17,225	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							108,330		17,225	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	38,050				
	g Noncash contributions included in lines 1a-1f	1g	\$ 16,960				
	h Total. Add lines 1a-1f		38,050				
Program Service Revenue			Business Code				
	2a GOV AGENCY CONTRACTS			1,246,603	1,246,603		
	b PRODUCTION INCOME			1,125,859	1,125,859		
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			2,372,462				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,756		4,756	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		b Less: cost or other basis and sales exps.	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	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							
Miscellaneous Revenue			Business Code				
	11a SOFT DRINK/RECYCLING		900099	522		522	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			522				
12 Total revenue. See instructions			2,415,790	2,372,462	0	5,278	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	125,555	12,556	94,165	18,834
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	1,449,664	1,375,129	38,456	36,079
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,216	6,094	1,006	116
9 Other employee benefits	163,912	134,428	21,965	7,519
10 Payroll taxes	121,410	107,551	9,696	4,163
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	29,238		29,238	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	49,497	16,960	32,537	
12 Advertising and promotion	17,473	3,180		14,293
13 Office expenses	37,649	15,232	21,578	839
14 Information technology				
15 Royalties				
16 Occupancy	63,092	56,115	6,977	
17 Travel	4,210	62	1,912	2,236
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,794	20,679	115	
23 Insurance	17,265	1,526	15,739	
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.)				
a MAINTENANCE AND REPAIRS	64,959	13,738	51,221	
b PRODUCTION EXPENSES	36,824	36,824		
c PROGRAM SPECIFIC EXPENSES	18,693	12,833	5,860	
d MISCELLANEOUS	47		47	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,227,498	1,812,907	330,512	84,079
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	287,058	1	386,965
	2	Savings and temporary cash investments	1,455,902	2	1,460,695
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	263,399	4	303,554
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	22,374	9	28,740
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	484,156	10a	
	b	Less: accumulated depreciation	396,100	10b	
			53,343	10c	88,056
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	100	15	100	
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,082,176	16	2,268,110	
Liabilities	17	Accounts payable and accrued expenses	77,189	17	74,832
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	77,189	26	74,832
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,004,987	27	2,193,278
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	2,004,987	32	2,193,278	
33	Total liabilities and net assets/fund balances	2,082,176	33	2,268,110	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,415,790
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,227,498
3	Revenue less expenses. Subtract line 2 from line 1	3	188,292
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,004,987
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,193,278

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization SOUTHEAST ENTERPRISES PACKAGING & ASSEMBLY SPECIALISTS, INC.	Employer identification number 43-1062607
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,785	34,291	110,929	592,303	38,050	811,358
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	339,840	339,840	339,840	339,840	339,840	1,699,200
4 Total. Add lines 1 through 3	375,625	374,131	450,769	932,143	377,890	2,510,558
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						2,510,558

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	375,625	374,131	450,769	932,143	377,890	2,510,558
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,366	25,673	13,371	9,766	4,756	70,932
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.)	19,259	11,293	4,994	522	522	36,590
11 Total support. Add lines 7 through 10						2,618,080
12 Gross receipts from related activities, etc. (see instructions)					12	7,883,805

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	95.89%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	94.17%
16a 33 1/3% support test—2022. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Row 11a: A person who directly or indirectly controls... Row 11b: A family member... Row 11c: A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 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... Row 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...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year... Row 2: Activities Test. Answer lines 2a and 2b below. Row 2a: Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? Row 2b: Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Row 3a: 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? Row 3b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 36,068

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

2022

Open to Public Inspection

Name of the organization

SOUTHEAST ENTERPRISES PACKAGING & ASSEMBLY SPECIALISTS, INC.

Employer identification number

43-1062607

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 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. 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, (ii) Assets included in Form 990, Part X. 2 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, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment
 - b Permanent endowment
 - c Term endowment
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations
 - (ii) Related organizations
- | | Yes | No |
|--|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		77,241	51,397	25,844
c Leasehold improvements				
d Equipment		406,915	344,703	62,212
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				88,056

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,755,630
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	339,840	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	339,840
3	Subtract line 2e from line 1		3	2,415,790
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,415,790

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,567,339
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	339,840	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1	
e	Add lines 2a through 2d		2e	339,841
3	Subtract line 2e from line 1		3	2,227,498
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,227,498

Part XIII Supplemental Information.

