Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2022 calenda	ar year, or tax year beginning	01/01/2022	and ending	12	/31/2022	
B (heck if ap	oplicable:	C Name of organization			D Empl	loyer identif	ication number
<u>, </u>	SIMMATAGE PARTIES AND ARTEST AND						27-20	33029
		-	E Telep	hone numbe	er			
=	nitial retu		3505 23rd Street				970-41	12-2136
=	-inai retur Amended	n/terminated	City or town, state or province, country, and Z	IP or foreign postal code	'	F Grou	up Exempti	on
=		on pending	Boulder, CO 80304-1907			Nun	nber	
G /	Account	ting Method:	✓ Cash ☐ Accrual Other (specify	y):		Check	if the org	anization is not
		www.ssa	ap.org				_	Schedule B
			ck only one) — 🗹 501(c)(3) 🗌 501(c) () (insert no.) 4947((a)(1) or 527	(Form 9	90).	
			☐ Corporation ☐ Trust		ther: public cha	rity organ	ization	
			7b to line 9 to determine gross receipts. I					
(Pai	t II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of	f Form 990-EZ			. \$	78,869
P	art I	Revenu	e, Expenses, and Changes in N	et Assets or Fund Ba	alances (see th	e instru	ctions for	Part I)
			the organization used Schedule O					
	1		ons, gifts, grants, and similar amounts				1	75,214
	2		ervice revenue including government				2	0
	3	_	ip dues and assessments				3	0
	4	Investment					4	0
	5a	Gross amo	unt from sale of assets other than inv	ventorv	5a	0		
	b		or other basis and sales expenses .		5b	0		
	С		ss) from sale of assets other than inve		from line 5a) .		5c	0
	6	•	d fundraising events:	, (
	а	_	ome from gaming (attach Schedu	le G if greater than				
ne				_	6a	0		
Revenue	b	Gross inco	me from fundraising events (not inclu	uding \$	o of contribut	ions		
Ř		from fundr	aising events reported on line 1) (att	ach Schedule G if the				
_		sum of suc	h gross income and contributions ex	ceeds \$15,000)	6b	2,010		
	С	Less: direc	t expenses from gaming and fundrais	sing events	6c	59		
	d	Net incom	e or (loss) from gaming and fundrais	sing events (add lines 6	a and 6b and s	ubtract		
		line 6c) .					6d	1,951
	7a	Gross sale	s of inventory, less returns and allowa	ances	7a	1,645		
	b	Less: cost	of goods sold		7b	444		
	С	Gross prof	it or (loss) from sales of inventory (sul	btract line 7b from line 7	'a)		7c	1,201
	8	Other reve	nue (describe in Schedule O)				8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a				9	78,366
	10	Grants and	similar amounts paid (list in Schedul	le O)			10	0
	11	Benefits pa	aid to or for members				11	0
S	12	Salaries, of	ther compensation, and employee be	enefits			12	0
Expenses	13	Profession	al fees and other payments to indepe	endent contractors			13	500
be	14	Occupancy	, rent, utilities, and maintenance .				14	3,000
Щ	15	Printing, pu	ublications, postage, and shipping.				15	243
	16	Other expe	enses (describe in Schedule O)				16	4,775
	17		enses. Add lines 10 through 16				17	8,518
S	18		deficit) for the year (subtract line 17 f				18	69,848
šet	19		or fund balances at beginning of ye	•				
Ass			r figure reported on prior year's retur				19	146,975
Net Assets	20	Other char	iges in net assets or fund balances (e				20	0
Ž	21		or fund balances at end of year. Con				21	216 823

Form 990-EZ (2022) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 22 146,975 22 216,823 23 0 23 0 24 Other assets (describe in Schedule O) 0 24 0 25 146,975 25 216,823 26 Total liabilities (describe in Schedule O) 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 146,975 27 216.823 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III **Expenses** (Required for section What is the organization's primary exempt purpose? Education for citizens on clean water, food, nutrition, art 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Educating citizens on sustainable, clean drinking water. Implementation of bore-hole (hand-pump) water wells in Simwatachela, Zambia. Serving approximately 5,000-10,000 people in rural Zambia with water and (Continued on Schedule O, Statement 1) 0) If this amount includes foreign grants, check here 28a 500 Working with local crafting and cultural art with traditional carvers and artisans in Zambia and Sierra Leone, and with project partners to reinforce cultural awareness through African art. (Grants \$ 0) If this amount includes foreign grants, check here 29a 211 Community land surveys for community space in which to pursue agricultural initiatives; land donated through local community beneficiaries for their own agricultural purposes provides sustainable growth to the project and nutrition for its people. (Grants \$ 0) If this amount includes foreign grants, check here 30a 200 0) If this amount includes foreign grants, check here (Grants \$ 31a 8 919 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of hours per week (Forms W-2/1099-MISC/ (a) Name and title benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) 90.00 0 0 0 **Heather Cumming Executive Director, Treasurer** G n n 0

ball Cumming	6.00	U	U	
SAAP Secretary January-May 2022; CFRE				
aura Wilson	3.00	0	0	
SAAP Secretary May-December '22; Web Designer				
Connie Shaw	2.00	0	0	
olunteer and Paper Donation Coordinator				
like Edwards	7.00	0	0	
ield Volunteer-Africa				
lichael Kempton	1.00	0	0	
lice-President				
				Form 990-EZ (202

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	~
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		٧
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		/
b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
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		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	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		>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
b	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 of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700		Ť
J	on organization managers or disqualified persons during the year under sections 4912,			
Ч	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed:	100		
	The organization's books are in care of: Heather Cumming Telephone no.	970-41	2-2136	 5
	Located at: 3505 33rd Street Roulder CO 80304-1917 7IP ± 4	80304		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	~	
	If "Yes," enter the name of the foreign country: Sierra Leone			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		'
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		/
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		٧
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		/
b	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-F7. See instructions			
	FORD SMU-EZ SEE INSTRUCTIONS	1 1 5 h		•/

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

(2022)						P	age -
						Yes	No
		Parti			· 46		<u> </u>
		stions 47–49h and	d 52 and co	molete th	e tables f	or line	20
() ()	s must answer que	3110113 47 -43D at N	3 52, and 60	inpiete tri	e tables i	01 11116	
	nedule () to respond	to any question in	this Part VI				
Ondok ii tilo organization adda dol	Todalo o to respond	to any quodion in	tino i ait vi			Yes	No
I the organization engage in lobbying	activities or have a s	section 501(h) elect	ion in effect	durina the	tax		
							~
he organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes." complete	e Schedule E		. 48		~
=					. 49a		1
mplete this table for the organization's	five highest compens	sated employees (o	ther than offic	ers, direct	ors, trustee		d key
ployees) who each received more than	\$100,000 of comper	nsation from the org	anization. If tl	nere is non	e, enter "N	one."	
	(b) Average	(c) Reportable					
(a) Name and title of each employee	hours per week						
	devoted to position	1099-NEC)	comper	nsation			
mplete this table for the organization' 00,000 of compensation from the organ	s five highest compenization. If there is no	ensated independer ne, enter "None."					thar
(a) Name and business address of each independ	ent contractor	(b) Type of se	SIVICE	(0)	Oompensam		
							_
al number of other independent contra	actors each receiving	over \$100,000 .					
	ile A? Note: All se	ction 501(c)(3) org	janizations m	nust attacl	n a_		
mpleted Schedule A					. ✓ Yes		lo_
					nowledge and	belief,	it is
and complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepare	r nas any knowle	age.			
Cignotius of officer							
			Dat	е			
	•						
	Preparer's signature		Date		PTIN		
	oparor o dignaturo			Check L	l if		
			F:	<u> </u>	,,,,,,		
у ————————————————————————————————————							
RS discuss this return with the preparer	chown above? See i	netructions	1-110		. Yes		No.
	I the organization engage, directly or incandidates for public office? If "Yes," of Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sclathe organization engage in lobbying ar? If "Yes," complete Schedule C, Parthe organization a school as described in the organization make any transfers to yes," was the related organization a semplete this table for the organization's ployees) who each received more than (a) Name and title of each employee (a) Name and title of each employee (b) Name and business address of each independent contral the organization of organization from the organization of organization of preparer (other than the organization of preparer (other than send complete. Declaration of preparer (other than signature of officer	the organization engage, directly or indirectly, in political candidates for public office? If "Yes," complete Schedule C, Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer que 50 and 51. Check if the organization used Schedule O to respond the organization a school as described in section 170(b)(1)(A)(ii the organization make any transfers to an exempt non-cha Yes," was the related organization a section 527 organization mplete this table for the organization's five highest compensuration who each received more than \$100,000 of compensuration of the organization's five highest compensuration and title of each employee hours per week devoted to position (a) Name and title of each employee paid over \$100,000 of compensuration from the organization. If there is no (a) Name and business address of each independent contractor (b) Average hours per week devoted to position (c) Name and business address of each independent contractor (a) Name and business address of each independent contractor (b) Average hours per week devoted to position (c) Name and business address of each independent contractor (a) Name and business address of each independent contractor (b) Average hours per week devoted to position (c) Average hours per week devoted to position (d) Name and business address of each independent contractor (e) Name and business address of each independent contractor (a) Name and business address of each independent contractor (a) Name and business address of each independent contractor (b) Average hours per week devoted to position (c) Average hours per week devoted to position (d) Average hours per week devoted to position (e) Average hours per week devoted to position of the received many per week devoted to position of the received many per week devoted to position of the received many per week devoted to position of the received many per week devoted to position of the received many per week devoted to position of the received many per week devoted to posi	the organization engage, directly or indirectly, in political campaign activities of candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 50 and 51. Check if the organization used Schedule O to respond to any question in the organization engage in lobbying activities or have a section 501(h) elect rg? If "Yes," complete Schedule C, Part II the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete the organization as chool as described in section 50 (organization? If "Yes," complete Schedule A (p) A (the organization engage, directly or indirectly, in political campaign activities on behalf of or bandidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and co 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI I the organization engage in lobbying activities or have a section 501(h) election in effect or "? If "Yes," complete Schedule C, Part II he organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, Part II he organization make any transfers to an exempt non-charitable related organization? Yes," was the related organization a section 527 organization? Yes," was the related organization a section 527 organization? (a) Name and title of each employee (b) Average (b) Average (c) Peportable compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Type of service (d) Type of service (e) Type of service (e) Type of service (f) Type of service (h) Type o	It the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposisandidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI If the organization engage in lobbying activities or have a section 501(h) election in effect during the reference of the regular of the respondence of the resp	It the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition candidates for public office? If "Yes," complete Schedule C, Part 1	Yes Yes

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

st. <u>4</u>

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

lame of the organization Employer identification number						
SIMWATACHELA SUSTAINABLE AGRIC		•	•		27-20	
Part I Reason for Public Cha						ons.
The organization is not a private found		,		-	•	
 1 A church, convention of church 2 A school described in section 					U(D)(1)(A)(I).	
3 A hospital or a cooperative ho			-	-	\ (Δ\(iii)	
4 A medical research organizati hospital's name, city, and state	on operated in co					(iii). Enter the
5 An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .						
7 An organization that normally						
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)						
9 An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	it income and un	reiated business taxai	bie incom	ie (iess se	ection 511 tax) from	fees, and gross 33 ¹ /3% of its businesses
11	d operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
12 An organization organized and	•		•			
one or more publicly supporte the box on lines 12a through 1						
a Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b Type II. A supporting orgation control or management of organization(s). You must	the supporting o	organization vested in	the same			
c Type III functionally integrates its supported organization						ally integrated with,
d Type III non-functionally that is not functionally interrequirement (see instructional see instruction in the content of the	grated. The orga	nization generally mu	st satisfy	a distribu	ıtion requirement an	
e Check this box if the organ functionally integrated, or	nization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	∍ II, Type III
f Enter the number of supported	•					
g Provide the following information		oorted organization(s).	1			
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 29,850 50,154 54,841 69,254 75,214 279,313 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 0 **Total.** Add lines 1 through 3 4 29,850 50,154 54,841 69,254 75,214 279,313 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) 0 **Public support.** Subtract line 5 from line 4 279,313 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 29,850 50.154 54,841 69,254 75,214 279,313 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 0 0 0 0 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 188 188 0 0 0 **Total support.** Add lines 7 through 10 11 279,501 12 0 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 99.93 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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Schedule A (Form 990) 2022 Page **3**

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.)

Secti	on A. Public Support					,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	'						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		ı	I	ı		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
	•						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
0 1:	organization, check this box and stop he						
	on C. Computation of Public Suppor			10 1 (f)		45	0/
15 16	Public support percentage for 2022 (line a Public support percentage from 2021 Scl		-				<u>%</u> %
16 Secti	on D. Computation of Investment In					16	70
17	Investment income percentage for 2022 (ov line 13 colu	ımn (f\)	17	%
18	Investment income percentage for 2022 (-			
19a	33 ¹ / ₃ % support tests—2022. If the organ						
·Ju	17 is not more than 331/3%, check this box						
b	331/3% support tests—2021. If the organiz		-	-		-	_
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	_	_	•	· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

(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.)

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
5а	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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.	9с		
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.	10a		

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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c 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 Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 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 Section C. Type II Supporting Organizations Yes No 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 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 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 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. 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 instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 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. 3a

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.

3b

Schedule A (Form 990) 2022

	Tune III Non Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A	, Part II, Line 10 - Other Revenue (2019): (1.) Reimbursement: Phone calls with SSAAP Secretary: \$70; (2.) Reimbursement:
SSAAP Pos	stage from partner: \$100; (3.) Reimbursement: Bank fees: \$18.
Schedule A	, Part II, Line 11(f) - Fund-raising included sale of art objects (paintings, wood carvings, cloth, beaded art) from Zambia, Sierra
Leone , Sou	uth Sudan and Ethiopia made by local artisans and indigenous craftsmen and craftswomen, who are the subject and
	es of this charity organization. Fund-raising additionally included teaching people about the programs under this charity project,
	owing photos of the programs operating in the field and explaining about the on-going projects. The public could then decide
	not to donate to the charity organization. This is the other fund-raising technique the organization uses to acquire funding: e public about its work in the field (in Zambia and Sierra Leone).
teaching th	e public about its work in the netu (in zambia and sierra Leone).

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
SIMWATACHELA SUSTAINABLE AGRICULTURAL AND ARTS PROGRAM (SSAAP)	27-2033029
Form 990-EZ, Part I, Line 16 - Using currency conversion rates of 18.695 Sierra Leonean Leones (Le) = \$1 t	JSD; 16 Ghanaian Cedis (GH) =
\$1 USD; all rates rounded up. Part I, #16: Other Expenses: PayPal fees: \$21; Square credit card fees: \$1; P	hone fees (airtime credit in
Sierra Leone): \$63; Internet bundle fees: \$12; Fixing SSAAP laptop x 2: \$210; Purchase of new SSAAP laptop	tops x 2: \$338; Fix
SSAAP/phone/ battery/phone accessories: \$7; Money order fees: \$1; SSAAP-U.S.A. meals: \$86; Transport	ation in Ghana and Sierra
Leone: \$25; Food in Sierra Leone: \$79; General living expenses in Sierra Leone: \$41; Toiletries: \$3; Clothiu	
of State Colorado filing fee 2023: \$10; Sierra Leone visa (good for 3 years) for Executive Director (incl. pos	
for 3 years) for Executive Director (incl. postage): \$135; Sierra Leone Humanitarian permit (good for 1 year	
Sam Travel Assist: 08/22/2022 for 2 years: \$110; Air ticket: ACC-FNA on November 4, 2022: \$716; Air ticket	
\$510; Air ticket: FNA-LUN on April 5, 2023: \$1742; Vaccination / Animal-rearing Projects: \$5; Local art part	
transportation expense:\$3; Community land surveys x 2 for new community shared space: \$200.	
Form 990-EZ, Part III, Line (28-31) - (1.) Vaccination and animal-rearing projects are an investment in huma	n beings as well as animals
themselves, as human beings rely on animals for their food and income-generation; total spent on vaccina	
\$5. (2.) Community transportation expenses for local people to visit urban locations to meet project partner	
transportation expense in 2022: \$3.	
Form 990-EZ, Part V, Line 44d - No, Form 720 has not been filed as SSAAP has not worked together with, r	eceived payments from, or
engaged in fundraising activities with indoor tanning services during the year.	

Schedule O, Statement 1

SIMWATACHELA SUSTAINABLE AGRICULTURAL AND ARTS PROGRAM (SSAAP)

Form: **Form 990-EZ (2022)** EIN: **27-2033029**

Page: 2 Part III, Line 28

First Program Service Accomplishments Description

Description

education concerning water. Digging wells in rural Sierra Leone, serving approximately 4,000-11,000 people with water.

SIMWATACHELA SUSTAINABLE AGRICULTURAL AND ARTS PROGRAM (SSAAP)

Form: **Form 990-EZ (2022)** EIN: **27-2033029**

Page: 2 Part III, Line 31

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Vaccination and animal-rearing projects are an investment in human beings as well as animals themselves, as human beings rely on animals for their food and income-generation.	0		5
Community transportation expenses for local people to visit urban locations to meet project partners.	0		3
Total:			8