## \*\*\* Form 990 Online Filers: Please sign and date in Part II and then email a scanned PDF copy of the signed form to signatureforms@form990.org or fax it to 866-699-3916

Form **8453-TE** 

## Tax Exempt Entity Declaration and Signature for E-file

and anding	12/21/2022	

For calendar year 2023, or tax year beginning 01/01/2023 and ending 12/31/2023

Department of the Treasury For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

OMB No. 1545-0047

Internal Rev	enue Service	G	io to www	ı.irs.gov/Foı	m8453TE for the	latest inform	ation.				
Name of file	er	•						EIN or SSN	1		
SIMWATACHELA SUSTAINABLE AGRICULTURAL AND ARTS PROGRAM SSAA					27-2033029						
Part I	Type o	f Return and Retu	ırn Infor	mation							
and Form 6a, 7a, 8a 6b, 7b, 8t below. Do	5330 filers in 5330 filers in 5330 filers in 5330 files in 5330 filers in 5330 files i	e type of return being may enter dollars and below, and the amou p, whichever is applicate ete more than one line	cents. Fount on that able, blant in Part I.	r all other fo t line of the k (do not er	orms, enter whole return being filed nter -0-). If you er	e dollars only. with this for ntered -0- on	. If you check th m was blank, th the return, ther	e box on I en leave li enter -0-	ine 1a, 2a, 3a, 4a, 5a ne 1b, 2b, 3b, 4b, 5b on the applicable line		
1a Fo	orm 990 check here $\square$ b Total revenue, if any (Form 990, Part VIII, column (A), line 12										
2a Fo	orm 990-EZ	rm 990-EZ check here . 🗹 b Total revenue, if any (Form 990-EZ, line 9)						· · -	<b>b</b> 44,058		
3a Fo	Form 1120-POL check here  b Total tax (Form 1120-POL, line 22)							· · ·	bb		
4a Fo								-, - ⊢	b		
	=,						· · ·	ib			
6a Fo								b			
7a Fo	=						· · -	b			
	, , , , , , , , , , , , , , , , , , , ,							· · ·	b		
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		P check here			payment reques	ted (Form 803	38-CP, Part III, li	ne 22)   <b>1</b> 0	Ob		
Part II	,	ation of Officer or									
	federal tax contact th I also auti	I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.									
b	executed 990-PF (as	of this return is being fithe electronic discloses specifically identified	ure conse I in Part I a	ent containe above) to th	d within this retu e selected state a	rn allowing o	disclosure by th	e IRS of t	his Form 990/990-EZ		
name of	entity)							, (EIN) _	to tax with respect to		
knowledg of the electory to the IRS	e and belief ctronic return and to rec	mined a copy of the they are true, correct In I consent to allow n eive from the IRS (a) the return or refund, and	t, and con ny interme an ackno	nplete. I furt ediate servic wledgemen	ther declare that to be provider, transo tof receipt or rea	the amount ir mitter, or elec	n Part I above is etronic return or	the amou iginator (E	int shown on the copy RO) to send the return		
Sign	Heather C	Jumming			February 15,	2024 Heat	her Cumming, E	xecutive [	Director		
Here	Signature of	officer or person subje	ct to tax		Date		if applicable				
Part III	Declar	ation of Electronic	Returr	n Originat	or (ERO) and I	Paid Prepa	rer (see instr	uctions)			
I am only The entity be filed w Informatic have exar	a collector, officer or point the IRS on for Authorian and the all	eviewed the above ret I am not responsible erson subject to tax who the officer or person rized IRS e-file Providuous return and acconduction. This Paid Preparer of IRS e-file Proparer of the properties of the person of the pe	for review will have sion subject lers for Bu mpanying	ving the reto gned this fo to tax, and usiness Reto schedules	urn and only declorm before I subm I have followed a urns. If I am also and statements, n all information o	are that this it the return. Il other requi the Paid Pre and, to the b	form accurately I will give a coprements in Pub parer, under percent of my known	reflects t by of all for 4163, Monalties of vledge and ge.	he data on the return ms and information to odernized e-File (MeF perjury I declare that d belief, they are true		
ERO's Use	ERO's signature	gnature			Date	Check if also paid preparer Check		ERO's SSN or PTIN			
Only	Firm's name ( self-employed	m's name (or yours if f-employed),						EIN			
Oy	address, and							Phone no.			
	edge and be	rjury, I declare that I helief, they are true, co									
Paid Prepare		e preparer's name		Preparer's si	gnature		Date	Check if employe			
-	l Firm's na	Firm's name						Firm's El	Firm's EIN		
Use On	Firm's ac	Firm's address						Phone no	Phone no.		