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

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

ROUNDING

\$ 1

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2022

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

THE MISSION OF SOUTHEAST ENTERPRISES (SE) PROVIDES MEANINGFUL EMPLOYMENT
AND OPPORTUNITIES TO HELP ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES LIVE LIFE TO THE FULLEST. SOUTHEAST ENTERPRISES IS A SOCIAL
ENTERPRISE THAT SERVED 134 INDIVIDUALS IN 2022 ASSISTED BY 17 STAFF AND
SUPPORT PERSONNEL. INDIVIDUALS TOOK PRIDE IN CLOCKING A TOTAL OF 85,961
PRODUCTIVE HOURS AND PRODUCED 7,165,555 VARIOUS ITEMS AND PRODUCTS FOR
WELL-KNOWN CUSTOMERS IN THE HUMAN, ANIMAL, AND SAFETY SECTORS. IT'S FAIR TO
SAY THESE INDIVIDUALS HAD A SIGNIFICANT IMPACT ON THEIR COMMUNITY AND
MISSOURI'S ECONOMY. TOTAL CONTRACTUAL BUSINESS WAS VALUED AT \$1,125,000 AND
WAGES WERE \$817,185. INDIVIDUALS SERVED WERE 96.3% SATISFIED, OR HIGHLY
SATISFIED WITH THE WORK THEY WERE ENGAGED IN ANNUALLY. THEY RATED THEIR
PHYSICAL SAFETY 3.6 OUT OF A 4-POINT SCALE AND THEIR EMOTIONAL SAFETY 3.8
OR OF A 4-POINT SCALE. 96.3% OF PERSONS FELT SUPPORTED IN ATTAINING OR
MEETING THEIR GOALS AND/OR INTEREST. SE OFFERS TEN (10) PAID HOLIDAYS,
INCLUDING DR. MARTIN LUTHER KING, JR. DAY AND JUNETEENTH TO RESPOND TO OUR
DIVERSE AND INCLUSIVE CULTURE. WHILE SE TRAINS AND PREPARES INDIVIDUALS
WITH JOB SKILLS, CONFIDENCE TO BE MORE SELF-DETERMINED, RESPONSIBILITIES
AND SOCIALIZATION, MANY FIND FULFILLMENT IN A VARIETY OF LEADERSHIP ROLES
WITHIN THE ORGANIZATION AND CORE PACKAGING AND ASSEMBLY ENTERPRISE. THE
ASSOCIATES ON THE MOVE PROGRAM ALSO GIVES INDIVIDUALS AN OPPORTUNITY TO

Name of the organization

SOUTHEAST ENTERPRISES PACKAGING &

Employer identification number

43-1062607

EXPLORE WORKING IN THE COMMUNITY AT CUSTOMER SITES FOR MINIMUM WAGE. SMALL TEAMS WITH KNOWN CO-WORKERS IS DESIGNED TO DEVELOP PROFESSIONAL SKILLS AND SPECIFIC SKILL SETS TO HELP PERSONS DISCOVER POTENTIAL CAREER GOALS. THIS YEAR 7% TOOK ADVANTAGE OF THIS PROGRAM, 2 INDIVIDUALS ARE PREPARING TO TRANSITION TO EMPLOYMENT WITH THE CUSTOMERS WHOSE SITES THEY WORKED AT, AND SE HELPED TRAIN CUSTOMERS TO WORK WITH NEURODIVERSE LEARNERS. UNDERSTANDING MONEY, COUNT CURRENCY, AND UNDERSTAND BUDGETING ALSO BECAME A LEARNING FOCUS. 29% OF INDIVIDUALS WHO TRANSITIONED FROM SE WERE PREPARED FOR COMPETITIVE COMMUNITY EMPLOYMENT. IN ADDITION, SE CONTINUED TO SUPPORT 33% OF INDIVIDUALS WHO MAY HAVE ONLY LEARNED ONE JOB SKILL THIS YEAR OR ARE TRYING TO ADAPT AND LEARN WHAT A JOB IS FOR THE FIRST TIME.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS REVIEWED BY THE CEO AND THE EXECUTIVE COMMITTEE PRIOR TO FILING. A COPY IS MADE AVAILABLE TO THE BOARD AND IS POSTED ON THE WEBSITE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY BY REVIEWING THE POLICY AND NOT ALLOWING ANY PERSON WITH A CONFLICT OF INTEREST TO VOTE ON THE RELATED BUSINESS MATTERS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVILABLE ON OUR WEBSITE AND ALSO MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

