	00	0
Form	33	U

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2024 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.



A	For th	e 2023 calendar year, or tax year beginning and	ending		
в	Check if applicab	c Name of organization		D Employer identifi	cation number
	Addre chang	• SOLDIER STRONG INC			
	Initial	e Doing business as		46-21422	25
	Final Final		Room/suite 1 2 4	E Telephone numbe	
	termir ated			G Gross receipts \$	700,865.
	Amen	ded CTAMEODD CT OCOOF		H(a) Is this a group re	
	Applie	F Name and address of principal officer CRLSTOPHER MEEK		for subordinates	pression pressioners
	pendi	¹⁹ 1127 HIGH RIDGE ROAD, SUITE 124, STAMFO	ORD,	C H(b) Are all subordinates in	· · · · · · · · · · · · · · · · · · ·
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c		-	list. See instructions
	Websi			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Yea		A State of legal domicile: CT
P	art I	Summary			an ang baga ang baga sa na sa sa kang sa na na sa ng sa s
ø	1	Briefly describe the organization's mission or most significant activities: TO PI	ROVID	E SUPPORT AN	D
Activities & Governance	1	OPPORTUNITIES TO RETURNING SOLDIERS AND N	MILIT.	ARY PERSONNE	L TO ASSIST
ern	2	Check this box if the organization discontinued its operations or dispos	sed of mo	re than 25% of its net as	ssets.
NO				3	10
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	0
ivit	6	Total number of volunteers (estimate if necessary)		6	10
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	1.1.1			Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)	CONTRACTOR OF THE OWNER	1,727,190.	419,113.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,007.	1,131.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		256,448.	172,903.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,984,645.	593,147.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,651,867.	379,892.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
pen		Total fundraising expenses (Part IX, column (D), line 25) 81,77	78	· ·	
Ě		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		493,564.	327,242.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,145,431.	707,134.
		Revenue less expenses. Subtract line 18 from line 12		-160,786.	-113,987.
Or			B	eginning of Current Year	End of Year
Fund Balanc	20	Total assets (Part X, line 16)		1,226,205.	272,944.
As	21	Total liabilities (Part X, line 26)		1,024,203.	169,406.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		202,002.	103,538.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, correc	t, and complete Declaration of preparer (other than officer) is based on all information of wh	ich prepare	r has any knowledge.	
		I I I I I I I I I I I I I I I I I I I		IUT	3/24
Sig	n	Signature of officer		Date	ſ
Hei	e	CHRISTOPHER MEEK, CHAIRMAN Type or print name and title	a drago service - transmission - service		
				Data	
		Print/Type preparer's name Preparer's signature			X PTIN
Pai		CRISTINA ANDREANA CPA CRISTINA ANDREAN			
	parer	Firm's name ACT FINANCIAL AND TAX SERVICES, I	ььс	Firm's EIN 0	5-0595086
USE	Only	Firm's address 1200 SUMMER STREET, SUITE 107			2 227 5010
		STAMFORD, CT 06905		Phone no. 20	3-327-5010
The second se	NAME OF TAXABLE PARTY.	RS discuss this return with the preparer shown above? See instructions			X Yes No
LH/		Paperwork Reduction Act Notice, see the separate instructions. 332001 12 EE SCHEDULE O FOR ORGANIZATION MISSION ST		ENT CONTINUA	Form 990 (2023)

Form	990 (2023) SOLDIER STRONG INC	46-2142225	Page 2
Par	t 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:		
	TO PROVIDE SUPPORT AND OPPORTUNITIES TO RETURNING		
	MILITARY PERSONNEL TO ASSIST THEM IN RETURNING TO		
	WORKFORCE. TO PROVIDE BASIC ESSENTIALS TO THE MEN		
	ARMED FORCES SERVING ON THE BATTLEFIELDS FOR THE U		
2	Did the organization undertake any significant program services during the year which were not listed		XN
	prior Form 990 or 990-EZ?	LYes	
•	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
4	If "Yes," describe these changes on Schedule O.	nuises as measured by eveness	
4	Describe the organization's program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation		
	revenue, if any, for each program service reported.	ons to others, the total expenses,	anu
4a	(Code:) (Expenses \$ 586,210 · including grants of \$ 379,892	•) (Revenue \$ 419,	113.
та	SOLDIER STRONG HAS RAISED FUNDS AND PARTNERED WITH		
	ORGANIZATIONS AND CORPORATE SPONSORS TO COLLECT AND		
	FOR FRONT LINE TROOPS ON DUTY OVERSEAS, AND TO SHIT		
	NEEDED THE MOST. THE ORGANIZATION HAS ALSO RAISED		
	THE PURCHASE OF EXO-SKELETAL SUITS AND EQUIPMENT TO	O BE GIVEN TO	
	RETURNING WOUNDED TROOPS TO HELP THEM INTEGRATE BAG	CK INTO SOCIETY.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
10			
łc	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 586,210.	, 	
		Form 9	90 (2023
32002	2 12-21-23		
	3		
51	111137403SOLDIERSTR2023.04030SOLDIERSTRONG	INC SOLI	DIER1

