

QUAM, BERGLIN & POST P.C.
PO BOX 426
ELK POINT, SD 57025

**Federal
Tax Return**

SESDAC, INC

2021

QUAM, BERGLIN & POST P.C.
PO BOX 426
ELK POINT, SD 57025
605-356-3374
605-356-2584
tpost@quamberglin.com

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning <u>7/1/2021</u> , and ending <u>6/30/2022</u>																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>SESDAC, INC</u></td> <td>D Employer identification number <u>46-0319590</u></td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number <u>(605) 624-4419</u></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1314 CHERRY</u></td> <td></td> </tr> <tr> <td>City or town <u>VERMILLION</u></td> <td>State <u>SD</u></td> <td>ZIP code <u>57069</u></td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td>Foreign postal code</td> </tr> </table>	C Name of organization <u>SESDAC, INC</u>		D Employer identification number <u>46-0319590</u>	Doing business as		E Telephone number <u>(605) 624-4419</u>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1314 CHERRY</u>			City or town <u>VERMILLION</u>	State <u>SD</u>	ZIP code <u>57069</u>	Foreign country name	Foreign province/state/county	Foreign postal code
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Foreign country name	Foreign province/state/county	Foreign postal code														
F Name and address of principal officer: <u>IONELA GEORGESU 1314 CHERRY ST, VERMILLION, SD 57069</u>		G Gross receipts \$ <u>7,313,000</u>														
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions														
J Website: ▶ <u>N/A</u>		H(c) Group exemption number ▶														
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1975</u> M State of legal domicile: <u>SD</u>														

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To enable the developmentally disabled to attain self-sufficiency in the community they live in, by providing case management, nursing, daytime supports, supported employment and integrated and segregated residential</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>10</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>10</u>
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	<u>194</u>
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>1,509,466</u>	<u>335,743</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>5,774,261</u>	<u>6,960,325</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>20,389</u>	<u>16,932</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>7,304,116</u>	<u>7,313,000</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u>	<u>0</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>4,069,563</u>	<u>4,137,136</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>1,227,146</u>	<u>1,453,858</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>5,296,709</u>	<u>5,590,994</u>
	19	Revenue less expenses. Subtract line 18 from line 12	<u>2,007,407</u>	<u>1,722,006</u>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>6,043,477</u>	<u>7,440,151</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>1,866,403</u>	<u>1,541,071</u>
			<u>4,177,074</u>	<u>5,899,080</u>

Part II Signature Block

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

Sign Here	<u>IONELA GEORGESU</u> Signature of officer	<u>1.24.2023</u> Date
	<u>IONELA GEORGESU</u> Type or print name and title	<u>EXECUTIVE DIRECTOR</u>

Paid Preparer Use Only	Print/Type preparer's name <u>TERRI L POST</u>	Preparer's signature	Date <u>1/25/2023</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00027869</u>	
	Firm's name ▶ <u>QUAM, BERGLIN & POST P.C.</u>	Firm's EIN ▶ <u>46-0440166</u>				
	Firm's address ▶ <u>PO BOX 426, ELK POINT, SD 57025</u>	Phone no. <u>605-356-3374</u>				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PROGRAMS BENEFITTING THE DEVELOPMENTALLY DISABLED FOR SELF SUFFICIENCY AND INDEPENDENT LIVING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 2,666,286 including grants of \$) (Revenue \$) OPERATION OF PROGRAMS FOR DEVELOPMENTALLY DISABLED ADULTS. PROGRAMS PROVIDE GROUP HOME SETTINGS, IN ADDITION TO PROVIDING PREVOCATIONAL TRAINING IN SELF SUFFICIENCY AND THE SKILLS NEEDED FOR COMMUNITY LIVING.

4b (Code:) (Expenses \$ 510,402 including grants of \$) (Revenue \$) USDA AND HUD ASSISTED HOUSING AND FOOD SERVICES

4c (Code:) (Expenses \$ 414,267 including grants of \$) (Revenue \$) VERMILION PUBLIC TRANSPORT

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,297,893 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 4,888,848

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)? <i>If "Yes," complete Schedule A.</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	194		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
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			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			X

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 10		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 STEPHANIE MCDONALD (605) 624-4419
 1314 CHERRY ST, VERMILLION, SD 57069