Employer identification number

SOUTHEAST ENTERPRISES PACKAGING &

43-1062607

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

ROUNDING

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-1

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return: SOUTHEAST ENTERPRISES PACKAGING & ASSEMBLY SPECIALISTS, INC. Identifying number: 43-1062607

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I. Line 1: 1,080,000; Line 3: 2,700,000; Line 13: 19,661.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Line 16: 19,661.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Line 17: 1,129.

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental property, and Nonresidential real property.

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 12-year, 30-year, and 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 22: 20,790.

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
154	LANDSCAPING	10/31/19	7,000			7,000	15 HY S/L	684	466
156	ACOUSTIC PADS	11/19/19	3,315			3,315	10 HY S/L	427	332
157	ACCOUSTICAL PANELS	3/13/20	3,315			3,315	10 HY S/L	399	331
			<u>13,630</u>			<u>13,630</u>		<u>1,510</u>	<u>1,129</u>
Other Depreciation:									
2	HEAT SEALER	3/03/80	246			246	7 MO S/L	246	0
5	TABLE SAW	4/15/82	200			200	5 MO S/L	200	0
6	RECORD SAFE	4/15/82	550			550	5 MO S/L	550	0
7	RECORD SAFE	4/01/82	326			326	5 MO S/L	326	0
8	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	268			268	7 MO S/L	268	0
10	HOSPITAL BED	9/15/81	405			405	5 MO S/L	405	0
11	WORK STOOL	2/15/81	385			385	5 MO S/L	385	0
12	PALLET RACKS	11/15/83	1,460			1,460	5 MO S/L	1,460	0
13	BANCLER SEALES	4/15/84	270			270	5 MO S/L	270	0
14	2 DESK 2 CHAIRS 2 FILE	12/08/82	1,000			1,000	5 MO S/L	1,000	0
15	15 STOOLS 3 DESK 6 CHAIRS	11/04/83	2,210			2,210	5 MO S/L	2,210	0
16	BAR HEAT SEALER	11/15/84	309			309	5 MO S/L	309	0
17	COUNTER SCALE	10/15/85	1,156			1,156	5 MO S/L	1,156	0
18	AIR COMPRESSOR	2/15/85	495			495	5 MO S/L	495	0
19	REWIRE SHRINK MACHINE	3/15/85	203			203	5 MO S/L	203	0
20	COUNTING SCALE	11/15/86	1,147			1,147	5 MO S/L	1,147	0
23	EQUIPMENT	3/15/87	3,010			3,010	5 MO S/L	3,010	0
24	EQUIPMENT BENCHES	4/15/87	1,691			1,691	5 MO S/L	1,691	0
25	FOLDING TABLE	5/15/87	222			222	5 MO S/L	222	0
26	CABINET	10/15/87	459			459	5 MO S/L	459	0
27	PKG EQUIP	1/06/88	2,051			2,051	5 MO S/L	2,051	0
28	TWO ELECTRIC SCALES	4/15/88	2,316			2,316	5 MO S/L	2,316	0
29	HEAT SEALER	8/15/88	451			451	5 MO S/L	451	0
30	EQUIPMENT	12/31/88	1,109			1,109	5 MO S/L	1,109	0
31	SCALE	4/03/89	978			978	5 MO S/L	978	0
32	TABLE	5/01/89	680			680	5 MO S/L	680	0
33	TAPE MACHINE	7/01/89	400			400	5 MO S/L	400	0
34	STAR SIGNS	2/06/96	899			899	5 MO S/L	899	0
35	BENCHES	6/15/96	6,684			6,684	5 MO S/L	6,684	0
37	HEAT SEALER	11/01/89	125			125	5 MO S/L	125	0
38	TAPE MACHINE	5/07/90	751			751	5 MO S/L	751	0
39	TABLE	10/12/90	400			400	5 MO S/L	400	0
40	TAPE MACHINE	10/12/90	475			475	5 MO S/L	475	0
41	SCALE	12/18/90	928			928	5 MO S/L	928	0
42	2 TAPE MACHINES	2/28/91	1,410			1,410	5 MO S/L	1,410	0
43	3 STORAGE CABINETS	2/28/91	684			684	5 MO S/L	684	0
44	ABBOT SCALE	2/28/91	1,916			1,916	5 MO S/L	1,916	0
45	ABBOT SCALE	8/28/91	1,010			1,010	5 MO S/L	1,010	0
46	AT&T/SPEAKERS/WIRING/INSTALLAT	3/06/91	2,305			2,305	5 MO S/L	2,305	0
47	TAPE MACHINE	7/09/91	685			685	5 MO S/L	685	0
48	2 TAPE DISPENSERS	11/22/91	1,458			1,458	5 MO S/L	1,458	0
49	TAPE DISPENSER	5/06/92	687			687	5 MO S/L	687	0
50	ABBOT SCALE	5/15/92	963			963	5 MO S/L	963	0
51	DIGITAL SCALE	11/11/94	647			647	5 MO S/L	647	0
52	SHRINK WRAP EQUIP	4/30/95	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	1,399	0
54	PENNSYLVANIA SCALE	5/15/95	733			733	5 MO S/L	733	0
55	ELE TAPE MACHINE	12/15/95	805			805	5 MO S/L	805	0
56	PALLET JACK	12/30/95	3,598			3,598	5 MO S/L	3,598	0
57	WORK BENCHES	3/31/96	2,032			2,032	5 MO S/L	2,032	0
58	AUTO BAG & KIT	3/31/96	808			808	5 MO S/L	808	0
59	3 ELE TAPE MACHINE	6/03/96	2,101			2,101	5 MO S/L	2,101	0
60	AUTOBAG MACH SEALER	9/30/96	714			714	5 MO S/L	714	0
61	L-BAR	11/13/96	1,700			1,700	5 MO S/L	1,700	0
62	HAND PALLET JACK	9/09/97	450			450	5 MO S/L	450	0
63	ELEC PALLET JACK	9/16/97	3,270			3,270	5 MO S/L	3,270	0
64	YALE HAND TRUCK	12/07/98	3,202			3,202	5 MO S/L	3,202	0
65	PACKAGING MACHINE	12/12/98	550			550	5 MO S/L	550	0
66	TAPE MACHINE	12/18/98	597			597	5 MO S/L	597	0
67	SHRINK SYSTEM	12/28/98	3,958			3,958	5 MO S/L	3,958	0
68	BANDER	6/08/99	1,793			1,793	5 MO S/L	1,793	0

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis 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	0
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	325				325	5	MO S/L	325	0
105	CARPENTRY	7/01/87	650				650	5	MO S/L	650	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	1,590	0
108	THERMOSTATS	6/13/91	600				600	5	MO S/L	600	0
109	PATIO	12/18/95	1,860				1,860	5	MO S/L	1,860	0
110	AWNING	4/29/99	5,865				5,865	5	MO S/L	5,865	0
111	ELEC BANDER	11/28/00	1,146				1,146	5	MO S/L	1,146	0
112	ELEC PALLET JACK	11/30/00	3,250				3,250	5	MO S/L	3,250	0
113	PHOTO COPIER	12/27/00	629				629	5	MO S/L	629	0
114	ELEC BANDING MACHINE	12/29/00	1,146				1,146	5	MO S/L	1,146	0
116	MISC EQUIP	12/15/01	1,125				1,125	5	MO S/L	1,125	0
117	BAGGER	4/21/03	2,900				2,900	5	MO S/L	2,900	0
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
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	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 INSTAJ	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, ROSE	10/31/14	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

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
149	AWNINGS RECOVERED, INSTALLED	7/28/15	2,980		2,980	5 MO S/L	2,980	0
150	DOUBLE TIER LYON LOCKERS (103)	12/28/15	10,790		10,790	10 MO S/L	6,474	1,079
151	2018 HINO 268A BOX TRUCK	7/20/17	87,575		87,575	7 MO S/L	55,256	12,510
152	SECURITY DOORS & ENTRANCE PAD	3/31/18	4,806		4,806	7 MO S/L	2,575	686
153	VERTEX INTUITION SOFTWARE	12/18/18	5,890		5,890	5 MO S/L	3,534	1,178
155	CAMERA SYSTEM	12/23/19	2,130		2,130	5 MO S/L	2,130	0
158	5 Scales - Dual Channel Counting	3/02/22	2,370		2,370	5 MO S/L	0	395
159	7 SCALES - INTELLIGENT PSCii-AB-75	5/02/22	4,997		4,997	5 MO S/L	0	666
160	TABLES & CHAIRS - ZOETIS	7/01/22	20,000		20,000	10 MO S/L	0	1,000
161	MICROSOFT SURFACE PRO 8 (5 EACH)	8/12/22	5,946		5,946	5 MO S/L	0	495
162	MICROSOFT SURFACE PRO 8 (5 EACH)	8/12/22	5,946		5,946	5 MO S/L	0	495
163	SHRINK WRAP MACHINE - 15X22IN SE	11/29/22	5,105		5,105	5 MO S/L	0	85
164	NEW WAREHOUSE SIGNAGE	4/26/22	4,946		4,946	5 MO S/L	0	659
165	BREAKROOM AV SYSTEM - EP	8/29/22	3,301		3,301	5 MO S/L	0	220
166	EMPLOYEE BREAKROOM AV SYSTEM	8/29/22	2,897		2,897	5 MO S/L	0	193
Total Other Depreciation			470,530		469,140		373,800	19,661
Total ACRS and Other Depreciation			470,530		469,140		373,800	19,661
Grand Totals			484,160		482,770		375,310	20,790
Less: Dispositions and Transfers			0		0		0	0
Less: Start-up/Org Expense			0		0		0	0
Net Grand Totals			484,160		482,770		375,310	20,790

Form 990

Tax Return History

2022

Name SOUTHEAST ENTERPRISES PACKAGING & ASSEMBLY SPECIALISTS, INC. Employer Identification Number 43-1062607

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants		34,291	110,929	592,303	38,050	
Membership dues						
Program service revenue		1,771,868	1,501,963	2,225,354	2,372,462	
Capital gain or loss						
Investment income		25,673	13,371	9,766	4,756	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		21,959	6,359	649	522	
Total revenue		1,853,791	1,632,622	2,828,072	2,415,790	
Grants and similar amounts paid						
Benefits paid to or for members		83,360		109,111	125,555	
Compensation of officers, etc.		1,424,304	1,542,748	1,655,165	1,742,202	
Other compensation		37,412	55,350	86,918	78,735	
Professional fees		100,828	112,000	85,630	63,092	
Occupancy costs		19,973	16,134	16,585	20,794	
Depreciation and depletion		164,574	152,867	188,744	197,120	
Other expenses		1,830,451	1,879,099	2,142,153	2,227,498	
Total expenses		23,340	-246,477	685,919	188,292	
Excess or (Deficit)						
Total exempt revenue		1,853,791	1,632,622	2,828,072	2,415,790	
Total unrelated revenue						
Total excludable revenue		1,819,500	1,521,693	2,235,769	2,377,740	
Total Assets		1,633,613	1,628,054	2,082,176	2,268,110	
Total Liabilities		68,067	308,985	77,189	74,832	
Net Fund Balances		1,565,546	1,319,069	2,004,987	2,193,278	

Tax-Exempt Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
	\$ <u>4,756</u>			14		
TOTAL	\$ <u><u>4,756</u></u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL PROCESSING	\$ 21,111	\$	\$ 21,111	\$
OTHER	11,426		11,426	
IN-KIND SERVICES	16,960	16,960		
TOTAL	\$ 49,497	\$ 16,960	\$ 32,537	\$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
CONTRIBUTIONS	\$ 33,516
FR	4,534
TOTAL	<u>\$ 38,050</u>

Schedule A, Part II, Line 8(e)

Description	Amount
TOTAL	\$ 4,756
	<u>\$ 4,756</u>

Schedule A, Part II, Line 10(e)

Description	Amount
SOFT DRINK/RECYCLING	\$ 522
TOTAL	<u>\$ 522</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
GOV AGENCY CONTRACTS	\$ 1,246,603
PRODUCTION INCOME	1,125,859
TOTAL	<u>\$ 2,372,462</u>