Form	990	(2023)

Part IV Checklist of Required Schedules

SOLDIER STRONG INC

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	•	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
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</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		- 23
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
332003	3 12-21-23	Form	990	(2023)

14351111 137403 SOLDIERSTR

Form 990 (2023)	SOLDIER	STRONG	INC
Part IV Che	cklist of Required Sch	edules (cont	inued)

SOLDIER STRONG INC

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
02		32		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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
34		34		x
25.2		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	- 330		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
00	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	x	
332004	12-21-23			(2023)
20200-	5			,)

14351111 137403 SOLDIERSTR 2023.04030 SOLDIER STRONG INC

	990 (2023) SOLDIER STRONG INC 46-2142	225	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		V.	
0	Enter the number of employees reported on Form W/2. Transmittal of Wage and Tay Statements		Yes	No
Za	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 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
		20 3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00		
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country	14		
-	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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 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:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15		15		x
	excess parachute payment(s) during the year?	15		21
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
332005	5 12-21-23	Form	990	(2023)

6 14351111 137403 SOLDIERSTR 2023.04030 SOLDIER STRONG INC

Form 990 (2023)

SOLDIER STRONG INC

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.

Soc	Check if Schedule O contains a response or note to any line in this Part VI									
Sec	tion A. Governing body and Management				Yes	Т				
12	Enter the number of voting members of the governing body at the end of the tax year	1a	10	ו	Tes	t				
iu	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.									
h	Enter the number of voting members included on line 1a, above, who are independent	1b	10	b						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations			-						
2				2		ľ				
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under			2		╉				
3										
	of officers, directors, trustees, or key employees to a management company or other person?			3		╉				
4	Did the organization make any significant changes to its governing documents since the prior Form					┨				
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		┨				
6	5 , , , , , , , , , , , , , , , , , , ,									
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?									
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
b										
	persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					ł				
а	The governing body?			8a	X	4				
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eacheo	l at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9						
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Reven	le Code.)							
					Yes					
0a	Did the organization have local chapters, branches, or affiliates?			10a						
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapte	ers, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody bet	ore filing the form?	11a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					1				
	on Schedule O how this was done			12c	x					
3	Did the organization have a written whistleblower policy?			13	X	1				
4	Did the organization have a written document retention and destruction policy?			14	X	1				
5	Did the process for determining compensation of the following persons include a review and appro					1				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-	ndependent							
~	The organization's CEO, Executive Director, or top management official			15a		l				
	Other officers or key employees of the organization			15a						
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			150						
6-		omont	with a							
Ud	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang			16-		l				
	taxable entity during the year?			16a						
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					l				
	exempt status with respect to such arrangements?			16b						
	tion C. Disclosure	7232 1		· 7 T	<u> </u>	-				
7	List the states with which a copy of this Form 990 is required to be filed CT, HI, MS, UT,									
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	90-T (section 501(c)(3)s only) avai	la				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website I Upon request Other (expla		,							
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finan-										
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 to	oooks a	and records							
	CHRISTOPHER D MEEK - 203-832-2005									
		905								
2006	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	1 990) (
	7									
51	111 137403 SOLDIERSTR 2023.04030 SOLDIER STRONG	3 IN	C	SO	DI	F				

Part VII	Compensation of Officers,	Directors, T	Frustees, k	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contract	tors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	oox, unless person		erson is both an		h an	compensation	compensation	amount of
	week		cer an	nd a d I	d a director/trustee)		itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	suadu		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t con /ee		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormei			organizations
(1) CHRISTOPHER MEEK	3.00	-			×	тə	<u> </u>			
CHAIRMAN		x		x				0.	0.	0.
(2) KIM MOROS	2.00									
VICE CHAIRWOMAN		x		x				0.	0.	0.
(3) JEREMY WIEN	1.50									
TREASURER		x		x				0.	0.	0.
(4) KARLA CARPENTER	0.50									
SECRETARY		X		X				0.	0.	0.
(5) DARLENE ROSENKOETTER	0.50									
DIRECTOR		X						0.	0.	0.
(6) LEORA LEVY	0.50									
DIRECTOR		X						0.	0.	0.
(7) TYLER MCALLISTER	0.50									
DIRECTOR		Х						0.	0.	0.
(8) WILLIAM COLFER, III	0.50									
DIRECTOR		Х						0.	0.	0.
(9) MARIA LOVELLO	0.50									
DIRECTOR		Х						0.	0.	0.
(10) CHRISTINA STROBACK	3.00									_
EXECUTIVE DIRECTOR		X		х				0.	0.	0.
		<u> </u>		-	<u> </u>	-	<u> </u>			
222007 12 21 22		I	L	L	L	L	L	I		Form 990 (2023)