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH HANSON MEMBER	1.00 0.00	X								
(2) VERONICA SCHMIDT MEMBER	1.00 0.00	X		X						
(3) MICHAEL MANNING SECRETARY	1.00 0.00	X		X						
(4) CRYSTAL BRADY MEMBER	1.00 0.00	X								
(5) KATHERINE OLSON TREASURER	1.00 0.00	X		X						
(6) MARNI JOHNSON-MARTIN PRESIDENT	1.00 0.00	X		X						
(7) RAYMOND RING MEMBER	1.00 0.00	X								
(8) INES WHITE VICE PRESIDENT	1.00 0.00	X		X						
(9) DEB CHRISTENSEN MEMBER	1.00 0.00	X								
(10) KASEN LAMBETH MEMBER	1.00 0.00	X								
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							0	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							0	0	0	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 306,087					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 29,656					
	g	Noncash contributions included in lines 1a-1f	1g \$ 0					
	h	Total. Add lines 1a-1f ▶		335,743				
	Program Service Revenue	2a	ROOM/BOARD RESIDENTS	Business Code 531110	381,427	381,427		
		b	SERVICE FEES	531310	6,127,977	6,127,977		
c		TRANSIT REVENUE	485000	81,588	81,588			
d		OTHER INCOME	531110	369,333	369,333			
e				0				
f		All other program service revenue		0				
g		Total. Add lines 2a-2f ▶		6,960,325				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		16,932			16,932	
	4	Income from investment of tax-exempt bond proceeds ▶		0				
	5	Royalties ▶		0				
	6a	Gross rents	(i) Real	(ii) Personal				
			6a	6b				
			6c	0	0			
	d	Net rental income or (loss) ▶			0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a	7b	0	0		
			7c	0	0			
	d	Net gain or (loss) ▶			0			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
			8a	8b	0	0		
			8c	0	0			
	c	Net income or (loss) from fundraising events ▶			0			
9a	Gross income from gaming activities. See Part IV, line 19							
		9a	9b	0	0			
		9c	0	0				
c	Net income or (loss) from gaming activities ▶			0				
10a	Gross sales of inventory, less returns and allowances							
		10a	10b	0	0			
		10c	0	0				
c	Net income or (loss) from sales of inventory ▶			0				
Miscellaneous Revenue	11a		Business Code					
	b			0				
	c			0				
	d	All other revenue			0			
	e	Total. Add lines 11a-11d ▶			0			
12	Total revenue. See instructions. ▶			7,313,000	6,960,325	0	16,932	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0		0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	3,088,695	2,607,834	480,861	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,835	27,972	6,863	
9	Other employee benefits	729,066	654,732	74,334	
10	Payroll taxes	284,540	246,888	37,652	
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	59,559	38,351	21,208	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	329,669	326,231	3,438	
12	Advertising and promotion	20,264	18,181	2,083	
13	Office expenses	23,764	20,420	3,344	
14	Information technology	31,189	31,111	78	
15	Royalties	0			
16	Occupancy	44,837	43,710	1,127	
17	Travel	72,681	70,704	1,977	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,254	1,940	3,314	
20	Interest	22,639	21,271	1,368	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	188,349	175,888	12,461	0
23	Insurance	73,509	65,351	8,158	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	UTILITIES	82,144	80,311	1,833	
b	REPAIRS AND MAINTENANCE	132,519	128,804	3,715	
c	ASSISTANCE TO FAMILIES/PERSONAL NEEDS	110,588	110,588		
d	SMALL EQUIPMENT PURCHASE/LEASE	90,295	54,758	35,537	
e	All other expenses	166,598	163,803	2,795	
25	Total functional expenses. Add lines 1 through 24e	5,590,994	4,888,848	702,146	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	3,416,091	1	4,700,419
	2 Savings and temporary cash investments	302,336	2	302,790
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	397,336	4	528,113
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	25,383	9	2,200
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,560,016		
	b Less: accumulated depreciation	10b 2,903,773	1,136,431	10c 1,656,243
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	765,900	15	250,386
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,043,477	16	7,440,151	
Liabilities	17 Accounts payable and accrued expenses	661,038	17	369,988
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	1,205,365	23	1,171,083
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	1,866,403	26	1,541,071
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,952,449	27	5,648,691
	28 Net assets with donor restrictions	224,625	28	250,389
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
32 Total net assets or fund balances	4,177,074	32	5,899,080	
33 Total liabilities and net assets/fund balances	6,043,477	33	7,440,151	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,313,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,590,994
3	Revenue less expenses. Subtract line 2 from line 1	3	1,722,006
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,177,074
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,899,080

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment

Sequence No. **27**

Name(s) shown on return

SESDAC, INC

Identifying number

46-0319590

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	VINYL	6/30/2003	6/30/2022	0	2,599	2,599	0
	KITCHEN SINKS	5/12/2003	6/30/2022	0	1,773	1,773	0
	CAR WASH SYSTEM	9/8/2005	6/30/2022	0	4,526	4,526	0
	Total from Continuation pages						0

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

0

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

							0
							0
							0
							0

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

0

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a

18b

0

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**

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

Attachment
Sequence No. **179**

Name(s) shown on return SESDAC, INC	Business or activity to which this form relates 990	Identifying number 46-0319590
--	--	----------------------------------

Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount (see instructions)	1	1,050,000
2 Total cost of section 179 property placed in service (see instructions)	2	166,883
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,050,000
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29		
7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	0

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	1,554

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2021	17	135,202
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property		9,066	3	FM	S/L	1,007
b 5-year property		157,817	5	FM	S/L	7,747
c 7-year property						
d 10-year property						
e 15-year property		541,279	15	FM	S/L	27,064
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	15,775
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	188,349
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No
24b If "Yes," is the evidence written? [X] Yes [] No
Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 25
26 Property used more than 50% in a qualified business use:
2016 Silver Chevy Impala 6/3/2017 100.00% 15,500 15,500 5 S/L - FM 5,342
2017 ElDorado Light Duty 3/10/2017 100.00% 67,932 67,932 5 S/L - FM 9,058
New Motor for 2010 White 6/20/2017 100.00% 7,500 7,500 5 S/L - FM 1,375
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 15,775
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with columns (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6.
30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.
42 Amortization of costs that begins during your 2021 tax year (see instructions):
43 Amortization of costs that began before your 2021 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44 0

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization SESDAC, INC	Employer identification number 46-0319590
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021 (64.14%); 15 Public support percentage from 2020 Schedule A, Part II, line 14 (67.73%); 16a 33 1/3% support test—2021 (checked); 16b 33 1/3% support test—2020; 17a 10%-facts-and-circumstances test—2021; 17b 10%-facts-and-circumstances test—2020; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 0.00%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 0.00%.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 0.00%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 0.00%.

- 19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
2		

Section 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 or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	0
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	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6	Multiply line 5 by 0.035.	6	0
7	Recoveries of prior-year distributions	7	0
8	Minimum Asset Amount (add line 7 to line 6)	8	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	0
2	Enter 0.85 of line 1.	2	0
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	0
4	Enter greater of line 2 or line 3.	4	0
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	0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7 0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9 0
10	Line 8 amount divided by line 9 amount	10 0.000

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016	0		
b	From 2017	0		
c	From 2018	0		
d	From 2019	0		
e	From 2020	0		
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2021 distributable amount			0
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2021 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2021 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7	Excess distributions carryover to 2022. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2017	0		
b	Excess from 2018	0		
c	Excess from 2019	0		
d	Excess from 2020	0		
e	Excess from 2021	0		

Part VI

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

Area with horizontal dashed lines for supplemental information.

Electronic Filing Only

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization SESDAC, INC

Employer identification number 46-0319590

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization SESDAC, INC	Employer identification number 46-0319590
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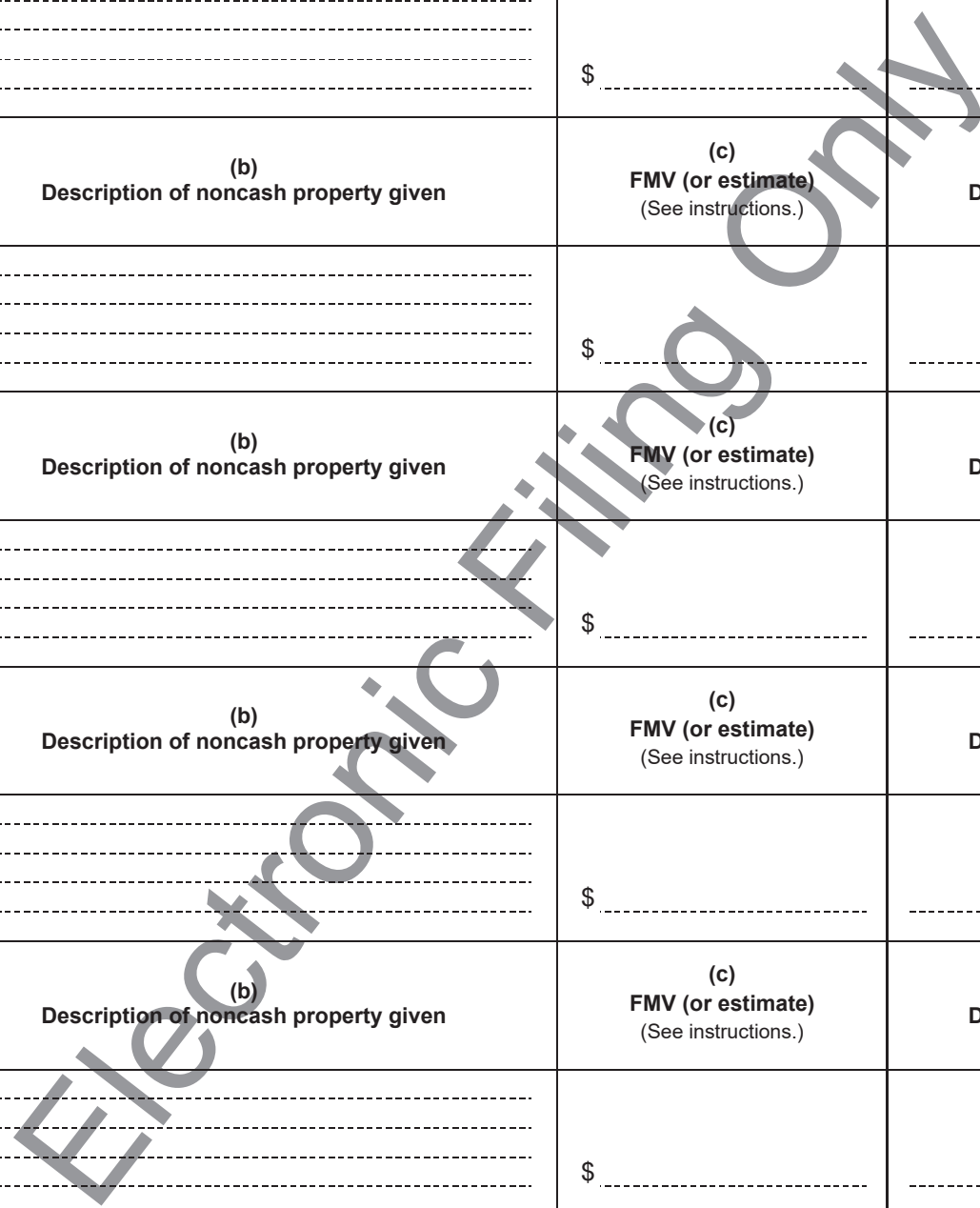
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SESDAC, INC	Employer identification number 46-0319590
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----



Name of organization SESDAC, INC	Employer identification number 46-0319590
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. _____ Country _____			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. _____ Country _____			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. _____ Country _____			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. _____ Country _____			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

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

Name of the organization: SESDAC, INC; Employer identification number: 46-0319590

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a sub-table for lines 2a-2d.

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

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

Form with rows 1a-1b and 2a-2b for questions regarding art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0	0	0	0
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	119,319		119,319
b Buildings	0	3,213,757	1,977,618	1,236,139
c Leasehold improvements	0	0	0	0
d Equipment	0	1,226,940	926,155	300,785
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,656,243

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	0	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

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	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

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

Part XIII Supplemental Information *(continued)*

Electronic Filing Only

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

SESDAC, INC

46-0319590

Form 990, Part III, Line 4d: Program Service Expenses: 1,297,893, Grants and allocations: 0,

Revenue: 0 OTHER SERVICES - INCLUDING FAMILY SUPPORT AND OTHER MISC MEDICAL SERVICES

Form 990, Part XI, Line 9: Other Changes adjusted due to rounding issues.

Form 990, Part IV, Section B, Line 11B: A COPY OF THE FORM 990 IS PROVIDED TO ALL BOARD

MEMBERS FOR REVIEW AND APPROVAL BEFORE THE RETURN IS FILED WITH THE IRS

Form 990, Part VI, Section B, Line 12C: THE CONFLICT OF INTEREST POLICY STATEMENT HAS TO BE

FILED BY THE BOARD MEMBERS ANNUALLY

Form 990, Part VI, Section B, Line 15A: THE EXECUTIVE DIRECTOR COMPENSATION IS DECIDED BY THE

BOARD ANNUALLY AND BASED UPON JOB EVALUATION AND MARKET CONDITIONS

Form 990, Part VI, Section C, Line 19: BOARD POLICIES, CONFLICT OF INTEREST POLICIES AND THE

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

Electronic Filing Only

Name of the organization

Employer identification number

SESDAC, INC

46-0319590

Electronic Filing Only

Use of Vehicles (4562 Part V, Section B) 990

6/30/2022

SESDAC, INC 46-0319590

Vehicle Description		Business Miles	Commuting Miles	Other Miles	Total Miles	Personal Use Off Duty?		More than 5% owner?		Another vehicle avail for use?	
						Y	N	Y	N	Y	N
1	2003 CHEVY IMPALA	0	0	0	0		X		X	X	
2	2005 CHEVY SILVERADO-MAF	0	0	0	0		X		X	X	
3	2007 CHEVY UPLANDER-RED	0	0	0	0		X		X	X	
4	2008 Chevy Uplander-Gold	0	0	0	0		X		X	X	
5	2009 ELDORADO NAITONAL-V	0	0	0	0		X		X	X	
6	2009 FORD F150-WHITE	0	0	0	0		X		X	X	
7	2011 CHEVY IMPALA-GRAY	0	0	0	0		X		X	X	
8	2011 CHEVY IMPALA-SILVER	0	0	0	0		X		X	X	
9	2014 CHEVY IMPALA-WHITE	0	0	0	0		X		X	X	
10	2014 SILVER CHEVY IMPALA	0	0	0	0		X		X	X	
11	2014 White Sprinter Van	0	0	0	0		X		X	X	
12	2015 BLACK DODGE CARAVA	0	0	0	0		X		X	X	
13	2016 DODGE ENTERVAN	0	0	0	0		X		X	X	
14	2016 Silver Chevy Impala	0	0	0	0		X		X	X	
15	2017 EIDorado Light Duty Bus	0	0	0	0		X		X	X	
16	New Motor for 2010 White Ford	0	0	0	0		X		X	X	

Form 4562 Statement - 990

6/30/2022

SESDAC, INC 46-0319590

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2021 Deprec.	2021 Accum. Deprec.
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Depreciation Detail

ACRS and other depreciation (Line 16)

241	Cannon 4035 copier	10/2/2012	F-1	100.00%	4,536	0	0	0	0	4,536	3.0	SL/GDS	FM	3,402	1,134	4,536
	CANNON COPIER-4535i	10/24/2018	F-1	100.00%	5,032	0	0	0	0	5,032	3.0	SL/GDS	FM	4,612	420	5,032
Total ACRS and other depreciation (Line 16)					9,568	0	0	0	0	9,568				8,014	1,554	9,568

MACRS deductions for prior years (Line 17)

7	WALL CONSTRUCTION	9/16/1993	R-2	100.00%	38,721	0	0	0	0	38,721	20.0	SL/GDS	FM	38,076	645	38,721
26	REMODEL BATHROOM	9/17/1999	F-10	100.00%	7,664	0	0	0	0	7,664	10.0	SL/GDS	FM	6,441	1,223	7,664
11	REPLACE SIDEWALK-320 W	5/30/2000	R-3	100.00%	1,576	0	0	0	0	1,576	20.0	SL/GDS	FM	1,574	2	1,576
27	REPLACE SIDEWALK-317 W	5/30/2000	R-3	100.00%	1,989	0	0	0	0	1,989	20.0	SL/GDS	FM	1,982	7	1,989
38	REPLACE SIDEWALK-21 WAI	5/30/2000	R-3	100.00%	1,601	0	0	0	0	1,601	20.0	SL/GDS	FM	1,598	3	1,601
12	KITCHEN CABINETS-HERRE	3/22/2002	R-3	100.00%	13,877	0	0	0	0	13,877	20.0	SL/GDS	FM	13,444	433	13,877
28	KITCHEN CABINETS-HERRE	3/22/2002	R-3	100.00%	15,648	0	0	0	0	15,648	20.0	SL/GDS	FM	15,156	492	15,648
39	REMODEL KITCHEN CABINE	4/30/2002	R-3	100.00%	22,608	0	0	0	0	22,608	20.0	SL/GDS	FM	21,615	993	22,608
40	RESHINGLE	6/1/2002	R-3	100.00%	6,800	0	0	0	0	6,800	20.0	SL/GDS	FM	6,502	298	6,800
15	SHINGLES	6/15/2002	R-3	100.00%	2,642	0	0	0	0	2,642	20.0	SL/GDS	FM	2,526	116	2,642
30	SHINGLES	6/15/2002	R-3	100.00%	2,642	0	0	0	0	2,642	20.0	SL/GDS	FM	2,526	116	2,642
16	NEW SIDING	8/21/2002	R-3	100.00%	9,104	0	0	0	0	9,104	20.0	SL/GDS	FM	8,590	455	9,045
31	NEW SIDING	9/16/2002	R-3	100.00%	9,449	0	0	0	0	9,449	20.0	SL/GDS	FM	8,874	472	9,346
9	FASCIA REPAIR	9/30/2002	R-3	100.00%	9,500	0	0	0	0	9,500	20.0	SL/GDS	FM	8,926	475	9,401
34	REPLACE SHEETROCK	12/16/2002	R-3	100.00%	3,104	0	0	0	0	3,104	20.0	SL/GDS	FM	2,889	155	3,044
18	SHELTER	12/20/2002	R-3	100.00%	4,036	0	0	0	0	4,036	20.0	SL/GDS	FM	3,760	202	3,962
33	SHELTER	12/20/2002	R-3	100.00%	4,036	0	0	0	0	4,036	20.0	SL/GDS	FM	3,760	202	3,962
19	REPLACE SHEETROCK	1/10/2003	R-3	100.00%	2,010	0	0	0	0	2,010	20.0	SL/GDS	FM	1,843	100	1,943
20	BATHROOM REMODEL	2/17/2003	R-3	100.00%	9,634	0	0	0	0	9,634	20.0	SL/GDS	FM	8,854	482	9,336
47	CABINETS& COUNTER TOPS	4/15/2003	F-10	100.00%	14,991	0	0	0	0	14,991	10.0	SL/GDS	FM	14,804	187	14,991
117	Sidewalk	11/15/2004	R-3	100.00%	1,285	0	0	0	0	1,285	25.0	SL/GDS	FM	1,043	51	1,094
118	Sidewalk	11/15/2004	R-3	100.00%	1,808	0	0	0	0	1,808	20.0	SL/GDS	FM	1,504	90	1,594
119	Sidewalk	11/15/2004	R-3	100.00%	2,193	0	0	0	0	2,193	20.0	SL/GDS	FM	1,830	110	1,940
121	Sidewalk	11/15/2004	R-3	100.00%	359	0	0	0	0	359	20.0	SL/GDS	FM	300	18	318
123	Siding	5/3/2005	R-3	100.00%	5,191	0	0	0	0	5,191	20.0	SL/GDS	FM	4,200	260	4,460
120	Siding	6/1/2005	R-3	100.00%	6,751	0	0	0	0	6,751	20.0	SL/GDS	FM	5,432	338	5,770
146	PHONE INSTALLATION	8/29/2005	F-11	100.00%	373	0	0	0	0	373	7.0	SL/GDS	FM	368	4	373
135	WALL CONSTRUCTION	12/22/2005	R-2	100.00%	4,468	0	0	0	0	4,468	25.0	SL/GDS	FM	2,772	179	2,951
139	BUILDING RECONSTRUCTIO	3/31/2006	R-4	100.00%	820,081	0	0	0	0	820,081	27.5	SL/GDS	FM	454,768	29,826	484,594
136	3 FURNACES-KALINS	6/30/2006	R-2	100.00%	15,312	0	0	0	0	15,312	15.0	SL/GDS	FM	15,229	83	15,312
155	KALIN AIR HEATING AIRCON	8/22/2006	R-3	100.00%	5,268	0	0	0	0	5,268	20.0	SL/GDS	FM	3,904	263	4,167
156	CABINETS IN RESTROOM	3/1/2007	R-4	100.00%	1,251	0	0	0	0	1,251	27.5	SL/GDS	FM	649	45	694
209	WALL PROTECTION, CABINE	6/1/2010	R-3	100.00%	5,636	0	0	0	0	5,636	20.0	SL/GDS	FM	3,125	282	3,407
210	WALL PROTECTION, CABINE	6/1/2010	R-3	100.00%	6,651	0	0	0	0	6,651	20.0	SL/GDS	FM	3,689	333	4,022
208	Furnace and Air	7/1/2010	R-2	100.00%	8,690	0	0	0	0	8,690	15.0	SL/GDS	FM	6,370	579	6,949
214	FURNACE AND AIR	12/1/2010	R-2	100.00%	7,555	0	0	0	0	7,555	15.0	SL/GDS	FM	5,333	504	5,837
215	FURNACE AND AIR	1/1/2011	R-2	100.00%	7,655	0	0	0	0	7,655	15.0	SL/GDS	FM	5,356	510	5,866
227	BAYLOR	1/1/2011	R-4	100.00%	521,901	0	0	0	0	521,901	25.0	SL/GDS	FM	219,198	20,876	240,074
216	REPLACE WINDOWS	6/1/2011	R-2	100.00%	7,342	0	0	0	0	7,342	15.0	SL/GDS	FM	4,932	489	5,421
231	WANDERGUARD SYSTEM-C	6/20/2012	F-3	100.00%	15,727	0	0	0	0	15,727	5.0	SL/GDS	FM	15,463	264	15,727
239	Asphalt Parking Lot	9/12/2012	R-2	100.00%	5,464	0	0	0	0	5,464	15.0	SL/GDS	FM	2,912	364	3,276
242	Smart Board	10/12/2012	F-5	100.00%	8,587	0	0	0	0	8,587	5.0	SL/GDS	FM	7,297	1,290	8,587
243	Microsoft Dynamics Software	12/5/2012	F-5	100.00%	4,330	0	0	0	0	4,330	5.0	SL/GDS	FM	3,825	505	4,330

Form 4562 Statement - 990

6/30/2022

SES DAC, INC 46-0319590

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2021 Deprec.	2021 Accum. Deprec.
240	HVAC units @ ELM	5/13/2013	F-10	100.00%	9,117	0	0	0	0	9,117	10.0	SL/GDS	FM	7,309	912	8,221
	Fire Sprinkler at Cedar	10/14/2013	F-10	100.00%	22,586	0	0	0	0	22,586	10.0	SL/GDS	FM	17,507	2,259	19,766
	Fire Sprinkler System at Walnut	10/14/2013	F-11	100.00%	30,838	0	0	0	0	30,838	10.0	SL/GDS	FM	23,901	3,084	26,985
	CARPET AT 1314 CHERRY	9/17/2015	F-11	100.00%	33,615	0	0	0	0	33,615	10.0	SL/GDS	FM	19,611	3,362	22,973
	HEALTHSENSE	10/13/2015	F-10	100.00%	16,243	0	0	0	0	16,243	10.0	SL/GDS	FM	9,338	1,624	10,962
	RESHINGLE ELM (HUD)	6/29/2016	R-2	100.00%	7,600	0	0	0	0	7,600	10.0	SL/GDS	FM	3,863	760	4,623
	2018 DODGE CARAVAN	1/18/2019	V-2	100.00%	37,390	0	0	0	0	37,390	5.0	SL/GDS	FM	18,695	7,478	26,173
	FURNACE-SDHDA	5/20/2019	F-10	100.00%	9,675	0	0	0	0	9,675	7.0	SL/GDS	FM	2,994	1,382	4,376
	FURNACE	7/1/2019	F-10	100.00%	6,905	0	0	0	0	6,905	7.0	SL/GDS	FM	1,972	986	2,958
	WALNUT BUILDING UPDATE	9/19/2019	F-10	100.00%	35,712	0	0	0	0	35,712	7.0	SL/GDS	FM	9,353	5,102	14,455
	CAR WASH SYSTEM	9/30/2020	F-10	100.00%	19,705	0	0	0	0	19,705	7.0	SL/GDS	FM	2,346	2,815	5,161
	2017 DODGE GRAND CARAVAN	10/30/2020	V-2	100.00%	30,000	0	0	0	0	30,000	5.0	SL/GDS	FM	4,500	6,000	10,500
	CAMERA SECURITY SYSTEM	10/30/2020	F-11	100.00%	16,838	0	0	0	0	16,838	7.0	SL/GDS	FM	1,804	2,405	4,209
	2021 FORD DIAMOND 16+2 E	12/8/2020	V-2	100.00%	81,780	0	0	0	0	81,780	5.0	SL/GDS	FM	9,541	16,356	25,897
	2021 FORD DIAMOND 16+2 E	12/8/2020	V-2	100.00%	81,780	0	0	0	0	81,780	5.0	SL/GDS	FM	9,541	16,356	25,897
Total MACRS deductions for prior years (Line 17)					2,085,294	0	0	0	0	2,085,294				1,085,514	135,202	1,220,717
GDS 3-year property (Line 19a)																
	CANON IMAGE RUNNER ADVANTAGE	2/23/2022	F-6	100.00%	9,066	0	0	0	0	9,066	3.0	SL/GDS	FM	0	1,007	1,007
Total GDS 3-year property (Line 19a)					9,066	0	0	0	0	9,066				0	1,007	1,007
GDS 5-year property (Line 19b)																
	TELEPHONE SYSTEM & SERVICE	9/30/2021	F-6	100.00%	21,979	0	0	0	0	21,979	5.0	SL/GDS	FM	0	3,663	3,663
	NEON SIGN	1/1/2022	F-5	100.00%	21,838	0	0	0	0	21,838	5.0	SL/GDS	FM	0	2,184	2,184
	2019 WHITE DODGE GRAND	6/2/2022	V-2	100.00%	27,500	0	0	0	0	27,500	5.0	SL/GDS	FM	0	458	458
	2020 WHITE CHEVY EQUINOX	6/14/2022	V-2	100.00%	29,500	0	0	0	0	29,500	5.0	SL/GDS	FM	0	492	492
	2020 BROWN CHEVY EQUINOX	6/14/2022	V-2	100.00%	29,500	0	0	0	0	29,500	5.0	SL/GDS	FM	0	492	492
	2018 WHITE CHEVY EQUINOX	6/30/2022	V-2	100.00%	27,500	0	0	0	0	27,500	5.0	SL/GDS	FM	0	458	458
Total GDS 5-year property (Line 19b)					157,817	0	0	0	0	157,817				0	7,747	7,747
GDS 15-year property (Line 19e)																
	FIEGEN REMODELING AT CEDAR	10/30/2021	R-2	100.00%	541,279	0	0	0	0	541,279	15.0	SL/GDS	FM	0	27,064	27,064
Total GDS 15-year property (Line 19e)					541,279	0	0	0	0	541,279				0	27,064	27,064
Subtotal Depreciation					2,803,024	0	0	0	0	2,803,024				1,093,528	172,574	1,266,103

Listed Property

Listed property with more than 50% business use (Line 25 and 26)

115	2003 CHEVY IMPALA	8/20/2003	V-5	100.00%	18,846	0	0	0	0	18,846	5.0	SL/GDS	FM	18,846	0	18,846
235	2005 CHEVY SILVERADO-MA	5/8/2012	V-5	100.00%	13,500	0	0	0	0	13,500	5.0	SL/GDS	FM	13,500	0	13,500
234	2007 CHEVY UPLANDER-REI	5/8/2012	V-5	100.00%	18,995	0	0	0	0	18,995	5.0	SL/GDS	FM	18,995	0	18,995
196	2008 Chevy Uplander-Gold	7/1/2008	V-5	100.00%	28,500	0	0	0	0	28,500	5.0	SL/GDS	FM	28,500	0	28,500
	2009 ELDORADO NAITONAL	6/30/2015	V-5	100.00%	19,500	0	0	0	0	19,500	5.0	SL/GDS	FM	19,500	0	19,500
	2009 FORD F150-WHITE	6/30/2015	V-5	100.00%	15,750	0	0	0	0	15,750	5.0	SL/GDS	FM	15,750	0	15,750
237	2011 CHEVY IMPALA-GRAY	5/14/2012	V-5	100.00%	15,000	0	0	0	0	15,000	5.0	SL/GDS	FM	15,000	0	15,000
236	2011 CHEVY IMPALA-SILVER	5/14/2012	V-5	100.00%	15,000	0	0	0	0	15,000	5.0	SL/GDS	FM	15,000	0	15,000
	2014 CHEVY IMPALA-WHITE	6/30/2015	V-5	100.00%	15,750	0	0	0	0	15,750	5.0	SL/GDS	FM	15,750	0	15,750
	2014 SILVER CHEVY IMPALA	6/23/2014	V-5	100.00%	17,900	0	0	0	0	17,900	5.0	SL/GDS	FM	17,900	0	17,900

Form 4562 Statement - 990

6/30/2022

SESDAC, INC 46-0319590

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2021 Deprec.	2021 Accum. Deprec.
	2014 White Sprinter Van	1/22/2014	V-5	100.00%	90,727	0	0	0	0	90,727	5.0	SL/GDS	FM	90,727	0	90,727
	2015 BLACK DODGE CARAV	12/22/2015	V-5	100.00%	18,950	0	0	0	0	18,950	5.0	SL/GDS	FM	18,950	0	18,950
	2016 DODGE ENTERVAN	12/24/2015	V-5	100.00%	37,693	0	0	0	0	37,693	5.0	SL/GDS	FM	37,693	0	37,693
	2016 Silver Chevy Impala	6/3/2017	V-5	100.00%	15,500	0	0	0	0	15,500	5.0	SL/GDS	FM	10,158	5,342	15,500
	2017 ElDorado Light Duty Bus	3/10/2017	V-6	100.00%	67,932	0	0	0	0	67,932	5.0	SL/GDS	FM	58,873	9,058	67,931
	New Motor for 2010 White Forc	6/20/2017	V-6	100.00%	7,500	0	0	0	0	7,500	5.0	SL/GDS	FM	6,125	1,375	7,500
Total listed prop with > 50% business use					417,043	0	0	0	0	417,043				401,267	15,775	417,042
Subtotal Listed Property					417,043	0	0	0	0	417,043				401,267	15,775	417,042
Total Depreciation and Amortization					3,220,067	0	0	0	0	3,220,067				1,494,795	188,349	1,683,145

Summary of Unadjusted Basis of Qualified Property (4562)

6/30/2022

Summary of Qualified Property by Activity

Activity	Unadjusted Cost or Basis
1 990	2,778,395

Detail of Qualified Property

Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
2 990	FASCIA REPAIR	9/30/2002	20.0	20	9,500	100.00%	9,500
3 990	WALL CONSTRUCTION	12/22/2005	25.0	17	4,468	100.00%	4,468
4 990	BUILDING RECONSTRUCTIO	3/31/2006	27.5	17	820,081	100.00%	820,081
5 990	KALIN AIR HEATING AIRCON	8/22/2006	20.0	16	5,268	100.00%	5,268
6 990	CABINETS IN RESTROOM	3/1/2007	27.5	16	1,251	100.00%	1,251
7 990	WALL PROTECTION, CABINE	6/1/2010	20.0	13	5,636	100.00%	5,636
8 990	WALL PROTECTION, CABINE	6/1/2010	20.0	13	6,651	100.00%	6,651
9 990	NEW SIDING	8/21/2002	20.0	20	9,104	100.00%	9,104
10 990	SHELTER	12/20/2002	20.0	20	4,036	100.00%	4,036
11 990	REPLACE SHEETROCK	1/10/2003	20.0	20	2,010	100.00%	2,010
12 990	BATHROOM REMODEL	2/17/2003	20.0	20	9,634	100.00%	9,634
13 990	Sidewalk	11/15/2004	25.0	18	1,285	100.00%	1,285
14 990	FURNACE AND AIR	12/1/2010	15.0	12	7,555	100.00%	7,555
15 990	NEW SIDING	9/16/2002	20.0	20	9,449	100.00%	9,449
16 990	SHELTER	12/20/2002	20.0	20	4,036	100.00%	4,036
17 990	REPLACE SHEETROCK	12/16/2002	20.0	20	3,104	100.00%	3,104
18 990	Sidewalk	11/15/2004	20.0	18	1,808	100.00%	1,808
19 990	FURNACE AND AIR	1/1/2011	15.0	12	7,655	100.00%	7,655
20 990	Sidewalk	11/15/2004	20.0	18	2,193	100.00%	2,193
21 990	Siding	6/1/2005	20.0	18	6,751	100.00%	6,751
22 990	Furnace and Air	7/1/2010	15.0	12	8,690	100.00%	8,690
23 990	Sidewalk	11/15/2004	20.0	18	359	100.00%	359
24 990	Siding	5/3/2005	20.0	18	5,191	100.00%	5,191
25 990	REPLACE WINDOWS	6/1/2011	15.0	12	7,342	100.00%	7,342
26 990	BAYLOR	1/1/2011	25.0	12	521,901	100.00%	521,901
27 990	Asphalt Parking Lot	9/12/2012	15.0	10	5,464	100.00%	5,464
28 990	HVAC units @ ELM	5/13/2013	10.0	10	9,117	100.00%	9,117
29 990	Smart Board	10/12/2012	5.0	10	8,587	100.00%	8,587
30 990	Fire Sprinkler at Cedar	10/14/2013	10.0	9	22,586	100.00%	22,586
31 990	Fire Sprinkler System at Waln	10/14/2013	10.0	9	30,838	100.00%	30,838
32 990	Protum Riding Lawn Mower	6/4/2014	5.0	9	7,042	100.00%	7,042
33 990	2014 White Sprinter Van	1/22/2014	5.0	9	90,727	100.00%	90,727
34 990	2009 ELDORADO NAITONAL	6/30/2015	5.0	8	19,500	100.00%	19,500
35 990	2009 FORD F150-WHITE	6/30/2015	5.0	8	15,750	100.00%	15,750
36 990	2014 CHEVY IMPALA-WHITE	6/30/2015	5.0	8	15,750	100.00%	15,750
37 990	CARPET AT 1314 CHERRY	9/17/2015	10.0	7	33,615	100.00%	33,615
38 990	HEALTHSENSE	10/13/2015	10.0	7	16,243	100.00%	16,243
39 990	2016 DODGE ENTERVAN	12/24/2015	5.0	7	37,693	100.00%	37,693
40 990	2015 BLACK DODGE CARAV	12/22/2015	5.0	7	18,950	100.00%	18,950
41 990	RESHINGLE ELM (HUD)	6/29/2016	10.0	7	7,600	100.00%	7,600
42 990	2017 EIdorado Light Duty Bus	3/10/2017	5.0	6	67,932	100.00%	67,932
43 990	2016 Silver Chevy Impala	6/3/2017	5.0	6	15,500	100.00%	15,500
44 990	New Motor for 2010 White For	6/20/2017	5.0	6	7,500	100.00%	7,500
45 990	FURNACE-SDHDA	5/20/2019	7.0	4	9,675	100.00%	9,675
46 990	2018 DODGE CARAVAN	1/18/2019	5.0	4	37,390	100.00%	37,390
47 990	FURNACE	7/1/2019	7.0	3	6,905	100.00%	6,905
48 990	WALNUT BUILDING UPDATE	9/19/2019	7.0	3	35,712	100.00%	35,712
49 990	2021 FORD DIAMOND 16+2 E	12/8/2020	5.0	2	81,780	100.00%	81,780
50 990	2021 FORD DIAMOND 16+2 E	12/8/2020	5.0	2	81,780	100.00%	81,780
51 990	2017 DODGE GRAND CARAV	10/30/2020	5.0	2	30,000	100.00%	30,000
52 990	CAMERA SECURITY SYSTEM	10/30/2020	7.0	2	16,838	100.00%	16,838
53 990	CAR WASH SYSTEM	9/30/2020	7.0	2	19,705	100.00%	19,705
54 990	FIEGEN REMODELING AT C	10/30/2021	15.0	1	541,279	100.00%	541,279
55 990	TELEPHONE SYSTEM & SEP	9/30/2021	5.0	1	21,979	100.00%	21,979