** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2022	•
Open to Public Inspection	

АГ	OI LITE	2022 calendar year, or tax year beginning 001 1	, 2022 and	enaing 0	ON 30, 2023	
B c	heck if	C Name of organization			D Employer identifi	cation number
	Addres		CT, INC.			
	Name change	Doing business as			20-30512	79
	Initial return	Number and street (or P.O. box if mail is not delivered to	street address)	Room/suite	E Telephone numbe	
]Final return/	9915 BUSINESS PARK AVE.		A	858-695-	
	termin ated	City or town, state or province, country, and ZIP or fo	reign postal code		G Gross receipts \$	4,353,866.
	Ameno return	DAN DIEGO, CA 92131			H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: I ON I I II.	RAVAINEN		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No
ΙT	ax-exe		rt no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsit				H(c) Group exemptio	n number
		organization: X Corporation Trust Association	Other	L Year	of formation: 2005 N	A State of legal domicile: CA
Pa	art I	Summary				
е	1	Briefly describe the organization's mission or most significa	ant activities: THE	MISSIC	N OF SUPPOR	T THE
S C	.	ENLISTED PROJECT, INC., (STEP) IS TO ASS	IST JU	NIOR ACTIVE	DUTY
ž	2	Check this box if the organization discontinued i	ts operations or dispo	sed of more	than 25% of its net as	ssets.
ŏ	3	Number of voting members of the governing body (Part VI,	line 1a)		3	14
α Ω	4	Number of independent voting members of the governing b	oody (Part VI, line 1b)		4	14
es	5	Total number of individuals employed in calendar year 202	2 (Part V, line 2a)		5	21
ΣĦ	6	Total number of volunteers (estimate if necessary)			6	939
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C)	, line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, P	art I, line 11			0.
					Prior Year	Current Year
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)			2,548,595.	4,284,538.
enc	9	Program service revenue (Part VIII, line 2g)			0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-79.	20,445.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d	c, and 11e)		130,484.	8,154.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII	, column (A), line 12)		2,679,000.	4,313,137.
	13	Grants and similar amounts paid (Part IX, column (A), lines	1-3)		955,733.	1,421,722.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, o	column (A), lines 5-10)		954,905.	1,195,737.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, o Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		. <u></u>	0.	0.
ž						
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e			587,291.	647,565.
	18	Total expenses. Add lines 13-17 (must equal Part IX, colum	n (A), line 25)		2,497,929.	3,265,024.
		Revenue less expenses. Subtract line 18 from line 12			181,071.	1,048,113.
s or				Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			1,459,918.	2,798,660.
nd As	21	Total liabilities (Part X, line 26)			172,397.	443,371.
		Net assets or fund balances. Subtract line 21 from line 20			1,287,521.	2,355,289.
	ırt II	Signature Block				
		Ities of perjury, I declare that I have examined this return, including				y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is base	d on all information of w	hich preparer	has any knowledge.	
		Signature of officer			 Date	
Sign		-	^		Date	
Her	е	TONY TERAVAINEN, PRESIDENT/CE Type or print name and title	0			
		<u> </u>		П	Date Check	II PTIN
Da!		Print/Type preparer's name Preparer RICHARD HOTZ	's signature		Ollock	
Paid				<u> </u>	01/18/24 if self-employ	5-2694444
-	Only		IVE, SUITE	250	Firm's EIN 9	J-4074444
use	Only	Firm's address 8989 RIO SAN DIEGO DR SAN DIEGO, CA 92108-1		<u> </u>	Dhana na 61	9.231.1977
	. 41 25				Phone no. 6 1	
May	tne II	RS discuss this return with the preparer shown above? See	instructions			X Yes No

Pai	rt 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: SUPPORT THE ENLISTED PROJECT, INC., (STEP) IS TO ASSIST JUNIOR ACTIVE
	DUTY ENLISTED MEMBERS AND RECENTLY DISCHARGED ENLISTED VETERANS, AND
	THEIR FAMILIES, FACING FINANCIAL CRISIS ACHIEVE LONG TERM FINANCIAL
	SELF-SUFFICIENCY THROUGH COUNSELING, EDUCATION AND GRANTS TO ALLEVIATE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
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 \$ 2,673,066. including grants of \$ 1,421,722.) (Revenue \$) STEP PROVIDES INDIVIDUALIZED FINANCIAL COUNSELING, EMERGENCY FINANCIAL GRANTS AND MORALE PROGRAM ASSISTANCE TO ACTIVE DUTY AND RECENTLY
	DISCHARGED ENLISTED MILITARY PERSONNEL AND THEIR FAMILIES. EMERGENCY
	FINANCIAL ASSISTANCE INCLUDES: AUTO PAYMENTS AND INSURANCE; AUTO
	REPAIR; CRITICAL BABY ITEMS; EMERGENCY DENTAL CARE; EMERGENCY CHILDCARE
	AND IN-HOME HEALTH CARE; EMERGENCY FOOD; EMERGENCY TRAVEL; ESSENTIAL
	HOME ITEMS: RENT AND MORTGAGE, UTILITIES, VISION CARE; AND OTHER
	CRUCIAL EMERGENCY FINANCIAL SERVICES. MORALE PROGRAMS INCLUDE:
	FINANCIAL PLANNING SEMINARS/CLASSES, HOLIDAY PROGRAMS, WOUNDED WARRIOR
	CAREGIVER RESPITE PROGRAMS, AND THE DISTRIBUTION OF IN-KIND GOODS AND
	SERVICES.
	SERVICES.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,673,066.
	Form 990 (2022)