332007 12-21-23

14351111 137403 SOLDIERSTR

8

	990 (2023) SOLDIER S	STRONG 1	ENC	2						46-2142	225	D P	age 8
Par			ploy	ees,			ghe	st C			1		
	(A) Name and title	(B) Average hours per week	box	not cl , unle: cer an	heck i ss pei	i tion more rson i	than (is botl	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate mount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f org ar	npensa from th ganizat nd relat janizati	e ion ed
	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.	0.			0.
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100	0,000 of reportable			0
3	Did the organization list any former officer,				•			•		•	3	Yes	No X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	le co	ompe	ensa	ation	n and	d oth	ner compensation from	the organization	4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	ccrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indiv	idual for services	5		х
Sec 1	tion B. Independent Contractors Complete this table for your five highest con	mpensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100.000 of compension	sation	from	
	the organization. Report compensation for	-	-						the organization's tax	· · · ·			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices		C) ensatio	n
								+					
								+					
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lii	mite	d to	thos (~	sted	above) who received m	nore than	[c	990 (

332008 12-21-23

Form **990** (2023)

			Check if Schedule O	conta	ains a respo	onse	or note to any lin	e in this Part VIII			L
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
lts ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts											
s, G			—								
Sift lar											
inil Inil											
tion S		f	All other contributions, gifts,	grant	s, and						
ibut			similar amounts not included	l abov	/e 1f		419,113.				
d dr		g	Noncash contributions included in	n lines	1a-1f 1g \$	5					
a C		h	Total. Add lines 1a-1f					419,113.			
							Business Code				
e	2	а									
ervi ne		b									
Program Service Revenue		С									
Tan Sev		d									
rog		е									
L			All other program service								
			Total. Add lines 2a-2f								
	3		Investment income (inclue	•				1 1 2 1			1 1 2 1
			other similar amounts)				r	1,131.			1,131
	4		Income from investment of								
	5		Royalties								
					(i) Real		(ii) Personal				
	6		Gross rents	6a							
				6b							
			Rental income or (loss)	6c							
	_		Net rental income or (loss Gross amount from sales of	s)	(i) Securit		(ii) Other				
	'	a	assets other than inventory	7-		100					
		h	Less: cost or other basis	7a							
e		U	and sales expenses	7b							
ent		~	Gain or (loss)								
Jev			Net gain or (loss)								
Other Revenue	ß		Gross income from fundraisi								
f	ľ	u	including \$	-							
•			contributions reported on								
			Part IV, line 18		,	82	280,621.				
		b	Less: direct expenses			8b	107,718.				
			Net income or (loss) from					172,903.			172,903
	9		Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			s					
	10	а	Gross sales of inventory,	less i	returns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			ry					
Ś							Business Code				
Miscellaneous Revenue	11	а									
lane		b									
cell Veve		с									
Mis		d	All other revenue								
		е	Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ons				593,147.	0.	0.	,
33200	9 12	2-21	-23								Form 990 (2023

14351111 137403 SOLDIERSTR

10 2023.04030 SOLDIER STRONG INC

SOLDIER1

SOLDIER STRONG INC

Form 990 (2023) SOLDIER
Part VIII Statement of Revenue

SOLDIER STRONG INC

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).

