Department of the Treasury Internal Revenue Service

Short Form

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public.

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

Open to Public Inspection

AI	For the	2023 calenda	ar year, or tax year beginning	01/01/2023	and	ending	12/	31/202	3
B	Check if ap	oplicable:	C Name of organization				D Empl	oyer ide	ntification number
	Address c	hange	SIMWATACHELA SUSTAINABLE AC	GRICULTURAL AND ARTS		AM SSAA Room/suite		27	-2033029
	Name cha						E Telep	hone nu	mber
	Initial retur	rn n/terminated	3505 23rd Street					970)-412-2136
	Amended		City or town, state or province, country, and	I ZIP or foreign postal code			F Grou	ıp Exer	nption
	Applicatio		Boulder, CO 80304-1907				Num	ıber	
G	Account	ting Method:	Cash Accrual Other (spec	cify):		Н	Check] if the	organization is not
I V	Vebsite	www.ssa	ap.org				required	to atta	ch Schedule B
			eck only one) – 🖌 501(c)(3) 🗌 501(c) (() (insert no.) 🗌 494	7(a)(1) or	527	(Form 99	90).	
ĸ	orm of	organization:	Corporation Trust	Association	Other:	oublic chari	ity organi	zation	
L A	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts						
(Pa	rt II, colı	umn (B)) are \$	500,000 or more, file Form 990 instead	of Form 990-EZ				• \$	45,334
Ρ	art I	Revenu	e, Expenses, and Changes in						
		Check if	the organization used Schedule (O to respond to any que	estion ir	this Part	Ι		🗸
	1		ons, gifts, grants, and similar amour					1	42,043
	2		ervice revenue including governme					2	0
	3	-	ip dues and assessments					3	0
	4	Investment						4	0
	5a		ount from sale of assets other than i	nventory	5a		0		
	b		or other basis and sales expenses	•	5b		0		
	c		ss) from sale of assets other than in			e 5a)		5c	0
	6	· ·	d fundraising events:	,		,			
	a	-	ome from gaming (attach Scheo	dule G if greater than					
ē	-	\$15,000) .			6a		o		
Revenue	ь	Gross inco	me from fundraising events (not inc	cludina \$		f contributi	-		
Sev	-		aising events reported on line 1) (a						
ш			ch gross income and contributions e		6b		1,972		
	c		et expenses from gaming and fundra		6c		0		
	d		e or (loss) from gaming and fundra	•		6b and su	ubtract		
				•				6d	1,972
	7a	Gross sale	s of inventory, less returns and allo	wances	7a		1,319		.,,,2
	b		•		7b		1,276		
	c		it or (loss) from sales of inventory (s					7c	43
	8		nue (describe in Schedule O) .					8	0
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c	and 8	<u> </u>		<u> </u>	9	44,058
	10		I similar amounts paid (list in Sched					10	0
	11		aid to or for members					11	0
s	12		ther compensation, and employee I					12	0
JSe	13		al fees and other payments to indep					13	33,830
Expenses	14		y, rent, utilities, and maintenance					14	1,072
	15		ublications, postage, and shipping					15	112
	16		enses (describe in Schedule O) .					16	2,814
	17		enses. Add lines 10 through 16 .				<u> </u>	17	37,828
	18		(deficit) for the year (subtract line 17					18	6,230
ets	19		or fund balances at beginning of	,					0,230
SS			ir figure reported on prior year's ret					19	214 022
Net Assets	20	-	iges in net assets or fund balances				-	20	216,823
R	20		or fund balances at end of year. Co			· · · ·		20	
East			ion Act Notice, see the separate instr				•••	21	223,053
rur	rapen	WOIK REQUCT	ion Act Notice, see the separate instr	ucu0115.	Gat. P	lo. 10642I			Form 990-EZ (2023)

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Pa		,				_
	Check if the organization used Schedule	O to respond to ar				<u> </u>
00	Cash assisted and investments		-	(A) Beginning of year	00	(B) End of year
22 23	Cash, savings, and investments		•••••	216,823 0		223,053
23 24	Other assets (describe in Schedule O)		•••••	0		0 0
2 4 25	Total assets		· · · · · ·	216,823		223,053
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column			216,823		223,053
Par	Statement of Program Service Accom	plishments (see th	e instructions for P			· · ·
	Check if the organization used Schedule	O to respond to an	ny question in this I	Part III . 🗹	-	Expenses
What	is the organization's primary exempt purpose?	education for citizen	is on clean water, foo	od, nutrition, art	•	quired for section (c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplis leasured by expenses. In a clear and concise mons benefited, and other relevant information for ear	anner, describe the				anizations; optional for
28	Educating citizens on sustainable, clean drinking wa	iter. Implementation of	of bore-hole (hand-pu	ımp) water		
	wells in Simwatachela and Cooma Chiefdoms, Zamb	ia, and in rural Sierra	Leone (rural Port Lo	ko and		
	(Continued on Schedule O, Statement 1)					
		includes foreign gra			28 a	24,668
29	Building, securing, and constructing SSAAP-Headqu					
	(Rombompe site). Fees include the contractors' fees	as well as the materi	als and labor for buil	ding.		
			uta abaalibawa		00-	
30		includes foreign gra			29a	9,162
30	Appreciation to chiefs for donation of land to SSAAF surveyors payments to survey the land for the project					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .		30a	1,072
31	Other program services (describe in Schedule O)					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	🗌	31a	240
32	Total program service expenses (add lines 28a t	hrough 31a)			32	35,142
Par					stru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part IV		🔲
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		Estimated amount of other compensation
Heat	her C Cumming	95.00	0	(0	0
Exec	utive Director, Treasurer					
Laur	a Wilson	1.00	0	(0	0
	etary, Web Designer					
	M Cumming	12.00	0		0	0
	r and Legacy Gift Manager, CFRE				_	
	nie Shaw	1.00	0		0	0
voiu	nteer and Paper Donation Coordinator					
		_				
		-				
					_	
					+	
		-				
					+	
		•				
		1	1	1		

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		ν.	
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	Yes	No V
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		~
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)?	34 35a		v v
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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 b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 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 39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities			
b	section 4911: <u>0</u> ; section 4912: <u>0</u> ; section 4955: <u>0</u> 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 of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40b		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0			
e	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		~
41 42a			2-213	
b	Located at: <u>3505 23rd Street</u> , <u>Boulder</u> , <u>CO 80304-1917</u> At any time during the calendar year, did the organization have an interest in or a signature or other authority over	80304	-1917 Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: Sierra Leone, Zambia	42b	v	
	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			
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	Yes	No V
b		44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<i>v</i>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 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-EZ. See instructions .	45b		~

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			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		V

Part VI	Section 501(c)(3) Organizations Only
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines
	50 and 51.

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax			
	year? If "Yes," complete Schedule C, Part II	47		~
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		~
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		~
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

. .

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
d Total number of other independent contractors each receiving	over \$100,000	

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

_____ completed Schedule A _____ Yes 🗌 No

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

Sign	Signature of officer			Date			
Here	Heather Cumming, Executive Directo	r					
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name			Firm's EIN			
	Firm's address			Phone no.			
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions						

SCHEDULE	A
(Form 990)	

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

to www.irs.gov/Form990 for	r instructions and the	latest information.
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Employer identification number

27-2033029

OMB No. 1545-0047

Name of the organization	
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SIMWATACHELA SUSTAINABLE AGRICULTURAL AND ARTS PROGRAM SSAA

Go

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.	_
a e	riedeen fer i dene endrig etalder (fan erganizatione maet een plate) eee met de de leiter	

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

.

- f Enter the number of supported organizations . . .
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Secti	on A. Public Support			<i>*</i> 1	•	,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	50,154	54,841	69,254	75,214	42,043	291,506
2	Tax revenues levied for the						
	organization's benefit and either paid						
-	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4		0	0	0	0	0	0
	0	50,154	54,841	69,254	75,214	42,043	291,506
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
6	Public support. Subtract line 5 from line 4						291,506
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	50,154	54,841	69,254	75,214	42,043	291,506
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	0	0	0	0	0	0
10	loss from the sale of capital assets						
	(Explain in Part VI.)	188	0	0	0	0	188
11	Total support. Add lines 7 through 10		-				291,694
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	0
13	First 5 years. If the Form 990 is for the	e organization's	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he						· · · 🗆
Secti	on C. Computation of Public Support						
14	Public support percentage for 2023 (line		-			14	99.94 %
15	Public support percentage from 2022 Scl					15	99.2 %
16a	33 ¹ / ₃ % support test - 2023. If the organ box and stop here . The organization qua						
b	33 ¹ / ₃ % support test—2022. If the organi			-			
b	this box and stop here . The organization						
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization m						
	Part VI how the organization meets the						
_	organization						
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organization in Part VI how the organization meets the						
	organization			-			
18	Private foundation. If the organization						
	instructions						
							(Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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		1	1			
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
•	Add lines 10a and 10b						
	Net income from unrelated business						
11	activities not included on line 10b, whether						
	or not the business is regularly carried on						
10	5,						
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	organization'	's first, second	I, third, fourth	, or fifth tax ve	ar as a sec	tion 501(c)(3)
	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor	rt Percentag	e				
15	Public support percentage for 2023 (line a	-		13, column (f))		15	%
16	Public support percentage from 2022 Scl	hedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2023 (line 10c, colur	nn (f), divided l	oy line 13, colι	umn (f))	17	%
18	Investment income percentage from 2022			-		18	%
19a	331/3% support tests-2023. If the organ					ore than 331	/3%, and line
	17 is not more than $33^{1}/_{3}\%$, check this box	and stop here	. The organizati	on qualifies as	a publicly suppo	orted organiz	ation 🗌
b	331/3% support tests-2022. If the organiz						
	line 18 is not more than 33 ¹ /3%, check this	box and stop ł	nere. The organ	ization qualifies	s as a publicly s	upported org	anization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see inst	ructions .

Schedule A (Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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).

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 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.

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). 1
- а 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.* b
- 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.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion 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	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-function	allv i	ntegrated Type III suppo	rting organization

Schedule A (Form 990) 2023

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	1	<i>VI</i>) 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 whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10)
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

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: (1.) Reimbursement: Phone calls with SSAAP Secretary: \$70; (2.) Reimbursement: SSAAP Postage from partner: \$100; (3.) Reimbursement: Bank fees: \$18. -----

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ		OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.	ו	2023
Department of the Treasury	Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organization		Employer iden	tification number
SIMWATACHELA SUS	TAINABLE AGRICULTURAL AND ARTS PROGRAM SSAA	2	7-2033029
Form 990-EZ, Part I, Li	ne 16 - [Using currency conversion rates of 22.80 Sierra Leonean Leones (Le) = \$1 L	JSD; 25.78 Za	mbian Kwacha
(Zmk) = \$1 USD; all rat	es rounded up.] Other Expenses: PayPal fees: \$71; Airtel Money (Zambia) fees: \$2;	Google Play (Gmail account):
\$21; Sierra Leone Pho	ne fees (Airtel airtime):\$65; Sierra Leone Internet fees (Q cell bundles): \$67; Zambia	Phone fees (/	Airtel): \$34; Zamtel
Internet fees (Zamtel b	undles): \$9; Fix SSAAP/phone/ battery/phone accessories: \$54; Educational materi	als: \$17; SIM (cards for phone: \$1;
Living Expenses in Sie	erra Leone (01/01-08/02/2023) : \$594; Living Expenses in Zambia (08/03/2023 - 12/31/	2024): \$904; S	OS: Secretary of
State Colorado filing fe	ee for 2024: \$10; Change air ticket: FNA to LUN on 2 August 2023 (change from 04/0	5/23): \$312; E	xtra baggage fee
FNA Airport 08/02/2023	3: \$100; We'Moon Partnership Art Project 2024 (purchases from African artisans): \$	174; Vaccinati	on / Animal-rearing
Projects: \$45; Radiant	Street Beasts: medications and materials (cage): \$21; Plaques for Zambia water we	IIs: \$18; Hirin	g transportation
("canter") to and from	Simwatachela site: \$176; Shelves inside Cooma Chiefdom house (in the form of hu	ge baskets): \$	23; Laundry
expenses: \$50; Legal f	ees for Microloan Project payback in Simwatachela, Zambia: \$46.		
	ine (28-31) - Part III, #31: Describe the organization's program service accomplishm		
	hip Art Project 2024 (purchases from African artisans): \$174; (2.) Radiant Street Bea		
	is Initiative, in an effort to heal abused street animals, includes purchase of cage to	put street cat	s in to take to our
home to heal and look	after, as well as vaccines and medications: \$66.		
	ine 44d - Part V, #44 (d): No, Form 720 has not been filed as SSAAP has not worked	together with	, received
payments from, or eng	aged in fundraising activities with indoor tanning services during the year.		

_____ _____ _____ _____

Form: Form 990-EZ (2023)

Page: 2

SIMWATACHELA SUSTAINABLE AGRICULTURAL AND ARTS PROGRAM SSAA

EIN: 27-2033029

Part III, Line 28

First Program Service Accomplishments Description

Description

Moyamba). Serving approximately 5,000-10,000 people in rural Zambia and over 7,000 people in rural Sierra Leone with water. Payment is for water wells and contractors' fees.

Schedule O, Statement 2	SIMWATACHELA SUSTAINABLE AGRICULTURAL AND ARTS PROGRAM SSAA			
Form: Form 990-EZ (2023)		EI	N: 27-2033029	
Page: 2		F	Part III, Line 31	
Other Program Service Accor	nplishments			
Description	Grants A Allocatio		Program Service Expenses	
We'Moon Partnership Art Project 2024 (purchases from African artisans)		0	174	
Radiant Street Beast Program (RSB Program) is SSAAP's Animal Rights Initiative, in a abused street animals, includes purchase of cage to put street cats in to take to our ho after, as well as vaccines and medications.		0	66	

240

Total: