Sched	ule	В
(Form	990))

Schedule of Contributors

OMB No 1545-0047

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name	of the	organization

Department of the Treasury

Internal Revenue Service

Name of the organization		Employer identification number	
SIMWATACHELA SUSTAINABLE AGRICULTURAL AND ARTS PROGRAM (SSAAP)		27-2033029	
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ S01(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion	
	501(c)(3) taxable private foundation		

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 ~ or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

	3 (Form 990) (2022) organization	Em	Page 1 of 1 of Part I ployer identification number
	ACHELA SUSTAINABLE AGRICULTURAL AND ARTS PROGRAM (27-2033029
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Michael and Kristi Franko	 \$ 12,000	Person ✓ Payroll Noncash □
	Denver, CO 80210-3209	\$\$	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Aurobindo Sundaram 565 Mellbrook Lane	 \$ 8,000	Person
	Alpharetta, GA 30005-6768	 	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Mike and Sue Fanelli 47 W Ridgeway Drive Centerville, OH 45459-4707	 \$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Andrew and Helen Franko 4061 Conference Road Bellbrook, OH 45305-8915	\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	William and Marge Cox 6018 North Chantecleer Drive Maumee, OH 43537-1302	\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of org	ganization CHELA SUSTAINABLE AGRICULTURAL AND ARTS PROGRAM (SSAAI	P)	Employer identification number 27-2033029
Part II	Noncash Property (see instructions). Use duplicate copie		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
		*	

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page

of

of Part II

Schedule B (F	Form 990) (2022)				Page of of Part III	
Name of org	ganization				Employer identification number	
	CHELA SUSTAINABLE AGRICULTURAL A	ND ARTS PROGRAM (S	SSAAP)		27-2033029	
Part III	Exclusively religious, charitable, e (10) that total more than \$1,000 for the following line entry. For organiza contributions of \$1,000 or less for t Use duplicate copies of Part III if ad	or the year from any ations completing Pa he year. (Enter this ir	one contributor. In III, enter the tota Information once. So	Complete I of <i>exclus</i>	columns (a) through (e) and <i>ively</i> religious, charitable, etc.,	
(a) No. from	(b) Purpose of gift			(d) Description of how gift is held		
Part I	(b) Purpose of gift (c) Use of gift		(d) Description of now girt is held			
_	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) De	scription of how gift is held	
	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relatior	ship of tra	Insferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			Insferor to transferee		
					Schedule B (Form 990) (2022)	