Seci	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	210 000	21.0 0.00		
	and domestic governments. See Part IV, line 21	312,822.	312,822.		
2	Grants and other assistance to domestic		67 070		
	individuals. See Part IV, line 22	67,070.	67,070.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
с	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		113,822.	53,170.	19,457.	11 105
40	column (A), amount, list line 11g expenses on Sch O.)	150,884.	126,305.	,4J/•	41,195. 24,579.
12	Advertising and promotion	35,484.	14,068.	13,008.	8,408.
13	Office expenses	55,2020	14,000.	15,000.	0,400.
14 15	Information technology				
15 16	Royalties				
16		4,041.	1,048.		2,993.
17 18	Travel	1,011.	1,010.		
10	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20		245.	245.		
20 21	Payments to affiliates	215•	213.		
21	Depreciation, depletion, and amortization				
22	Insurance	1,905.	851.	527.	527.
23 24	Other expenses. Itemize expenses not covered	_,			
27	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 0.)				
2	MISCELLANEOUS EXPENSES	8,589.	2,851.	2,889.	2,849.
b	POSTAGE AND PRINTING	8,162.	4,081.	3,265.	816.
c	WEBSITE	4,110.	3,699.		411.
d		,	- ,		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	707,134.	586,210.	39,146.	81,778.
26	Joint costs. Complete this line only if the organization			-	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	· · · · · · ·				Earm 990 (2023)

332010 12-21-23

14351111 137403 SOLDIERSTR

SOLDIER STRONG INC

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

Form 990 (2023)

Part X Balance Sheet

(A) (B) Beginning of year End of year 156,588. 101,073. Cash - non-interest-bearing 1 1 64,706. 81,360. 2 2 Savings and temporary cash investments 1,044,049. 19,639. Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 8 Inventories for sale or use 1,377. 357. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 2,440. basis. Complete Part VI of Schedule D _____ 10a 2,440. 0. Ο. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 15,000. 15,000. 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 1,226,205. 272,944. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 74,203. 169,406. 17 Accounts payable and accrued expenses 17 950,000. 18 Grants payable 18 Ο. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 1,024,203. 169,406. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 151,557. 36,468. Net assets without donor restrictions 27 27 50,445. 67,070. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 202,002. 103,538. Total net assets or fund balances 32 32 1,226,205. 272,944. 33 33 Total liabilities and net assets/fund balances ...

46-2142225 Page 11

Form **990** (2023)

14351111 137403 SOLDIERSTR

SOLDIER1

Form	990 (2023) SOLDIER STRONG INC	46-	2142225	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	593	3,1	47.
2	Total expenses (must equal Part IX, column (A), line 25)	2			34.
3	Revenue less expenses. Subtract line 2 from line 1	3	-113		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			02.
5	Net unrealized gains (losses) on investments	5	15	5,5	23.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	103	3,5	38.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?				X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	

Form **990** (2023)

14351111 137403 SOLDIERSTR

SCHEDULE A	١
------------	---

(Form 990)

Total

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2023
Open to Public

Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection
		Go to www.irs.gov/	Form990 for instruction	ns and the	e latest in	formation.	Employor	•
Name of the organization			TNO					identification number
Daut I Daaaan		DIER STRONG						6-2142225
			(All organizations must o				ns.	
The organization is not a	•							
		•	on of churches describe		on 170(b)(1)(A)(i).		
2 A school des	cribed in sect	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3 A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
	-	zation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A	A)(iii). Enter	the hospital's name,
city, and stat	-							
	-	or the benefit of a co Complete Part II.)	ollege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in
			mental unit described in	contion 1	70/6//1//4	6.0		
							-	nu de lite, el e e quide e el ive
0			antial part of its support f	from a gov	ernmenta	I unit or from	the general	public described in
		Complete Part II.)						
			(1)(A)(vi). (Complete Par					
-	-	-	l in section 170(b)(1)(A)(-		-	-
	or a non-land-o	grant college of agric	culture (see instructions).	. Enter the	name, cit	y, and state o	of the colleg	e or
university:								
			than 33 1/3% of its sup					
			ct to certain exceptions;					•
income and u	unrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the c	rganization	after June 30, 1975.
See section	509(a)(2). (Co	mplete Part III.)						
11 An organizat	ion organized	and operated exclus	ively to test for public sa	afety. See	section 5	09(a)(4).		
12 An organizat	ion organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or
more publicly	/ supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, ar	nd 12g.	
a 🗌 Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	' giving
the suppor	ted organizati	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b Type II. As	supporting orc	anization supervised	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	iving
			anization vested in the s			-		-
	-	st complete Part IV,					9	
	.,	•	g organization operated	in connec	tion with	and function:	ally integrat	ed with
	-		s). You must complete I				any mograt	od with,
	-		porting organization oper				ortod organi	zation(c)
•••	-		zation generally must sa				•	. ,
	-			-		-	iu an alleni	iveness
	,	,	nplete Part IV, Sections		,			
	•		written determination fro			а Туре I, Туре	e II, Type III	
		• •	onally integrated support	ing organi	zation.			
f Enter the number		•						
	-	n about the supporte		(iv) Is the orac	anization listed	(.) And	(
(i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see i	,	(vi) Amount of other support (see instructions)
	·		above (see instructions))	Yes	No	support (see l	nstructionsj	
		1	1	1	1			1

Schedule A (Form 990) 2023

SOLDIER STRONG INC

46-2142225	Page 2
------------	---------------

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,867,931.	787,245.	1,218,092.	2,199,937.	698,632.	6,771,837.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1,867,931.	787,245.	1,218,092.	2,199,937.	698,632.	6,771,837.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						6,771,837.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1,867,931.	787,245.	1,218,092.	2,199,937.	698,632.	6,771,837.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	8,617.	522.	726.	1,007.	1,131.	12,003.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6,783,840.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	, ,
	First 5 years. If the Form 990 is for the		,				
	organization, check this box and stor	-	, , ,	, ,	, 		
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2023 (line 6, column (f), c	livided by line 11, o	column (f))		14	99.82 %
	Public support percentage from 2022					15	99.87 %
	33 1/3% support test - 2023. If the o					nore, check this bo	x and
	stop here. The organization qualifies	-				·	V
b	33 1/3% support test - 2022. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances tes	•	•		•		
-	more, and if the organization meets tl	0				-	
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				
			, ·	. , ,			Form 990) 2023

Schedule A (Form 990) 2023

332022 12-21-23

14351111 137403 SOLDIERSTR

SOLDIER STRONG INC

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			_			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		L				
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	k year as a section	501(c)(3) orga	nization,
<u> </u>	check this box and stop here						
	ction C. Computation of Publ		•				0/
	Public support percentage for 2023 (15	%
	Public support percentage from 2022 ction D. Computation of Inve					16	%
	•		•		<u>\</u>	17	0/
	Investment income percentage for 20 Investment income percentage from					17	<u>%</u> %
	33 1/3% support tests - 2023. If the						
198	more than 33 1/3%, check this box a						
Ь	33 1/3% support tests - 2022. If the						
D D	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23	an and not oneon a	557 OF INC 14, 18				ule A (Form 990) 2023
JJ204				16		Coneu	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

332024 12-21-23

14351111 137403 SOLDIERSTR

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one 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.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

|--|

			Yes	Ĺ
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ſ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).	1		l
Sec	tion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 332025 12-21-23

2a 2b За 3b

No Yes

14351111 137403 SOLDIERSTR

18 2023.04030 SOLDIER STRONG INC Schedule A (Form 990) 2023

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

Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions	Current Year						
1	Amounts paid to supported organizations to accomplish exe	1						
2	Amounts paid to perform activity that directly furthers exemption							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns 3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which t	he organization is responsive	e					
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2023 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
а	From 2018							
b	From 2019							
с	From 2020							
d	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
i	Carryover from 2018 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2019							
b	Excess from 2020							
с	Excess from 2021							
d	Excess from 2022							
е	Excess from 2023							

Schedule A (Form 990) 2023

14351111 137403 SOLDIERSTR

Schedule A	(Form 990) 2023

	line 1; Part IV, Sec Section D, lines 5, (See instructions.)	6, and 8; and Part V	o, 4c, 5a, 6, 9a, 9b, 9c, ; Part IV, Section E, lines /, Section E, lines 2, 5, a	s 1c, 2a, 2b, 3a, a nd 6. Also comple	no 3b; Part V, ete this part fo	ne 1; Part V r any additio	r, Section B, lir nal information	ie 1e; Part \
	<u>, </u>							
32028 12-21-2	3			01			Schedule A	(Form 990
	137403 SO		2023.04030	21	CUDONC	TNO		SOLDI

SCHEDULE [)
------------	---

Department of the Treasury

Internal Revenue Service

(Form	990)
-------	------

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

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



Name of the organization

SOLDIER STRONG INC

Employer identification number 46-2142225

Pa			^r Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in			
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant fund	s can be used o	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other	purpose confer	
D				
Pa		-	rm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea			prically important land area
	Protection of natural habitat	Preser	vation of a certi	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in	the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				_2b
с	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included on line 2c acqu	•		
_	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminat	ed by the orgar	nization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
~	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enfor	cing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing	conservation ea	asements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of sect	ion 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financia	al statements th	nat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasure	s, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue sta	atement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or rese	arch in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes t	hese items.	
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or researc	ch in furtheranc	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre		r financial gain,	provide
	the following amounts required to be reported under FASB $\ensuremath{\sc A}$	ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
-	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2023
33205	09-28-23			