SUPPORT THE ENLISTED PROJECT, INC.

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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ا ۔۔
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			\ _{3,7}
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D 11/1	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ا		₩
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20~	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		_ <u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	got of the original or			

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Par	t IV Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes X	No
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</i> "Yes," <i>complete Schedule J</i>	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051-		х
	Schedule L, Part I	25b		<u>^</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
ZI	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
28				
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		200		Х
.	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		12
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	200		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>^</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37 38	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</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		Х
	Sia the organization complete confedence and provide explanations on confedence from the try, into a rib and 19:	1	1	1

Note: All Form 990 filers are required to complete Schedule O 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	1a	2			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ıble gaming			
	(gambling) winnings to prize winners?			10	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	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).			37
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		Х
_	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			x
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6 h		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	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		Х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
C	to file Form 8282?	7c		х
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	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.	ISa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

232005 12-13-22

Form **990** (2022)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
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)	3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	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			
	TONY TERAVAINEN - 858-695-6810	_		
	9915 BUSINESS PARK AVE., NO. A, SAN DIEGO, CA 92131			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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		orga T	aniza			npe	nsat			(=)
(A)	(B))) Pos	C) ition	,		(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	offi	, unie cer an	ss pe ıd a d	rson irecto	is bot or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee			en sat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altrus	ınal tr		loyee	comp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) ANTHONY TERAVAINEN	line) 40.00	Ĕ	Ë	5	જ	主旨	요			
CEO/PRESIDENT	40.00	1		х				163,216.	0.	0.
(2) LISA R. CULVER	40.00							200,2200		
DIRECTOR OF PHILANTHROPY		1				Х		118,731.	0.	0.
(3) KATHI BRADSHAW	40.00									
VICE PRESIDENT						Х		113,215.	0.	0.
(4) BILL BOGGS	1.00									
CHAIR		Х		Х				0.	0.	0.
(5) DAVID SCHNELL	1.00							_	_	_
VICE CHAIR		Х		Х				0.	0.	0.
(6) DEVIE GATICA	1.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(7) WESSAL KHADER	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(8) TERRY MAGEE	2.00									
DIRECTOR		Х						0.	0.	0.
(9) DEBORAH LOEFFLER	1.00			l						
SECRETARY		Х		Х				0.	0.	0.
(10) CURT JONES	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(11) MIKE EVANS	1.00	١						0		•
DIRECTOR	1 00	Х						0.	0.	0.
(12) JENNI NESBITT	1.00	٠,						_		0
DIRECTOR	1 00	Х						0.	0.	0.
(13) JOHN FARNAM	1.00	₩.						_		0
DIRECTOR	1.00	Х						0.	0.	0.
(14) TOM EGAN	1.00	X						0.	0.	0.
OIRECTOR (15) JAMES CARMODY	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(16) RICK BENITO	1.00	 ^ `						•	0.	•
DIRECTOR	1.00	X						0.	0.	0.
(17) BRIAN EPPERSON	1.00	+						•		
DIRECTOR		x						0.	0.	0.
	1		1			1				

232007 12-13-22

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Part	VII Section A. Officers, Directors, Trus		ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck	ntior more	1 than	one	Reportable	Reportable		Es	timate	d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			ount o	of
		week		oci ai	iu a u	6010	Jiraus	,,,,,,	from	from related			other	
		(list any hours for	irecto						the	organization			pensa	
		related	or d	88			sated		organization (W-2/1099-MISC/	(W-2/1099-MI 1099-NEC)			om the anizati	
		organizations	rustee	l trus		ee	nben		1099-NEC)	1099-1120)	' I	_	d relate	
		below	dualt	ıtiona		nploy	st co I	<u>~</u>	10001120)				nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	P. M.						
			<u> </u>											
			_											
			L											
			\vdash											
			-											
			L						205 160					
1b 5	Subtotal								395,162.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								395,162.		0.			0.
	Total number of individuals (including but n	ot limited to th	ıose	liste	ed a	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	ıle			2
	compensation from the organization		—								—	1	Yes	3 No
3 [Did the organization list any former officer,	director, trust	ee. I	kev e	ame	love	e. o	r hic	ahest compensated emp	olovee on	Ī		103	140
	ine 1a? If "Yes," complete Schedule J for s			•		•		_		•		3		X
	or any individual listed on line 1a, is the su													
a	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual			4	Х	
	Did any person listed on line 1a receive or a	· · · · · · · · · · · · · · · · · · ·				-			-	idual for services	3			
	endered to the organization? If "Yes," com on B. Independent Contractors	plete Schedul	e J f	for s	uch	pers	son .					5		<u> </u>
	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
t	he organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir T		year.			••	
	(A) Name and business	address	N	ис	Ξ				(B) Description of s	ervices	С	Omper		ı
								\dashv						
	Total number of independent contractors (i		ot li	mite	d to	tho	se li:	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	∠ali∪i l											200	

Form **990** (2022)

Га	rt V	ш			·			
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	-	_	Federated campaigns 1a					000000000000000000000000000000000000000
ant			Federated campaigns 1a Membership dues 1b					
ي ۾ ق			Fundraising events 1c	59,240.				
ifts ar A			Related organizations 1d	33 / 2 10 0				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e	27,000.				
Sig			All other contributions, gifts, grants, and					
her		•		198,298.				
헃		a		163,988.				
Cor		_	Total. Add lines 1a-1f		4,284,538.			
_			Total Mad Miles Ta Ti	Business Code	, , , , , , ,			
ø	2	а						
Program Service Revenue		b						
Ser		c						
an		d						
ogr R		e						
P			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter-					
			other similar amounts)		18,350.			18,350.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 28.	2,067.				
_		b	Less: cost or other basis	_				
une			and sales expenses 7b 0.					
Revenue			Gain or (loss) 7c 28.					
			Net gain or (loss)		2,095.			2,095.
ther	8	а	Gross income from fundraising events (not					
퉏			including \$ 59 , 240 . of					
			contributions reported on line 1c). See	40.000				
			Part IV, line 188a					
			Less: direct expenses 8b	40,729.	0 1 5 4			0 15/
			Net income or (loss) from fundraising events	T	8,154.			8,154.
	9	а	Gross income from gaming activities. See					
		Ŀ	Part IV, line 19 9a					
			Less: direct expenses 9b					
				T				
	Ю	а	Gross sales of inventory, less returns					
		h	and allowances 10a Less: cost of goods sold 10b	+				
				•				
_		<u> </u>	Net income or (loss) from sales of inventory	Business Code				
snc	11	a		Zucilicos Gode				
nne		a b						
Miscellaneous Revenue		C						
<u> </u> 86			All other revenue					
2			Total. Add lines 11a-11d					
	12	-	Total revenue. See instructions		4,313,137.	0.	0.	28,599.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 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	1 421 722	1 421 722		
_	individuals. See Part IV, line 22	1,421,722.	1,421,722.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
3	trustees, and key employees	153,615.	101,386.	19,970.	32,259
6	Compensation not included above to disqualified	133,0131	101/3001	2373700	32,233
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,016,131.	670,646.	132,097.	213,388
8	Pension plan accruals and contributions (include	, , .		,	
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	24,762.	16,343.	3,219.	5,200
10	Payroll taxes	1,229.	811.	160.	258
1	Fees for services (nonemployees):	-			
а	Management				
	Legal				
	Accounting				
	Lobbying				
е					
f	Investment management fees	1,032.		1,032.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	132,478.	72,172.	16,620.	43,686
12	Advertising and promotion	26,893.	18,786.	2,899.	5,208
13	Office expenses				
14	Information technology	40,134.	30,101.	6,018.	4,015
15	Royalties	1.50	4.04.4.		
16	Occupancy	160,346.	121,473.	23,324.	15,549
17	Travel	51,565.	38,907.	7,565.	5,093
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20.025	15 000		45 004
19	Conferences, conventions, and meetings	30,035.	15,028.	6.	15,001
20	Interest				
21	Payments to affiliates	20 740	10 (20	2 066	C 245
22	Depreciation, depletion, and amortization	29,740.	19,629.	3,866.	6,245
23	Insurance	28,198.	21,837.	4,230.	2,131
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.)				
а	CUDDITE C	80,321.	73,240.	6,801.	280
b	PRINTING, COPYING, AND	28,453.	22,127.	3,796.	2,530
С	EQUIPMENT RENTAL AND RE	15,801.	11,833.	2,350.	1,618
d	EMPLOYEE DEVELOPMENT	9,371.	7,028.	1,406.	937
е	All other expenses	13,198.	9,997.	1,921.	1,280
25	Total functional expenses. Add lines 1 through 24e	3,265,024.	2,673,066.	237,280.	354,678
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

Pa	LA	Dalance Sheet					
		Check if Schedule O contains a response or	note to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			58,799.	1	476,769.
	2	Savings and temporary cash investments			1,042,193.	2	930,795.
	3	Pledges and grants receivable, net			78,500.	3	821,683.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial con	ntributor, or 35%			
		controlled entity or family member of any of t	hese persons	s		5	
	6	Loans and other receivables from other disqu	alified perso	ns (as defined			
		under section 4958(f)(1)), and persons descri	bed in sectio	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	1,408.	8	450.		
Ä	9	Prepaid expenses and deferred charges			3,552.	9	4,808.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		198,973.			
	b	Less: accumulated depreciation	10b	126,455.	81,236.	10c	72,518.
	11	Investments - publicly traded securities			85,071.	11	91,678.
	12	Investments - other securities. See Part IV, lir		97,866.	12	104,658.	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets	11 000	14			
	15	Other assets. See Part IV, line 11		11,293.	15	295,301.	
	16	Total assets. Add lines 1 through 15 (must e		1,459,918.	16	2,798,660.	
	17	Accounts payable and accrued expenses		·····	172,397.	17	154,513.
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
-ja		controlled entity or family member of any of t				22	
	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela		_		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). C	complete Part X	0.		200 050
		of Schedule D			172,397.		288,858. 443,371.
	26	Total liabilities. Add lines 17 through 25		X	112,331.	26	443,3/1.
es		Organizations that follow FASB ASC 958, o	песк пеге	<u> </u>			
SI C	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			1,211,276.	27	836,128.
3al	28	Net assets with donor restrictions			76,245.	28	1,519,161.
<u>B</u>	20	Organizations that do not follow FASB ASC			70,243.	20	1,313,101.
Ξ			, 956, CHECK	There			
Net Assets or Fund Balances	29	and complete lines 29 through 33. Capital stock or trust principal, or current fun	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated		_		31	
let,	32	Total net assets or fund balances			1,287,521.	32	2,355,289.
Z	33	Total liabilities and net assets/fund balances			1,459,918.	33	2,798,660.
	00	Total habilities and het assets/fully palatices			_,,	55	Form 990 (2022

Pa	rt 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		4,31		
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,26		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,04		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,28		
5	Net unrealized gains (losses) on investments	5		1	9,6	55.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		2,35	5,2	89.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	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?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SUPPORT THE ENLISTED PROJECT, INC.

Employer identification number 20-3051279

Pa	rt I	Reason for Public (Charity Status.	All organizations must o	omplete th	nis part.) S	ee instructions.								
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)									
1		A church, convention of ch													
2		A school described in secti				` ^									
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).								
4		A medical research organiz						the hospital's name							
		city, and state:	анон ороналов и со-	njanionon mini a moopina				,,							
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in							
5		section 170(b)(1)(A)(iv). (C		inege of drillversity owner	а ог орста	ica by a g	overnmental and accord	oca III							
6			· · · · ·	aantal unit daaarihad in	coetion 17	70/6//4//4/	(v)								
6	X	A federal, state, or local gov						nublic described in							
′	21	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	Н	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college													
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.														
				(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.							
		See section 509(a)(2). (Cor	. ,												
11	Н	An organization organized a	· ·	•	-										
12		An organization organized a	•	•	•		•								
		more publicly supported or						check the box on							
		lines 12a through 12d that	• •			-									
а		Type I. A supporting orga	· ·		•	•									
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting							
		organization. You must c													
b			•					-							
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported							
		organization(s). You mus	t complete Part IV,	Sections A and C.											
С							• •	ed with,							
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.								
d			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)							
		that is not functionally int	egrated. The organiz	ation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness							
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.								
е		☐ Check this box if the orga					Type I, Type II, Type III								
		functionally integrated, or		nally integrated support	ing organiz	zation.									
f		er the number of supported o	-					. [
g		vide the following information		ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(a) Among and of monopology	(vi) Amount of other							
	(i) Name of supported organization	(ii) EIN	(described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	support (see instructions)							
		organization		above (see instructions))	Yes	No	Support (See metractions)	Support (See motradions)							
- Ota															

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.)

Sec	ction A. Public Support						
Cale	ndar 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.")	1,819,435.	2,332,771.	2,833,176.	2,548,595.	4,284,538.	13,818,515.
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3	1,819,435.	2,332,771.	2,833,176.	2,548,595.	4,284,538.	13,818,515.
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)						180,022.
6	Public support. Subtract line 5 from line 4.						13,638,493.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,819,435.	2,332,771.	2,833,176.	2,548,595.	4,284,538.	13,818,515.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,885.	4,825.	3,291.	4,333.	18,378.	36,712.
9	Net income from unrelated business	-		-	-	-	<u> </u>
	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.)				143,669.		143,669.
11							13,998,896.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	· · ·
13	First 5 years. If the Form 990 is for the			ourth, or fifth tax	vear as a section 5	501(c)(3)	
	organization, check this box and stor	-					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	97.43 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	94.67 %
16a	33 1/3% support test - 2022. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to					_	
b	10% -facts-and-circumstances tes	-	•		-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circle		•		•		
<u>1</u> 8	Private foundation. If the organization						
	Ŭ		,	. ,			Form 990) 2022

Schedule A (Form 990) 2022

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.)

16 Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2021 Schedule A, Part III, line 17 19 a 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	Section	on A. Public Support	clow, picase com	piete i art ii.)				
Girds receipts from admissions, and a second process of the second			(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
membership feas received. (Do not include any runsusal grants?) 2 Grass receipts from admissions, fear formed, or facilities turnished in any activity that is related to the organization is tax exempt purpose of Grass receipts from admissions and the property of the organization is tax exempt purpose of Grass receipts from admissions 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 or expended on its expen			` ` `	` ,	` ′	<u> </u>	'	,,
include any 'unusual grants ') 2 Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 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 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons be two first from disqualified persons be amount on line 1 first from the disqualified persons be accounted from disqualified persons be accounted from disqualified persons be disqualified from disqualified persons be accounted from disqualified persons because the disqualified persons because the disqualified persons because the disqualified from disqualified persons because the disqualified pe		, 0 ,						
2. Gross receipts from admissions. merchandises sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purposes. 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 on intensity of the organization's benefit and either paid to or expended on its behalf. 6. Total. Adult lens 1 through 5. 7.a Amounts included on lines 1, 2, and 3 received from disqualified persons but ensured the paid of the organization without charge of the organization without the organizat								
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16 Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2021 Schedule A, Part III, line 17 19 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	Section	on C. Computation of Publ	ic Support Pe	ercentage				
16 Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2021 Schedule A, Part III, line 17 19 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	15 Pu	blic support percentage for 2022 (l	line 8, column (f),	divided by line 13,	column (f))		15	%
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2021 Schedule A, Part III, line 17 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							16	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17 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	Section	on D. Computation of Inves	stment Incom					
18 Investment income percentage from 2021 Schedule A, Part III, line 17 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	17 Inv	vestment income percentage for 20)22 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
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							18	%
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							33 1/3%, and line	
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			-					
	ma			1-1-4-11	,			
line 18 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	· ·			•	•	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	Sa		
	3b		
	20		
	3с		
	4a		
	41-		
	4b		
	4c		
	5a		
	5b		
	5c		
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	-		
	7		
	8		
	9a		
	9b		
	_ =		
	9с		
	10a		
	.54		
	10b		
dula	A (Forr	n aan	2022

Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	10.1. 217 III 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	INC
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruct	ione)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	10113).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	see instructio	ne)	
с 2	Activities Test. Answer lines 2a and 2b below.	see iristructio	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	INO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
D				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ole		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 232025 12-09-22 | Schedule A (Form 990) 2022

le A	(Form 990)	2022		SI	UPF	ORT	Τŀ	ΙE	ENLIS	STED	PRO	JECT	١,	INC.	2	10-3	051279	Pa
		•	_															

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	iizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2022

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(contine}	ued)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (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	he organization is responsive	Э		
	(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	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	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)				
<u>j</u>	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				

Schedule A (Form 990) 2022

e Excess from 2022

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 Inspection

Name of the organization

SUPPORT THE ENLISTED PROJECT, INC.

Employer identification number 20-3051279

Schedule D (Form 990) 2022

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and of 1 Total number at end of year	other accounts
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 and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically importan	nt land area
Protection of natural habitat Preservation of a certified historic stru	ructure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation ease	
22, 21, 21, 22, 22, 22, 22, 23, 24, 24, 24, 24, 24, 24, 24, 24, 24, 24	the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
historic structure listed in the National Register 2d	H 4
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the second s	tne tax
year 4 Number of states where property subject to conservation easement is located	
 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 	
	Yes No
violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements described by the conservation of the conservation easements of the conservation easements of the conservation easements of the conservation easements it holds?	
Ctan and volunteer needs develor to memoring, inspecting, mandaling of violations, and emotion deservation easements of	daning the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during	g the year
	,
B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in 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	ne
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Asse	ets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet wor	orks
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 servi	rice,
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 \$	

232051 09-01-22

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

		THE ENLIST		-			20-30			ıge 2
Pai	t III Organizations Maintaining C								ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that	t make s	significant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d		hange progra	ım					
b	Scholarly research	е	U Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						ose in Par	t XIII.		
5	During the year, did the organization solicit or		•					7		
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par	- :	te if the organizatio	n answered "	Yes" or	Form 990	0, Part IV,	line 9, or		
	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other ass	sets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
		·	· ·					Amount		
С	Beginning balance					1c				
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes	X	No
	If "Yes," explain the arrangement in Part XIII.									1
Pai	t V Endowment Funds. Complete if									
		(a) Current year	(b) Prior year	(c) Two years		(d) Three y	ears back	(e) Four	years l	ack
1a	Beginning of year balance	97,866.	65,529.		,480.					
b	Contributions		40,000.		,000.		20,000.			
С	Net investment earnings, gains, and losses	7,768.	-7,029.	5	,274.		488.			
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	976.	634.		225.		8.			
g	End of year balance	104,658.	97,866.		,529.		20,480.			
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a	i)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c short	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administe	red for t	:he		[·	v I	NI-
	organization by:								Yes	No X
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations	Manager Carta at a a construction	l O - ll- I - DO					3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.							
ı aı	Complete if the organization answered		Part IV line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or ot		or other		ccumulate	-d	(d) Book	valua	
	Description of property	basis (investm	' '	or other (other)	٠,	preciation		(u) DOOK	vaiue	
12	Land	<u> </u>	, 54313	(= 1.101)	ue	r. 551411011				
	Land Buildings									
	Leasehold improvements			+			- -			
	Equipment			+			- -			
	Other		19	8,973.	,	126,4	55.	72	, 51	L8.
	. Add lines 1a through 1e. (Column (d) must ea								, 51	

Schedule D (Form 990) 2022

Dort VIII	Investments - Other Securities.
Part VIII	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. (Col. (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)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

(5) (6) (7) (8) (9)

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) SECURITY DEPOSITS	11,293.
(2) RIGHT-OF-USE ASSET	284,008.
(3)	
(4)	
<u>(6)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	295,301.

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) LEASE LIABILITIES	288,858.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	288,858.

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

Schedule D (Form 990) 2022

30,091.

3,265,024.

4c

Part XI	Recond	iliation o	of Revenue	per A	Audited	Financial	Statements	With	Revenue	per Return.

Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With	Revenue per R	eturr	١.
	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	4,725,736.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	19,655.		
b	Donated services and use of facilities	2b	382,306.		
С					
d			40,729.		
е	Add lines 2a through 2d			2e	442,690.
3	Subtract line 2e from line 1			3	4,283,046.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,032.		
b	Other (Describe in Part XIII.)	4b	29,059.		
С				4c	30,091.
5				5	4,313,137.
Pa	art XII Reconciliation of Expenses per Audited Financial S	Statements Witl	n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total expenses and losses per audited financial statements			1	3,657,968.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	382,306.		
b					
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	40,729.		
е	Add lines 2a through 2d			2e	423,035.
3	Subtract line 2e from line 1			3	3,234,933.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,032.		
	. Introduction expended first included of the order, that the time to		29,059.		

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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 V, LINE 4:

c Add lines 4a and 4b

TO PROVIDE FOR FUTURE NEEDS, AND ENHANCEMENT OF THE REALIZATION OF THE PHILANTHROPIC GOALS OF THE FOUNDATION AND ITS CONSTITUENT ORGANIZATIONS.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS WHICH PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITION AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. AS OF JUNE 30, 2023, THE ORGANIZATION HAS NO ACCRUED INTEREST OR PENALTIES

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Schedule G (Form 990) 2022

Name of the organization						Employer ide	ntification number		
SUPPORT	THE ENLISTED PROJ	ECT	, I	NC.		20-3051	279		
Part I Fundraising Activities required to complete this par	• Complete if the organization answe	red "Y	'es" oı	n Form 990, Part IV,	line 1	7. Form 990-EZ	Z filers are not		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
Total									
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is	exempt from re	egistration		

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro				ots greater than \$5,000.
			(a) Event #1 GOLF	(b) Event #2	(c) Other events	(d) Total events
				FALL SOCIAL	1	(add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
an (
Revenue	1	Gross receipts	106,023.	2,100.		108,123.
_	2	Less: Contributions	57,140.	2,100.		59,240.
	_	Leas. Contributions	0.72200			00,1220
	3	Gross income (line 1 minus line 2)	48,883.			48,883.
	4	Cook prizes				
	7	Cash prizes				
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
t E	_		0 071			0 071
irec	7	Food and beverages	8,871.			8,871.
	8	Entertainment				
	9	Other direct expenses		31,858.		31,858.
	10	Direct expense summary. Add lines 4 through				40,729.
		Net income summary. Subtract line 10 from li	ine 3, column (d)			8,154.
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	(L) Dull tabe (instant		(n =
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						· · · · · · · · · · · · · · · · · · ·
æ	1	Gross revenue				
es	2	Cash prizes				
ens	_					
Exp	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
⊡	-					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	_	Divert average average. Add lines Others which	- F : l (-l)			
	7	Direct expense summary. Add lines 2 through	15 in column (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	vear?	Yes No
		Yes," explain:				

232082 10-27-22 Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 SUPPORT THE	ENLISTED PROJ	JECT,	INC.	20-3051279	Page 3
11 Does the organization conduct gaming activities with nonm	embers?			Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trus					
to administer charitable gaming?				Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:					
a The organization's facility				13a	%
b An outside facility					%
14 Enter the name and address of the person who prepares th					
Name					
Address					
15a Does the organization have a contract with a third party from	m whom the organization	receives ga	ming revenue?	····· Yes	└── No
b If "Yes," enter the amount of gaming revenue received by the	ne organization \$		and the am	ount	
of gaming revenue retained by the third party \$					
c If "Yes," enter name and address of the third party:					
Name					
Address					
Address					
16 Gaming manager information:					
daming manager information.					
Name					
Gaming manager compensation \$					
	•				
Description of services provided					
Director/officer Employee	Independent con	tractor			
17 Mandatory distributions:					
a Is the organization required under state law to make charita	able distributions from the	gaming pro	ceeds to		
retain the state gaming license?				Yes	└── No
b Enter the amount of distributions required under state law t		exempt orga	inizations or spent	in the	
organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the exp	\$	Ob		D	0 - 10 -
Part IV Supplemental Information. Provide the exp 15b, 15c, 16, and 17b, as applicable. Also provide a	· · · · · · · · · · · · · · · · · · ·			; and Part III, lines 9,	90, 100,
15b, 15c, 16, and 17b, as applicable. Also provide a	any additional information	i. See mstrud	CHOIS.		

Schedule G	(Form 990)	SUPPORT	THE	ENLISTED	PROJECT,	INC.	20-3051279 Pag	je 4
Part IV	(Form 990) Supplemental Infor	mation (continu	ued)					
_								

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

Name of the organization							Employer identification number
	RT THE ENLIST	ED PROJECT,	INC.				20-3051279
Part I General Information on G							
1 Does the organization maintain re							
criteria used to award the grants	or assistance?						X Yes No
2 Describe in Part IV the organizati							
Part II Grants and Other Assista recipient that received more					anization answered "\	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organize or government	ration (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 503 Enter total number of other organ							

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
VARIOUS FORMS OF ASSISTANCE TO CLIENTS.	118378	241,849.	1,179,873.	FMV	FURNITURE, GIFT CARDS, TICKETS, TOYS, ETC.
		,	, , ,		
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	I (b); and any other a	I dditional information.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SUPPORT THE ENLISTED PROJECT, INC.

Employer identification number 20-3051279

Pa	art I Questions Regarding Compensation			
	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title (i) Base compensation (i) 143,216. 0. 20,000. 0. 0. 0. 163,216. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
CEO.PRESIDENT (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(A) Name and Title	compensation	incentive compensation	reportable compensation	·			on prior Form 990	
CSO FRESIDENT (i)	(1) ANTHONY TERAVAINEN	(i)						163,216.	0.
(ii) (ii) (iii) (i	CEO/PRESIDENT		0.	0.	0.	0.	0.	0.	0.
		(i)							
		(ii)							
		(i)							
		(ii)							
		(i)							
		(ii)							
(i) (ii) (ii) (iii) (iii									
(i) (ii) (ii) (iii) (iii									
(ii) (ii) (iii) (i									
(i) (ii) (ii) (iii) (iiii) (iiiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiii) (iiii) (iiiiii) (iiiii) (iiiiiiii									
(i) (i) (ii) (ii) (iii) (iiii) (iiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(i) (i) (ii) (ii) (iii)									
(i) (ii) (ii) (iii) (iii) (iiii) (iii) (iiii) (iii) (iiii) (iii) (iiii) (iii) (iiii)									
(i) (i) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(i) (ii) (iii) (ii									
(i) (i) (ii) (iii)									
(i) (ii) (ii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(ii) (ii) (iii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(i)									
		(ii)							

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

SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

SUPPORT THE ENLISTED PROJECT, 20-3051279 TNC. Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 1,179,873.FAIR MARKET VALUE 117,846 (GOODS AND GIFT 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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Schedule M (Form 990) 2022

describe in Part II.

37

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SUPPORT THE ENLISTED PROJECT, INC.

Employer identification number 20-3051279

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

ENLISTED MEMBERS AND RECENTLY DISCHARGED ENLISTED VETERANS, AND THEIR

FAMILIES, FACING FINANCIAL CRISIS ACHIEVE LONG TERM FINANCIAL

SELF-SUFFICIENCY THROUGH COUNSELING, EDUCATION AND GRANTS TO ALLEVIATE

CRITICAL NEAR TERM OBLIGATIONS.

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

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

CRITICAL NEAR TERM OBLIGATIONS.

TAX RETURNS ARE PROVIDED TO THE GOVERNING BOARD FOR REVIEW AND APPROVAL.

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

THE ORGANIZATION MONITORS AND ENFORCES ITS COMPLIANCE WITH THE CONFLICT OF

INTEREST POLICY BY REQUIRING EACH DIRECTOR AND OFFICER TO DISCLOSE

POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS.

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

THE VICE CHAIRMAN PROVIDES THE RECOMMENDATION FOR THE COMPENSATION OF THE ORGANIZATION'S CHAIRMAN/CEO AFTER A REVIEW OF INDEPENDENT SALARY RESEARCH DATA.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE

PROVIDED ON ITS WEBSITE AND ARE AVAILABLE UPON REQUEST. THEY ARE ALSO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization SUPPORT THE ENLISTED PROJECT, INC.	Employer identification number 20-3051279
PRINTED IN PROMOTIONAL BROCHURES, I.E. THE ANNUAL REPORT.	
FORM 990, PART XII, LINE 2C	
THERE WAS NO CHANGE DURING THE YEAR.	

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No. (Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	CONFERENCE TABLE - NORTH GRUM.	06/01/06	SL	7.00	1	.6	2,250.				2,250.	2,250.		0.	2,250.
2	10 CONFERENCE CHARIS - NORTH GRUM.	06/01/06	SL	7.00	1	.6	1,000.				1,000.	1,000.		0.	1,000.
3	OFFICE FURNITURE - SCITECH	06/01/06	SL	7.00	1	.6	654.				654.	654.		0.	654.
4	CREDENZA - NORTH GRUM.	06/01/06	SL	7.00	1	.6	648.				648.	648.		0.	648.
	* 990 PAGE 10 TOTAL -						4,552.				4,552.	4,552.		0.	4,552.
5	PROJECTION SCREEN - NORTH GRUM.	06/01/06	SL	7.00	1	.6	648.				648.	648.		0.	648.
6	OFFICE CHAIRS - NORTH GRUM.	06/01/06	SL	7.00	1	.6	300.				300.	300.		0.	300.
7	ABI OFFICE FURNITURE	02/01/07	SL	7.00	1	.6	3,442.				3,442.	3,442.		0.	3,442.
8	SHARP COPIER	06/01/12	SL	3.00	1	.6	3,000.				3,000.	3,000.		0.	3,000.
12	MAC COMPUTER	02/24/17	SL	5.00	1	.6	1,591.				1,591.	1,591.		0.	1,591.
19	SELYA COMPUTER	02/18/22	SL	5.00	1	.6	2,459.				2,459.	164.		492.	656.
	* 990 PAGE 10 TOTAL -						11,440.				11,440.	9,145.		492.	9,637.
10	2004 FORD E350 VAN	05/01/09	SL	5.00	1	.6	10,941.				10,941.	10,941.		0.	10,941.
11	DODGE CARAVAN	07/01/10	SL	5.00	1	.6	15,286.				15,286.	15,286.		0.	15,286.
13	2017 TOYOTA SIENNA	06/21/18	SL	5.00	1	.6	29,422.				29,422.	23,536.		5,886.	29,422.
14	2017 KIA FORTE	02/28/19	SL	5.00	1	.6	15,528.				15,528.	10,871.		3,106.	13,977.
15	20179 KIA SOUL	02/28/19	SL	5.00	1	.6	16,000.				16,000.	10,400.		3,200.	13,600.
16	2011 FORD F-550	03/05/21	SL	5.00	1	.6	36,869.				36,869.	9,832.		7,374.	17,206.

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⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
17	CATALYTIC CONVERTER	12/04/21	SL	5.00	1	L6	3,122.				3,122.	364.		624.	988.
18	CATALYTIC CONVERTER	03/03/22	SL	5.00	1	L6	2,894.				2,894.	193.		579.	772.
20	2005 GMC SAVANNA	04/01/22	SL	5.00	1	L6	8,040.				8,040.	402.		1,608.	2,010.
21	2022 KIA SOUL	04/05/22	SL	5.00	1	L6	23,857.				23,857.	1,193.		4,769.	5,962.
22	2017 KIA SEDONA	12/23/22	SL	5.00	1	L6	21,022.				21,022.			2,102.	2,102.
	* 990 PAGE 10 TOTAL -						182,981.				182,981.	83,018.		29,248.	112,266.
	* GRAND TOTAL 990 PAGE 10 DEPR						198,973.				198,973.	96,715.		29,740.	126,455.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						177,951.			0.	177,951.	96,715.			124,353.
	ACQUISITIONS						21,022.			0.	21,022.	0.			2,102.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						198,973.			0.	198,973.	96,715.			126,455.
	ENDING ACCUM DEPR											126,455.			
	ENDING BOOK VALUE											72,518.			

228111 04-01-22

⁽D) - Asset disposed

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