	0		Short Form	-	_	_		OMB No. 1545-0047
Form	195	90-EZ	Return of Organization Exemp	ot Fr	om Income	Tax	ζ	0004
			Under section 501(c), 527, or 4947(a)(1) of the Internal Reve	enue C	ode (except private	founda	tions	, 2021
			Do not enter social security numbers on this for	orm, as	it may be made pu	blic.		On an As Dublis
	Department of the Treasury nternal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.							Open to Public Inspection
			year, or tax year beginning		and ending			
a	heck if pplicab	le: UN	ame of organization			D Emplo	oyer id	lentification number
X	Addre		DAP PROJECT					
	Name		AVE OUR ADOLESCENTS FROM PROSTIT	UTI				**3223
		return (ber and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	_ termi	nated PC	D BOX 645 or town, state or province, country, and ZIP or foreign postal code					105-1308
	-	T.7/	ORTHINGTON, OH 43085			F Group	•	•
G		ation pending W nting Method:	X Cash Accrual Other (specify) ►				ber ▶ ⊭ ▶	if the organization is
			SOAPPROJECT.ORG					d to attach Schedule B
		-	eck only one) $ \mathbf{X}$ 501(c)(3) $\mathbf{\Sigma}$ 501(c) () \blacktriangleleft (insert no.)	4	947(a)(1) or 527		n 990).	
			X Corporation Trust Association	0ther			/	
		-	b to line 9 to determine gross receipts. If gross receipts are \$200,000 o	or more,	or if total assets (Part	I,		
		<u>n (B))</u> are \$500,0	000 or more, file Form 990 instead of Form 990-EZ e, Expenses, and Changes in Net Assets or Fund			🕨	▶ \$	190,097.
Pa	nrt I							·
			organization used Schedule O to respond to any question in this Part I			<u></u>		<u> </u>
	1		gifts, grants, and similar amounts received				1	<u> </u>
	2		e revenue including government fees and contracts				2	1,300.
	3	Invoctment inc	ues and assessmentsSI	2 F 9	CHEDIILE O		3 4	<u> </u>
	4 5a		from sale of assets other than inventory				4	0.
	b		ther basis and sales expenses					
	c		from sale of assets other than inventory (subtract line 5b from line 5a)		1		5c	
	6		ndraising events:					
đ	a	Gross income	from gaming (attach Schedule G if greater than					
nue		\$15,000)		6a		_		
Revenue	b	Gross income	from fundraising events (not including \$	_ of co	ntributions			
"			ng events reported on line 1) (attach Schedule G if the sum of such		1			
		-	and contributions exceeds \$15,000)	6b		_		
			penses from gaming and fundraising events	<u>6c</u>		-		
	_		(loss) from gaming and fundraising events (add lines 6a and 6b and su		16,3		<u>6d</u>	
	7a b		inventory, less returns and allowances oods sold <u>SEE SCHEDULE O</u>	7a 7b	7,6			
	c		(loss) from sales of inventory (subtract line 7b from line 7a)		· · ·		7c	8,728.
	8		(describe in Schedule O)				8	
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	182,462.
	10	Grants and sim	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	EE S	CHEDULE O		10	450.
	11	Benefits paid to	o or for members				11	
es	12		compensation, and employee benefits				12	63,979.
Expenses	13		es and other payments to independent contractors				13	29,427.
ă	14	Occupancy, rei	nt, utilities, and maintenance				14	<u>4,253.</u> 2,683.
-	15		ations, postage, and shipping s (describe in Schedule O) SI	קים אינ	CHEDIILE O		15	37,322.
	16 17	-	s. Add lines 10 through 16				<u>16</u> 17	138,114.
	18		cit) for the year (subtract line 17 from line 9)				18	44,348.
ets	19		und balances at beginning of year (from line 27, column (A))			·····		
Net Assets			th end-of-year figure reported on prior year's return)			[19	14,368.
let,	20						20	0.
2	21	Net assets or f	und balances at end of year. Combine lines 18 through 20				21	58,716.
LHA	For	Paperwork Red	luction Act Notice, see the separate instructions.					Form 990-EZ (2021)

132171 12-08-21

	SOAP PROJECT					
Forr	n 990-EZ (2021) SAVE OUR ADOLESCENTS FROM	PROSTITUTIO	N	**_	***32	23 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	oond to any questic			<u></u>	X
			(A) Beginning of year			nd of year
22	Cash, savings, and investments		127,223	• 22		160,551.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0) SEE SCHEDULE O	·	3,097	• 24		2,765. 163,316.
25	Total assets		130,320	• 25		<u>163,316.</u>
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O		115,952			104,600.
_27			14,368	• 27		58,716.
Pa	art III Statement of Program Service Accomplishmen		,			penses
	Check if the organization used Schedule O to resp		on in this Part III	X		for section and 501(c)(4)
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O					ons; optional for
	ribe the organization's program service accomplishments for each of its three largest program se		ses. In a clear and concise		others.)	
	her, describe the services provided, the number of persons benefited, and other relevant informat	tion for each program title.				
28	SEE SCHEDULE O					
				_		
	(Grants \$) If this amount includes foreign g		>		28a	70,159.
29	THE JOURNEY OF GRACE SURVIVOR RETREA	ATS				
			`			20 625
	Grants) If this amount includes foreign g SURVIVOR SERVICES: SUPPORT GROUP, C				29a	30,635.
30	EMERGENCY SERVICES	COUNSELING,	AND			
	EMERGENCI SERVICES					
	(Cranta ()) If this amount includes fareign a	reanta abaali bara			30a	6,550.
01	(Grants \$) If this amount includes foreign g Other program services (describe in Schedule O) SEE SCHE				308	0,550.
31						
			•		210	9 162
	(Grants \$) If this amount includes foreign g				31a	<u>9,162.</u>
32	(Grants \$) If this amount includes foreign g Total program service expenses (add lines 28a through 31a)	grants, check here			32	116,506.
32	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er	grants, check here	ne even if not compensated -	see the i	32	116,506.
32	(Grants \$) If this amount includes foreign g Total program service expenses (add lines 28a through 31a)	mployees (list each or ond to any questic	ne even if not compensated - On in this Part IV (c) Reportable		32	116,506.
32	(Grants \$) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp	grants, check here	ne even if not compensated -	(d) He	32	116,506.
32	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er	mployees (list each or cond to any questic (b) Average hours	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms	(d) He contr emplo plans,	32 instructions fo ealth benefits, ributions to	116,506. r Part IV) (e) Estimated
32 Pa	(Grants \$) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp	mployees (list each or cond to any questic (b) Average hours per week devoted to	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) 1099-MISC)	(d) He contr emplo plans,	32 instructions fo math benefits, ributions to oyee benefit and deferred	116,506. r Part IV) (e) Estimated amount of other
32 P : TH	(Grants \$) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title	mployees (list each or cond to any questic (b) Average hours per week devoted to	ne even if not compensated - on in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) He contr emplo plans,	32 instructions fo math benefits, ributions to oyee benefit and deferred	116,506. Part IV) (e) Estimated amount of other compensation
32 Pi TH PR	(Grants \$) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title ERESA FLORES-LEON	mployees (list each or cond to any question (b) Average hours per week devoted to position	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) 1099-MISC)	(d) He contr emplo plans,	32 instructions fo ealth benefits, ributions to oyee benefit and deferred appensation	116,506. r Part IV) (e) Estimated amount of other
32 Pi TH PR LE	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title ERESA FLORES-LEON ESIDENT/CEO	mployees (list each or cond to any question (b) Average hours per week devoted to position	ne even if not compensated - on in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) He contr emplo plans,	32 instructions fo ealth benefits, ributions to oyee benefit and deferred appensation	(e) Estimated amount of other compensation
32 Pi TH PF LE VI	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title ERESA FLORES-LEON ESIDENT/CEO E LEON	grants, check here mployees cond to any questic (b) Average hours per week devoted to position 40.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-27/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000.	(d) He contr emplo plans,	32 instructions fo waith benefits, ributions to oyee benefit and deferred appensation 0.	116,506. Part IV) (e) Estimated amount of other compensation
32 THPF LEVI D	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title EERESA FLORES-LEON ESIDENT/CEO E LEON CE PRESIDENT	grants, check here mployees cond to any questic (b) Average hours per week devoted to position 40.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-27/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000.	(d) He contr emplo plans,	32 instructions fo waith benefits, ributions to oyee benefit and deferred appensation 0.	116,506. (e) Estimated amount of other compensation 0. 0.
32 Pi TH PR LH VI DF TR	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title ERESA FLORES-LEON ESIDENT / CEO E LEON CE PRESIDENT SVIN JOSS EASURER	mployees (list each or cond to any questic (b) Average hours per week devoted to position 40.00 4.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000. 0.	(d) He contr emplo plans,	32 instructions fo ealth benefits, ributions to oyee benefit and deferred ppensation 0. 0.	(e) Estimated amount of other compensation
32 P H F F F F L F F F F A	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title EERESA FLORES-LEON ESIDENT/CEO E LEON CE PRESIDENT VIN JOSS	mployees (list each or cond to any questic (b) Average hours per week devoted to position 40.00 4.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000. 0.	(d) He contr emplo plans,	32 instructions fo ealth benefits, ributions to oyee benefit and deferred ppensation 0. 0.	116,506. (e) Estimated amount of other compensation 0. 0.
32 P T F F F F F F F F F F F F F F F F F F	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title EESIDENT/CEO EE LEON CE PRESIDENT SVIN JOSS EASURER Y DEVERSON ROBERTS	grants, check here mployees (list each or cond to any questic (b) Average hours per week devoted to position 40.00 4.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000. 0.	(d) He contr emplo plans,	32 instructions fo watch benefits, ributions to oyee benefit and deferred appensation 0. 0.	116,506. (e) Estimated amount of other compensation 0. 0.
32 PI THEFEUTIDEFASER	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title EERESA FLORES-LEON ESIDENT/CEO E LEON CCE PRESIDENT VIN JOSS EASURER IY DEVERSON ROBERTS CRETARY	prants, check here mployees (list each or cond to any questic (b) Average hours per week devoted to position 40.00 4.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000. 0.	(d) He contr emplo plans,	32 instructions fo watch benefits, ributions to oyee benefit and deferred appensation 0. 0.	116,506. (e) Estimated amount of other compensation 0. 0. 0.
32 P THEFEVIDERASEUD	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title EERESA FLORES-LEON ESIDENT/CEO EE LEON CE PRESIDENT EVIN JOSS EASURER Y DEVERSON ROBERTS CRETARY TH DOWNING	grants, check here mployees (list each or cond to any questic (b) Average hours per week devoted to position 40.00 4.00 2.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000. 0. 0.	(d) He contr emplo plans,	32 instructions fo alth benefits, ributions to oyee benefit and deferred opensation 0. 0. 0. 0.	116,506. (e) Estimated amount of other compensation 0. 0.
	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title EERESA FLORES-LEON ESIDENT/CEO EE LEON CE PRESIDENT VIN JOSS EASURER Y DEVERSON ROBERTS CRETARY TH DOWNING ARD MEMBER	grants, check here mployees (list each or cond to any questic (b) Average hours per week devoted to position 40.00 4.00 2.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000. 0. 0.	(d) He contr emplo plans,	32 instructions fo alth benefits, ributions to oyee benefit and deferred opensation 0. 0. 0. 0.	116,506. (e) Estimated amount of other compensation 0. 0. 0.
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32 P. THELUUDERASCOC	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title EERESA FLORES-LEON ESIDENT/CEO E LEON CCE PRESIDENT VIN JOSS EASURER Y DEVERSON ROBERTS CRETARY TH DOWNING ARD MEMBER VIN L. GREENWOOD ARD MEMBER	prants, check here mployees (list each or pond to any questic (b) Average hours per week devoted to position 40.00 4.00 2.00 1.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000. 0. 0. 0.	(d) He contr emplo plans,	32 instructions fo salth benefits, ributions to oyee benefit and deferred ppensation 0. 0. 0. 0. 0.	116,506. (e) Estimated amount of other compensation 0. 0. 0. 0.
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32 P THELVERASCORDERS	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title EERESA FLORES-LEON ESIDENT/CEO E LEON CE PRESIDENT VIN JOSS EASURER Y DEVERSON ROBERTS CRETARY TH DOWNING ARD MEMBER VIN L. GREENWOOD ARD MEMBER LLY POPA ARD MEMBER RRY CARTER ECUTIVE DIRECTOR MANTHA FLORES	mployees (list each or cond to any questic (b) Average hours per week devoted to position 40.00 4.00 4.00 2.00 1.00 1.00 2.00 40.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	32 instructions fo salth benefits, ributions to oyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	116,506. (e) Estimated amount of other compensation 0.
32 P THELVERASCORDERS	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title EERESA FLORES-LEON ESIDENT/CEO EE LEON CE PRESIDENT VIN JOSS EASURER Y DEVERSON ROBERTS CRETARY TH DOWNING OARD MEMBER VIN L. GREENWOOD OARD MEMBER LLY POPA OARD MEMBER ERY CARTER ECUTIVE DIRECTOR	prants, check here mployees (list each or cond to any questic (b) Average hours per week devoted to position 40.00 4.00 2.00 1.00 2.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	32 instructions fo salth benefits, oyee benefit and deferred opensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	116,506. (Part IV) (e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
32 P THELVERASCORDERS	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title EERESA FLORES-LEON ESIDENT/CEO E LEON CE PRESIDENT VIN JOSS EASURER Y DEVERSON ROBERTS CRETARY TH DOWNING ARD MEMBER VIN L. GREENWOOD ARD MEMBER LLY POPA ARD MEMBER RRY CARTER ECUTIVE DIRECTOR MANTHA FLORES	mployees (list each or cond to any questic (b) Average hours per week devoted to position 40.00 4.00 4.00 2.00 1.00 1.00 2.00 40.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	32 instructions fo salth benefits, ributions to oyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	116,506. (e) Estimated amount of other compensation 0.
32 P THELVERASCORDERS	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title EERESA FLORES-LEON ESIDENT/CEO E LEON CE PRESIDENT VIN JOSS EASURER Y DEVERSON ROBERTS CRETARY TH DOWNING ARD MEMBER VIN L. GREENWOOD ARD MEMBER LLY POPA ARD MEMBER RRY CARTER ECUTIVE DIRECTOR MANTHA FLORES	mployees (list each or cond to any questic (b) Average hours per week devoted to position 40.00 4.00 4.00 2.00 1.00 1.00 2.00 40.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	32 instructions fo salth benefits, ributions to oyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	116,506. (e) Estimated amount of other compensation 0.
32 P THELVERASCORDERS	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title EERESA FLORES-LEON ESIDENT/CEO E LEON CE PRESIDENT VIN JOSS EASURER Y DEVERSON ROBERTS CRETARY TH DOWNING ARD MEMBER VIN L. GREENWOOD ARD MEMBER LLY POPA ARD MEMBER RRY CARTER ECUTIVE DIRECTOR MANTHA FLORES	mployees (list each or cond to any questic (b) Average hours per week devoted to position 40.00 4.00 4.00 2.00 1.00 1.00 2.00 40.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	32 instructions fo salth benefits, ributions to oyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	116,506. (e) Estimated amount of other compensation 0.
32 P THELVERASCORDERS	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title EERESA FLORES-LEON ESIDENT/CEO E LEON CE PRESIDENT VIN JOSS EASURER Y DEVERSON ROBERTS CRETARY TH DOWNING ARD MEMBER VIN L. GREENWOOD ARD MEMBER LLY POPA ARD MEMBER RRY CARTER ECUTIVE DIRECTOR MANTHA FLORES	mployees (list each or cond to any questic (b) Average hours per week devoted to position 40.00 4.00 4.00 2.00 1.00 1.00 2.00 40.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	32 instructions fo salth benefits, ributions to oyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	116,506. (e) Estimated amount of other compensation 0.
32 P THELVERASCORDERS	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title EERESA FLORES-LEON ESIDENT/CEO E LEON CE PRESIDENT VIN JOSS EASURER Y DEVERSON ROBERTS CRETARY TH DOWNING ARD MEMBER VIN L. GREENWOOD ARD MEMBER LLY POPA ARD MEMBER RRY CARTER ECUTIVE DIRECTOR MANTHA FLORES	mployees (list each or cond to any questic (b) Average hours per week devoted to position 40.00 4.00 4.00 2.00 1.00 1.00 2.00 40.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	32 instructions fo salth benefits, ributions to oyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	116,506. (e) Estimated amount of other compensation 0.
	(Grants \$)) If this amount includes foreign g Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title EERESA FLORES-LEON ESIDENT/CEO E LEON CE PRESIDENT VIN JOSS EASURER Y DEVERSON ROBERTS CRETARY TH DOWNING ARD MEMBER VIN L. GREENWOOD ARD MEMBER LLY POPA ARD MEMBER RRY CARTER ECUTIVE DIRECTOR MANTHA FLORES	mployees (list each or cond to any questic (b) Average hours per week devoted to position 40.00 4.00 4.00 2.00 1.00 1.00 2.00 40.00	ne even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 26,000. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	32 instructions fo salth benefits, oyee benefit and deferred pensation 0.	116,506. (e) Estimated amount of other compensation 0.

	SOAP PROJECT			
	990-EZ (2021) SAVE OUR ADOLESCENTS FROM PROSTITUTION **-**32			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements i			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this F			X
			res	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			x
24	activity in Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33		
34	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	34		
00 u	on lines 2, 6a, and 7a, among others)?	35a		x
h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	
	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax			
•	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .			
D	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	40b		x
•	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	400		
U	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
h	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Enter amount of tax on line 40c reimbursed			
u	by the organization $0 \cdot 0$			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ŭ	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed \blacktriangleright OH			
42 a	The organization's books are in care of ► THERESA FLORES-LEON Telephone no. ► 7404051	1308	3	
	Located at ► 5349 RUFFORD ST, WESTERVILLE, OH ZIP + 4 ► 43	3081	L	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	_		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country		•	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/A	. 🖻	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43 1	N/A		
		ſ	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
-	of Form 990-EZ	44b		х
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		Х
	F	orm 99	0-EZ	(2021)

132173 12-08-21

Form 990-EZ (:	SOAP PROJECT SAVE OUR ADOLES					**-***32)) 	E	² age 4
10111 330 EZ (I		SCENTS FROM	FROSTI	.01100		- J2		Yes	•
	rganization engage, directly or indirectly, in po								
If "Yes," c	Section 501(c)(3) Organization	s Only		<u></u>			46		Х
	All section 501(c)(3) organizations must		9b and 52, an	d complete	e the tables for lines	50 and 51.			
	Check if the organization used Schedule			-					
-					0	Г		Yes	No
	rganization engage in lobbying activities or ha complete Sch. C, Part II	()		• •			47		х
48 Is the org	panization a school as described in section 17	0(b)(1)(A)(ii)? If "Yes," co	mplete Schedul	е Е			48		X
49 a Did the o	rganization make any transfers to an exempt ı	non-charitable related org	anization?				49a		Х
	vas the related organization a section 527 org						49b		
	e this table for the organization's five highest on 0,000 of compensation from the organization.			ers, director	s, trustees, and key er	nployees) who ea	ch rece	ived n	iore
than φ to	(a) Name and title of each employee		(b) Averag	e hours	(C) Reportable	(d) Health benefits	(e)	Estim	ated
			per week de		compensation (Forms W-2/1099-MISC/	contributions to employee benefit plans, and deferred		unt of	
	NO	NE	positi	ion	1099-NEC)	compensation	con	npensa	
	nber of other employees paid over \$100,000			►					
	e this table for the organization's five highest c ion. If there is none, enter "None." NO I		t contractors wh	io each recei	ved more than \$100,0	100 of compensat	ion fror	n the	
	Vame and business address of each independent	-		(b) Type of service	(c) (Comper	isatior	 ו
d Total nur	nber of other independent contractors each re	ceiving over \$100,000			►				
52 Did the o	rganization complete Schedule A? Note: All s	ection 501(c)(3) organiza	tions must attac	ch a		-	_	_	_
		o roturn including occom		loo and atat	manta and to the ha				<u>No</u>
-	s of perjury, I declare that I have examined thi nd complete. Declaration of preparer (other th						je anu i	Jellel,	IL IS
Sign Here	Signature of officer					Date			
	THERESA FLORES-LEON	I, PRESIDENT							
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Paid					self- emplo				
Preparer	GREGORY RUBAN	GREGORY RUI	BAN	05/16	5/22	P009			
Use Only	Firm's name ► MALONEY + NO								7 4
	Firm's address ► 1105 SCHROO COLUMBUS, 0		UTC 1		Phone no.	(614) 7	/81-	ο Τ.	/4
Mav the IRS di	scuss this return with the preparer shown abo					Ν.	X Yes	3	No
,, u							orm 99		
132174 12-08-21									

08450516 138919 W5554.0

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service		Co	omplete if the organ 494 ► A	rity Status an ization is a section 501 47(a)(1) nonexempt cha Attach to Form 990 or F r/Form990 for instructio	(c)(3) orga ritable tru 'orm 990-l	OMB No. 1545-0047			
Name o	of the organization	on SOAP	PROJECT						identification number
				SCENTS FROM H					*-***3223
Part I	Reason	or Public 0	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The orga 1 2 3 4 5	 A church, cor A school desi A hospital or A medical resident city, and state An organizati 	vention of ch cribed in sect a cooperative earch organiz e: on operated for	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga ation operated in cor	For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se hjunction with a hospital lege or university owned	in section 990).) ection 170 described	n 170(b)(1 (b)(1)(A)(ii in sectio	i). n 170(b)(1)(A		
o [-			and a low the data set the set for		0/1-1/41/41	L A		
6 7 8	An organizati	on that norma b)(1)(A)(vi). (C	Ily receives a substar omplete Part II.)	nental unit described in statial part of its support fr (1)(A)(vi). (Complete Part	om a gove			ne general p	public described in
9	- ·			in section 170(b)(1)(A)(i	-	ed in coniu	nction with a	land-orant	college
	or university of university of university:	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	e or
10 <u>X</u>	activities relation	ed to its exen nrelated busir	npt functions, subjec	than 33 1/3% of its supp t to certain exceptions; a (less section 511 tax) fro	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
11 🗌	An organizati	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).		
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purposes of one or
	-	-	-	d in section 509(a)(1) o	-			•	
			-						
Г		-	• •	f supporting organizatior				-	
a				upervised, or controlled	•	-			
	the support	ed organizatio	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
_	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A s	upporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
	control or n	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or mana	ge the supp	ported
			t complete Part IV,						
сГ				g organization operated	in connect	ion with, a	nd functiona	llv integrate	d with
		-	• • • •). You must complete F				.,	,
d		0	.,.	orting organization oper			-	tod organi-	ration(c)
u		-	• •	ation generally must sati				•	
		,	0 0	0 ,					1611655
г				nplete Part IV, Sections					
e∟		0		written determination from			Type I, Type	II, Type III	
	-	-	••	nally integrated supportir	ng organiz	ation.			
	nter the number of		•						
g Pi	rovide the followi (i) Name of suppo	0	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonotory	(vi) Amount of other
	organization			(described on lines 1-10	in your governi	ng document?	support (see i	-	support (see instructions)
	5. ga. 11241011			above (see instructions))	Yes	No		2	
Total									

	S	OAP PROJE	СТ				
Sched			DOLESCENT				:
Part	II Support Schedule for (Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	i)
	(Complete only if you checked				on failed to qualify	under Part III. If the	organization
	fails to qualify under the tests	listed below, plea	ase complete Part	III.)			
Secti	ion A. Public Support		T	T	1	1	1
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	ifts, grants, contributions, and						
	nembership fees received. (Do not						
	nclude any "unusual grants.")						
	ax revenues levied for the organ-						
	ation's benefit and either paid to						
	r expended on its behalf						
	he value of services or facilities						
	urnished by a governmental unit to						
	ne organization without charge						
	otal. Add lines 1 through 3						
	he portion of total contributions						
	y each person (other than a						
•	overnmental unit or publicly						
	upported organization) included n line 1 that exceeds 2% of the						
	mount shown on line 11,						
	olumn (f)						
	ublic support. Subtract line 5 from line 4.						
	ion B. Total Support						I
	ar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	mounts from line 4						
	aross income from interest,						
d	ividends, payments received on						
S	ecurities loans, rents, royalties,						
a	nd income from similar sources						
9 N	let income from unrelated business						
a	ctivities, whether or not the						
b	usiness is regularly carried on						
10 O	ther income. Do not include gain						
о	r loss from the sale of capital						
a	ssets (Explain in Part VI.)						
11 T	otal support. Add lines 7 through 10						
12 G	cross receipts from related activities,	etc. (see instructi	ons)			12	
13 F	irst 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	rganization, check this box and stop				<u></u>		
	on C. Computation of Public			(7)			
	ublic support percentage for 2021 (li						<u> </u>
	ublic support percentage from 2020 3 1/3% support test - 2021. If the c						(,
	top here. The organization qualifies						
	3 1/3% support test - 2020. If the c						
	nd stop here. The organization quali						
	0% -facts-and-circumstances test						
	nd if the organization meets the facts						
	neets the facts-and-circumstances te			-	-	-	
	0% -facts-and-circumstances test	-		• • • •	•	17a and line 15 is	
	nore, and if the organization meets th	-	-				
	rganization meets the facts-and-circu						
	rivate foundation. If the organizatio		•				
10 F	interest of the second se	and not oncon a	55X 011 mile 10, 10	a, 100, 17a, 01 171			· 🚩 🖵

Schedule A (Form 990) 2021

132022 01-04-22

1 12	edule A (Form 990) 2021 S	AVE OUR A	DOLESCENT	S FROM PRO	STITUTION	**_***	3223 Page 3
1 0	rt III Support Schedule for C						
	(Complete only if you checked			organization failed	to qualify under Pa	art II. If the organiza	ation fails to
<u> </u>	qualify under the tests listed b	elow, please com	plete Part II.)				
	ction A. Public Support	()	(1) 00 (0	() 00/0	()) 0000	() 000 ((n) —
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		102 056	104 000	126 100	170 111	625 255
-	include any "unusual grants.")		123,050.	194,000.	136,180.	1/2,111.	045,355.
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		42,136.	58,048.	13,453.	9,043.	122,680.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513				23,611.	16,363.	39,974.
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		165,192.	252,056.	173,244.	197,517.	788,009.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
с	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						788,009.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6		165,192.	252,056.	173,244.	197,517.	788,009.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				5.	8.	13.
b	Unrelated business taxable income						
b							
b	Unrelated business taxable income						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				5.	8.	13.
с	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regulated page				5.	8.	13.
с 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain				5.	8.	13.
с 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital				5.	8.	13.
с 11 12	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain		165,192.	252,056.	5.		13.
°C 11 12 13	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization's t	· · ·	,	173,249.	197,525.	788,022.
с 11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for th check this box and stop here	-	first, second, third, 1	fourth, or fifth tax y	173,249. rear as a section 50	197,525. D1(c)(3) organizatio	788,022.
11 12 13 14 Sec	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for th check this box and stop here	c Support Pe	first, second, third, t	ourth, or fifth tax y	173,249. rear as a section 56	197,525. 01(c)(3) organizatic	788,022. n, ▶□
11 12 13 14 Sec	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for th check this box and stop here	c Support Pe	first, second, third, t	ourth, or fifth tax y	173,249. rear as a section 56	197,525. 01(c)(3) organizatic	788,022.
c 11 12 13 14 Sec 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for th check this box and stop here ction C. Computation of Public Public support percentage for 2021 (I Public support percentage from 2020)	c Support Pe ine 8, column (f), Schedule A, Par	first, second, third, f rcentage divided by line 13, c t III, line 15	ourth, or fifth tax y	173,249. rear as a section 50	197,525. 01(c)(3) organizatic	788,022. ^{n,}
c 11 12 13 14 Sec 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for th check this box and stop here ction C. Computation of Public Public support percentage for 2021 (I	c Support Pe ine 8, column (f), Schedule A, Par	first, second, third, f rcentage divided by line 13, c t III, line 15	ourth, or fifth tax y	173,249. rear as a section 50	197,525. D1(c)(3) organizatic	788,022. n,
c 11 12 13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for th check this box and stop here ction C. Computation of Public Public support percentage for 2021 (I Public support percentage from 2020)	c Support Pe ine 8, column (f), Schedule A, Part stment Incom	first, second, third, f rcentage divided by line 13, c t III, line 15 e Percentage	courth, or fifth tax y	173,249. rear as a section 50	197,525. D1(c)(3) organizatic	788,022. ^{n,}
c 11 12 13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u>	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	c Support Pe ine 8, column (f), Schedule A, Part Stment Incom 221 (line 10c, colu	first, second, third, f rcentage divided by line 13, c t III, line 15 e Percentage ımn (f), divided by lii	column (f))	173,249. rear as a section 50	197,525. D1(c)(3) organizatio	788,022. ^{n,}
c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	ic Support Pe ine 8, column (f), <u>Schedule A, Part</u> Stment Incom 2021 (line 10c, colu 2020 Schedule A	first, second, third, f rcentage divided by line 13, c t III, line 15 e Percentage Imn (f), divided by lin , Part III, line 17	column (f))	173,249. rear as a section 50	197,525. 01(c)(3) organizatio 15 16 17 18	788,022. n,
c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	ine 8, column (f), Schedule A, Part Stment Incom 221 (line 10c, colu 2020 Schedule A organization did	first, second, third, f rcentage divided by line 13, c t III, line 15 e Percentage Imn (f), divided by lin , Part III, line 17 not check the box c	column (f)) ne 13, column (f))	173,249. rear as a section 50	197, 525. D1(c)(3) organization 15 16 17 18 3 1/3%, and line 17	788,022. n, 100.00 % % .00 % % 7 is not
c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public Public support percentage from 2020 Ction D. Computation of Investion of Investment income percentage from 2021 Investment income percentage from 2021 	ine 8, column (f), Schedule A, Part Stment Incom 221 (line 10c, colu 2020 Schedule A organization did nd stop here. The	first, second, third, 1 rcentage divided by line 13, c t III, line 15 e Percentage umn (f), divided by lin , Part III, line 17 not check the box c e organization quali	courth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si	173,249. rear as a section 50 	197,525. D1(c)(3) organization 15 16 17 18 3 1/3%, and line 17 ion	788,022. n, 100.00 % % .00 % % 7 is not ►X
c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public Public support percentage for 2020 Ction D. Computation of Investion 100 Investment income percentage from 2020 133 1/3% support tests - 2021. If the more than 33 1/3%, check this box and stop a	ine 8, column (f), Schedule A, Part Stment Incom 221 (line 10c, colu 2020 Schedule A organization did organization did	first, second, third, 1 rcentage divided by line 13, c t III, line 15 e Percentage umn (f), divided by lin , Part III, line 17 not check the box c e organization qualit not check a box on	courth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line fies as a publicly su line 14 or line 19a	173,249. rear as a section 50 15 is more than 33 upported organizat , and line 16 is more	197,525. D1(c)(3) organization 15 16 17 18 3 1/3%, and line 17 ion re than 33 1/3%, a	788,022. n, 100.00 % % 100.00 % % / is not md
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c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a b 20	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here Public support percentage for 2020 Ction D. Computation of Investion Investment income percentage for 2020 Investment income percentage from 23 1/3% support tests - 2021. If the more than 33 1/3%, check this box ar o 33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, check 	ine 8, column (f), Schedule A, Part Stment Incom 21 (line 10c, colu 2020 Schedule A organization did to stop here. The organization did ck this box and s	first, second, third, f rcentage divided by line 13, o t III, line 15 e Percentage Imn (f), divided by lin , Part III, line 17 not check the box o e organization qualit not check a box on stop here. The orga	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si line 14 or line 19a nization qualifies a	173,249. rear as a section 50 15 is more than 30 upported organizat , and line 16 is more s a publicly suppo	197,525. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17 cion re than 33 1/3%, a rted organization tructions	788,022. n, 100.00 % % .00 % % 7 is not

SOAP PROJECT

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SOAP PROJECT

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

Schedule A (Form 990) 2021

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

Section A. All Supporting Organizations

- 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.)

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132024 01-04-21

Schedule A (Form 990) 2021

	SOAP PROJECT			
	dule A (Form 990) 2021 SAVE OUR ADOLESCENTS FROM PROSTITUTION **-**	*322	3 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
4	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 132025 01-04-22

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3b Schedule A (Form 990) 2021

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	SOAP PROJECT			
Sche	edule A (Form 990) 2021 SAVE OUR ADOLESCENTS FRC			**-***3223 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	- 1
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount	-		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Sche Par		ESCENTS FROM PF a)(3) Supporting Orga			*-***3223	Page 7
	on D - Distributions			icu)	Current Ye	 ar
1	Amounts paid to supported organizations to accomplish exer	mot nurnoses		1	Odificiti fe	
2	Amounts paid to perform activity that directly furthers exemp					
-	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro		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 th	e organization is responsive				
	(provide details in Part VI). See instructions.	•		8		
9	Distributable amount for 2021 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) Underdistribution Pre-2021	ıs	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2017					
b	Excess from 2018					
C	Excess from 2019					
d	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

		SOAP	PROJ	ECT				
Schedule A	(Form 990) 2021						PROSTITUTION	**-***3223 Page 8
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, I	, 2, 3b, 3c, lines 2 and	4b, 4c, 5 3; Part I	5a, 6, 9a, V, Sectio	9b, 9c, 11a, n E, lines 1c	11b, and 1 2a, 2b, 3a,	t II, line 10; Part II, line 17a 1c; Part IV, Section B, lines , and 3b; Part V, line 1; Par plete this part for any addit	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
132028 01-04-2	22							Schedule A (Form 990) 2021
					12			

(Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	D-EZ OMB No. 1545-0047 2021 Open to Public Inspection		
Name of the organization	Employer identification number **-**3223			
FORM 990-EZ, P	ART I, LINE 4, OTHER INVESTMENT INCOME:			
DESCRIPTION OF	PROPERTY:	AMOUNT :		
INTEREST INCOM	Έ	8.		
FORM 990-EZ, P	ART I, LINE 7, GROSS PROFIT FROM SALES OF IN	NVENTORY :		
INCOME:				
1. GROSS RECEI	16,363.			
2. RETURNS AND	ALLOWANCES	0.		
3. LINE 1 LESS	LINE 2	16,363.		
4. COST OF GOO	7,635.			
5. GROSS PROFI	8,728.			
COST OF GOODS	SOLD:			
6. INVENTORY A	0.			
7. MERCHANDISE	PURCHASED	0.		
8. COST OF LAB	OR	0.		
9. MATERIALS A	7,635.			
10. OTHER COST	S	0.		
11. ADD LINES	6 THROUGH 10	7,635.		
12. INVENTORY	AT END OF YEAR	0.		
13. COST OF GC	ODS SOLD (LINE 11 LESS LINE 12)	7,635.		

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: INTERNATIONAL RESCUE COMMITTEE

GRANTEE ADDRESS: 122 EAST 42ND ST NEW YORK, NY 10168

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

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Name of the organization SOAP PROJECT SAVE OUR ADOLESCENTS FROM PROST		Page : pyer identification number – * * * 3223
PROPERTY DESCRIPTION: CASH DONATION		0220
DATE OF GIFT: 02/28/21		
AMOUNT GIVEN:		450.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT :
RETREAT EXPENSES		1,503.
FEES, DUES, SUBSCRIPTIONS		2,997.
MEETINGS-FOOD		788.
TRAVEL		6,279.
INSURANCE		2,267.
SURVIVOR SUPPORT		7,052.
OFFICE SUPPLIES AND EXPENSES		4,490.
ADVERTISING		4,332.
WEBSITE		1,382.
CONFERENCES		330.
SOAP OUTREACH		4,098.
FUNDRAISING SUPPLIES		1,804.
TOTAL TO FORM 990-EZ, LINE 16		37,322.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE FROM OFFICER	2,097.	0.
RENT DEPOSITS	1,000.	
BANK CLEARING	0.	
TOTAL TO FORM 990-EZ, LINE 24	3,097.	
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE	:S:	
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¹⁸ 2021.03041 SOAP PROJECT SAVE OUR ADO W5554.01

Schedule O (Form 990) 2021										Page 2
Name of the organization	SOAP	PROJECT						Employe	r identificatio	on number
	SAVE	OUR ADOLE	SCENTS	FROM	PROST	ITUTI	ON	**_*	***3223	
DESCRIPTION						BEG	• OF	YEAR	END OF	YEAR
							1 1	250		0
PPP LOAN							<u> </u>	,352.		0.
SBA LOAN PAYABL	Е						104	,600.	104	,600.
							- ,		-	
TOTAL TO FORM 9	90-EZ,	LINE 26					115	,952.	104	,600.
FORM 990-EZ, PA	RT III	, PRIMARY	EXEMPT	PURP	DSE –	THE	SOAP	PROJECT	IS A	

CHARITABLE AND EDUCATIONAL ORGANIZATION SPECIFICALLY FOCUSED ON

EDUCATING AND INCREASING AWARENESS IN THE PUBLIC ON THE PREVALENCE OF

HUMAN TRAFFICKING, TO RESTORE TRAFFICKED SURVIVORS, AND TO PREVENT

TEENS FROM BEING VICTIMIZED BY DOMESTIC SEX TRAFFICKING OF MINORS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

SOAP OUTREACHES:

S.O.A.P, HELD APPROXIMATELY 15 OUTREACHES IN 2021

INCLUDING THE SUPER BOWL IN TAMPA FLORIDA, THE KENTUCKY

DERBY IN LOUISVILLE, AND SEVERAL SMALLER OUTREACHES IN JACKSONVILLE

FLORIDA, PHOENIX AZ, ANN ARBOR MICHIGAN, AND OTHER LOCATIONS.

S.O.A.P HAS GIVEN OUT MORE THAN 2 MILLION BARS OF SOAP AND WIPES WITH

THE HOTLINE NUMBER IN THE PAST 10 YEARS.

SOAP HAS HAD APPROXIMATELY 25,000 PEOPLE VOLUNTEER TO LABEL AND

DISTRIBUTE THE SOAP/WIPES.

S.O.A.P HAS DISTRIBUTED HUMAN TRAFFICKING EDUCATIONAL MATERIALS AND

MISSING CHILDREN'S POSTERS TO OVER 25,000 HOTELS AND MOTELS ACROSS THE

U.S.

AS A RESULT OF OUR EFFORTS, WE HAVE BEEN A VITAL PART IN THE RECOVERY

OF MISSING YOUTH WHO ARE BEING TRAFFICKED.

IN 2019, AN OUTREACH DONE AT A CHURCH IN MICHIGAN HAD A TEAM GO TO A

HOTEL WITH THE SUPPLIES AND THEY RECOGNIZED TWO TEENS FROM THE MISSING

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 Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page 2
Name of the organization SOAP PROJECT SAVE OUR ADOLESCENTS FROM PROSTITUTION	Employer identification number **-**3223
POSTER. THEY CALLED THE AUTHORITIES WHICH LED TO THEM BEIN	G IMMEDIATELY
RECOVERED, ALONG WITH SEVERAL OTHER GIRLS AND THE ARREST O	F A
TRAFFICKER. THE TEAM LATER WAS ABLE TO GO TO COURT AS WITN	ESSES TO SEE
THE TRAFFICKER PROSECUTED.	
RESCUE VICTIMS OF SEX TRAFFICKING AND HELPING THEM TO RETU	RN TO A
NORMAL LIFE.	
FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOM	PLISHMENTS:
THE LIBERATOR AWARDS	
GRANTS \$ 0. EXPENSES \$ 9,162.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	ACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

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