14351111 137403 SOLDIERSTR

		STRONG IN		<u></u>			142225		ge 2
	t III Organizations Maintaining C		-					ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of	the following that	make sig	nificant use of i	ts		
	collection items (check all that apply).								
a		C		exchange progra					
b	Scholarly research	e	• Differ						
c	Preservation for future generations								
4	Provide a description of the organization's c						art XIII.		
5	During the year, did the organization solicit of					_			
Do	to be sold to raise funds rather than to be m						Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	te if the organiza	tion answered "Y	'es" on ⊦o	orm 990, Part IV	, line 9, or		
4			-11			l			
1a	Is the organization an agent, trustee, custod						No.		NI -
	on Form 990, Part X?					L	Yes		No
a	If "Yes," explain the arrangement in Part XIII	and complete the to	bliowing table:				Amount		
	De viewie e la la se						Amount		
	Beginning balance								
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance								
	Did the organization include an amount on F					r?L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.								
Fai	t V Endowment Funds Complete if	(a) Current year) Three years bac	k (e) Four	voare h	ack
		(a) Current year	(b) Prior year					years i	аск
	Beginning of year balance						_		
b	Contributions								
С	Net investment earnings, gains, and losses						_		
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs						_		
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, colum	ın (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	<u>%</u>							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are he	ld and administer	red for the		-		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		
	(ii) Related organizations?						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule	R?			3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	owment funds.						
Par	t VI Land, Buildings, and Equipm	nent							
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11	a. See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or c basis (investr		ost or other sis (other)		umulated eciation	(d) Booł	value	
1a	Land								
	Buildings								
	Leasehold improvements					1			
	Equipment			2,440.		2,440.			0.
	Other								
	Add lines 1a through 1e. (Column (d) must e		X, line 10c. colu	ımn (B))					0.
			, ,	\ // ·····		I			

Schedule D (Form 990) 2023

332052 09-28-23

14351111 137403 SOLDIERSTR

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(X) (H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 000 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of yoar market value
		(c) method of valuation. Cost of end	orytal market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
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
			(is) Beent talde
(1)			
(1) (2)			
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)	o((B))		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities		11e or 11f See Form 990 Part X line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes"		11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability		11e or 11f. See Form 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25	· · ·
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line		· · ·

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

Schedule D (Form 990) 2023

332053 09-28-23

14351111 137403 SOLDIERSTR

Sche	dule D (Form 990) 2023 SOLDIER STRONG INC			46-2	142225	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	608	,670.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	15,523.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,523.
3	Subtract line 2e from line 1			3	593	,147.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	_				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	593	,147.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	n Expenses per	Retur	'n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	707	,134.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	707	,134.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	707	,134.
Pa	t XIII Supplemental Information					

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

PART X, LINE 2:

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE

ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN

AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED

UPON EXAMINATION BY TAXING AUTHORITIES.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT

THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF

THIS GUIDANCE. THE ORGANIZATION DID NOT RECORD ANY INTEREST OR PENALTIES

ON UNCERTAIN TAX POSITIONS IN THE ACCOMPANYING STATEMENTS OF FINANCIAL

POSITION AS OF DECEMBER 31, 2023 AND 2022, OR IN THE ACCOMPANYING

STATEMENTS OF ACTIVITIES FOR THE YEARS THEN ENDED. IF THE ORGANIZATION

30

332054 09-28-23

14351111 137403 SOLDIERSTR 2023.04030 SOLDIER STRONG INC

46-2142225 Page 5 SOLDIER STRONG INC Schedule D (Form 990) 2023 Part XIII Supplemental Information (continued) WERE TO INCUR ANY INCOME TAX LIABILITY IN THE FUTURE, INTEREST ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INTEREST EXPENSE AND PENALTIES ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INCOME TAXES.

Schedule D (Form 990) 2023

332055 09-28-23

14351111 137403 SOLDIERSTR

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	vities	DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on rganization entered more than \$1				or 19	, or if the	2023
Department of the Treasury		Attach to Form 990 of						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and t	he latest informatio	n.		Inspection
Name of the organization		STRONG INC					46 - 2142	entification number
Part I Fundrais		Complete if the organization answe	ered "Y	es" o	n Form 990. Part IV. I	ine 1		
required to	complete this par	t.						
a Aail solicitat b Internet and c Phone solici d In-person so	tions email solicitations tations licitations		tion of tion of fundra	non-g gover aising	overnment grants nment grants events		s, or	
		art VII) or entity in connection with p					Yes	s 🗌 No
	•	viduals or entities (fundraisers) pursu	uant to	agree	ements under which t	the fu	undraiser is to I	be
compensated at le	east \$5,000 by the	organization.	1					1
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total	<u></u>		<u></u>	<u></u> .				
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrik	oution	s or has been notified	d it is	exempt from r	egistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

14351111 137403 SOLDIERSTR

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

		(a) Event #1 FUNDRAISING EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
2		(event type)	(event type)	(total number)	
00000	1 Gross receipts	280,621.			280,621
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				280,621
	4 Cash prizes				
	5 Noncash prizes				
· · · · · · · · · · · · · · · · · · ·	6 Rent/facility costs				36,469
חוובתי באחבווסבס	7 Food and beverages	5,042.	,		5,042
ז	8 Entertainment				
	9 Other direct expenses		,		66,207
	10 Direct expense summary. Add lines 4 throu		·		107,718
	11 Net income summary. Subtract line 10 fror				172,903
-	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.			reported more than	
000000		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	1 Gross revenue				
	Gross revenue 2 Cash prizes				
	2 Cash prizes				
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 				
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 			Yes %	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 		└── Yes % └── No	└── Yes% └── No	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 			No	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 		□ No	□ No	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the second second		□ No	□ No	
	 Cash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line Enter the state(s) in which the organization cor 		No	<u>No</u>	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the second second		No No	<u>No</u>	
	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization corrules the organization licensed to conduct gaming of f "No," explain: 		• states?	□ No	
) a b	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throu 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization cor Is the organization licensed to conduct gaming If "No," explain: 		e states?	□ No	
) a b	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization corrules the organization licensed to conduct gaming of f "No," explain: 		e states?	□ No	

Sche	dule G (Form 990) 2023	SOLDIER	STRONG	INC		46-2	142225	Page
11	Does the organization conduct	t gaming activities	with nonmemb	ers?			Yes	
	Is the organization a grantor, b							
1	to administer charitable gaming	g?					Yes	L N
13	Indicate the percentage of gan	ning activity condu	icted in:					
a	The organization's facility						13a	
b/	An outside facility						13b	
14	Enter the name and address of	f the person who p	repares the org	ganization's g	aming/special events books	and records:		
I	Name							
/	Address							
								┌┐.
15a	Does the organization have a c	contract with a third	d party from wh	nom the organ	lization receives gaming reve	nue?	_ L Yes	∟ N
ы	If "Yes," enter the amount of g	aming rovonuo roc	aived by the or	appization	\$ar	nd the amount		
				yanization	φ ai	iu the amount		
	of gaming revenue retained by							
C	If "Yes," enter name and addre	ess of the third par	ty.					
	Name							
I	INGUID							
	Address							
16	Gaming manager information:							
I	Name							
(Gaming manager compensatio	on \$						
I	Description of services provide	ed						
			F					
	Director/officer	Employee	· L	Independ	ent contractor			
	Mandatory distributions:							
	Is the organization required un							
1	retain the state gaming license	?					. L Yes	
	Enter the amount of distributio	-		distributed to	o other exempt organizations	or spent in the		
Par	organization's own exempt act			*:	d by Part I, line 2b, columns (ut III. linea O	05 105
Fai			-	-	ormation. See instructions.	ili) and (v), and Pa	rt III, iiries 9,	90, 100
	150, 150, 10, and 170,	, as applicable. Als	o provide any a					
332083	3 09-13-23			~		Schede	ule G (Form	990) 20
) – 4	111 100400		0000 01	3		10		
51	111 137403 SOLD	LERSTR	2023.04	1030 SO	LDIER STRONG IN	NC	SOL	DIER1

14351111 137403 SOLDIERSTR

SOLDIER1

332084 04-01-23	35	
		Schedule G (Form 990)

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organizatio	nd Individua	ls in the Ŭn	ited States		OMB No. 1545-0047
Department of the Treasury	• • · · · · ·	-	Attach to Forn	n 990.			Open to Public
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization SOLDIER	STRONG INC						Employer identification number $46-2142225$
Part I General Information on Grants	and Assistance						
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's part 	sistance? procedures for monit	oring the use of grant	funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance t recipient that received more that					anization answered "א	es" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
USC INSTITUTE FOR CREATIVE TECHNOLOGY - 12015 E WATERFRONT D - LOS ANGELES, CA 90094			100,000.	18,600.	BOOK VALUE	VR TECHNOLOGY	VIRTUAL REALITY HUMAN WELLNESS FOR VETERANS AND SERVICEMEMBERS WITH PTSD
OSCAR MIKE FOUNDATION 616 CANDLEWICK DRIVE POPLAR GROVE, IL 61065			73,600.	0.	CASH VALUE		DOONATIONS TO OTHER CHARITIES IN SUPPORT OF VETERANS
2 Enter total number of section 501(c)(3)	and government or	ganizations listed in th	ne line 1 table		 	 	

3 Enter total number of other organizations listed in the line 1 table

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR HIGHER EDUCATION	2	12,500.	٥.	CASH VALUE	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O (Form 990)

(FOITH 990) Department of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Supplemental Information to Form 990 or 990-EZ

EZ 2023 Open to Public Inspection Employer identification number

46-2142225

OMB No 1545-0047

SOLDIER STRONG INC

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

THEM IN RETURNING TO CIVILIAN LIFE AND WORKFORCE. TO PROVIDE BASIC

ESSENTIALS TO THE MEN AND WOMEN OF U.S. ARMED FORCES SERVING ON THE

BATTLEFIELDS FOR THE UNITED STATES OF AMERICA. TO PROVIDE FUNDING AND

SUPPORT FOR EXO-SKELETAL SUIT PURCHASE AND RESEARCH. TO PROVIDE

FUNDING AND SUPPORT FOR VETERANS AND SERVICEMEMBERS SUFFERING FROM

PTSD.

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

AMERICA. TO PROVIDE FUNDING AND SUPPORT FOR EXO-SKELETAL SUIT PURCHASE

AND RESEARCH. TO PROVIDE FUNDING AND SUPPORT FOR VETERANS AND

SERVICEMEMBERS SUFFERING FROM PTSD.

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

SOLDIER STRONG INC HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM, AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT, AND IS READY TO BE FILED WITH THE IRS, IT IS ELECTRONICALLY SENT TO THE BOARD OF THE ORGANIZATION FOR COMMENTS. ANY COMMENTS ARE GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

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

 THE INTERESTED PERSON SHALL REFRAIN FROM VOTING ON ANY SUCH TRANSACTION,

 PARTICIPATING IN DELIBERATIONS IN WHICH SUCH TRANSACTION IS CONSIDERED OR

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

 38

 14351111
 137403 SOLDIERSTR

 2023.04030
 SOLDIER STRONG INC

Schedule O (Form 990) 2023	Page 2
Name of the organization SOLDIER STRONG INC	Employer identification number $46-2142225$
PERSONALLY INFLUENCING ANY DECISIONS RELATED TO THE CONFL	ICT. THE BOARD
MINUTES OF THE MEETING SHALL DISCLOSE THE NAME OF THE INT	ERESTED PERSON AND
THE CONFLICT OF INTEREST. THE CONFLICT OF INTEREST POLICY	STATEMENT SHALL
BE MADE AVAILABLE TO EACH DIRECTOR, WHO SHALL BE REQUIRED	TO ACKNOWLEDGE IN
WRITING THE REQUIREMENT TO REPORT POTENTIAL CONFLICTS OF	INTEREST.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CT, HI, MS, UT, KY, MD, FL, KS, IL, AL, TN, RI, VA, SC, NC, OR, MA, CA, NY, MN, PA, ME, WA, FL, AR NM

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

THE ORGANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE ON GUIDESTAR.ORG. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 1127 HIGH RIDGE ROAD, STAMFORD, CT 06905, OR BY CALLING THE ORGANIZATION DIRECTLY AT 203-832-2005.

FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	53,170.
MANAGEMENT AND GENERAL EXPENSES	19,457.
FUNDRAISING EXPENSES	7,482.
TOTAL EXPENSES	80,109.

GRANTWRITING FEES:

PROGRAM SERVICE EXPENSES

Ο.

Ο.

	D (Form 990) ie organizati	on	LDII	ER STI	RONG	INC						Pa Employer identification nun 46-2142225
FUNDRA	AISING	EXPE	NSES	3								33,71
TOTAL	EXPEN	SES										33,71
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A	113,82
332212 11-14	-23							40				Schedule O (Form 990)
51111	13740	3 SOL	DIE	RSTR	20	23.04	030	SOLDI	ER S'	TRONG	INC	SOLDIE

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

FORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	TELEPHONE	11/17/17	SL	5.00		16	1,222.				1,222.	1,222.		0.	1,222.
2	EQUIPMENT	01/03/18	SL	5.00		16	1,218.				1,218.	1,218.		Ο.	1,218.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						2,440.				2,440.	2,440.		0.	2,440.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,440.				2,440.	2,440.		0.	2,440.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone