Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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	or the	2022 calendar year, or tax year beginning 10/01/2022 and ending	09/30/20	23 Vocase 3 5 1 2 7 3 1
B	Check if a			entification number
	Address	change A SELF-HELP ASSISTANCE PROGRAM	d 1 = 6	8-0257525
	Name cha	ange Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Te	ephone n	umber
ghoowlong	Initial retu		77	0-632-7451
	Final retui Amended	ro/terminated City or town, state or province, country, and ZIP or foreign postal code F Gr	oup Exe	
-		The state of the s	umber	inpaon
-				organization is not
		Access to the control of the control		ach Schedule B
JT	ax-exer	mpt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 (Form		acii ociledale b
		organization: Corporation Trust Association Other:	000).	
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	s	
(Pai	t II, col	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		40,921
and continues to	art l	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru		for Part I)
		Check if the organization used Schedule O to respond to any question in this Part I		
***************************************	1	Contributions, gifts, grants, and similar amounts received	111	39,366
	2	Program service revenue including government fees and contracts	2	1,520
500.500	3	Membership dues and assessments	3	1,320
	4	Investment income , , , , , , , , , , , , , , , , , , ,	4	35
	5a	Gross amount from sale of assets other than inventory 5a	0	33
	b	Less: cost or other basis and sales expenses	0	ee ee e jare ee
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events:		<u> </u>
	a	Gross income from gaming (attach Schedule G if greater than	~: 3:	A CT
ne	tif-()	\$15,000)	0	
Revenue	b	Gross income from fundraising events (not including \$ 0 of contributions		
3ev		from fundraising events reported on line 1) (attach Schedule G if the		The Control of the Co
later		sum of such gross income and contributions exceeds \$15,000) 6b		
	C	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
()		line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	00	The state of the s
	b		0	
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
1	8	Other revenue (describe in Schedule O)		0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	40,921
***************************************	10	Grants and similar amounts paid (list in Schedule O)	10	70,721
	11	Benefits paid to or for members	11	0
S	12	Salaries, other compensation, and employee benefits	12	0
Expenses	13	Professional fees and other payments to independent contractors	13	30
g	14	Occupancy, rent, utilities, and maintenance	14	17,948
Ū	15	Printing, publications, postage, and shipping	15	2,286
	16	Other expenses (describe in Schedule O) See Schedule O. Statement 1	16	20,023
	17	Total expenses. Add lines 10 through 16	17	40,287
Ś	18	excess or (deficit) for the year (subtract line 17 from line 9)	18	634
sel	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
AS		end-of-year figure reported on prior year's return)	19	22,927
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O) .See Schedule O, Statemer	20	-7,171
-	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	16,390
-	Banan	work Deduction Act Natice and the percents instructions	- Commenter (cd.	

Cho	lance Sheets (see the instructions eck if the organization used Schedu	le O to respond to	any question in thi	s Part II	1	are conti	ASSES IN
e Tribuero Seculosidados		N N N N N N N N N N N N N N N N N N N	e an earlies a section of the section of	(A) Beginning of year	1 1,540	(B) Enc	of year
至於~ P 13	vings, and investments	r professoret rogerforet en Skripteret belgt van en en	1 to (f) a.) 125 to 1455 1 a a a	12,107	22	***************************************	12,85
· · · · · · · · · · · · · · · · · · ·	sets (describe in Schedule O) See Sc	davi acoitanus e son	ar a gara as as as a s Digitar as as as as as	0788 08 C	-	4	3
Local as:	5015			10,925	-	5 A.P.S	4,67
26 Total liak	ollities (describe in Schedule O) See S	Schedule O Statemer	± 1	23,032	-	on SS(17,53
1404 GOGO	rea of Intin parallices (IIIIe 27 Of COlum	in (B) must agree wi	th line 21)	20.007	26 27		1,14
raitill Sta	tement of Program Service Accord	nplishments (see t	he instructions for	Dort IIII	21		16,39
CITE	sck ii the organization used Schedul	e O to respond to a	any question in this	Part III	į	Expe	nses
what is the orga	nization's primary exempt purpose?	See Schedule O, S	tatement 5	April Maria and April 200	(Rec	uired for	r section I 501(c)(4)
persons benefite 28 Tools for Er	ganization's program service accomp expenses. In a clear and concise red, and other relevant information for empowerment: Accepted donations of too	nanner, describe treach program title.	ne services provide	d, the number of	orga othe	nizations	s; optional fo
countries b	oosed by volunteers and will help vocati ecome self-reliant.	onal school graduate	s in mission schools	in developing		102 1.	
(Grants \$	0) If this amoun	t includes foreign gr	ants, check here .	e. e e. E. Tila	28a		37,507
29 Building car	pacity to raise funds sustainably. Includ	es marketing plan, fu	ndraising materials	doviolonment	U1)59	ъЯ	37,307
video and s	peech presentations and stories.	up you at bassess.	sad Schedule C. In	u nobssire no eju	14 11 30	47	·····································
(Grants \$	0) If this amount	t includes foreign gr	. Sinconts valeng b		iinid.		
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	ore confidence (al., III 100 de l'aliano	includes foreign gra	ants, check here	THE RELLEGIONS	30a	11. Sept. 1	a i
31 Other progra	and services (describe in Schedule O)	id and loverideal Alon	ants, check here	asis in took of	30a	ning)	d Ç
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- 3,	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in t	his Par	tν	. [
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	1	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		V
old.	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			
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)?	, consistent	1,:/":	~
k	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No " provide an available of the state of	35a		V
C	reporting, and proxy tax requirements during the year? If "Yes" complete School (C. Part III	- exponential		
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	· meaning the		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	36		<u>/</u>
b	Did the organization file Form 1120-POL for this year?	0 37b		
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		V
þ	res, complete schedule L, Part II, and enter the total amount involved	Joa		
39 a	Section 501(c)(7) organizations. Enter:			
b	Initiation fees and capital contributions included on line 9			
40a	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	960tion 4911. 0: section 4012.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the expanient to the second of the expansion			
	The rest reported on any or its prior forms 990 or 990-EZ? If "Yes," complete Schedule I Part I	40b		V
	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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
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			
41	List the states with which a copy of this return is filed: CA CA	40e	a	V
42a	The organization's books are in care of: Dorothy Ramsdell Telephone no	401 000		
h	LOCATED At: PO Box 2275, Peachtree City GA 30260	302		
Ю	At any time during the calendar year, did the organization have an interest in or a signature and the calendar year.			No
**************************************	If "Yes," enter the name of the foreign country:	42b	-	V
_	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
43	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	GFT V	~
ΤΟ .	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	foxet	ing Lagari	
14a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			No
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	44a		/
d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44b 44c		/
l5a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	44d 45a		
	Form 990-EZ. See instructions	45h		

40	SALT IN LANGER ON THE SECOND	with the milestan starte & consignation that is substance.	the contract of the section of the s	Tee		100	
	d the organization engage, directly candidates for public office? If "Ye	s, complete schedule (campaign activities C. Part I	on behalf of	or in oppos	Annual Property Company	es N
Part VI	Section 501(c)(3) Organizat	ions Only				46	
	All section 501(c)(3) organiza	tions must answer qu	estions 47-49b an	d 52, and	complete th	e tables for	linos
						Section Deligies	111168
	Check if the organization used	Schedule O to respon	d to any question in	this Part V	1 - 3 Pagal	97.13 (192.6 m)	Y .
47 Dic			ACT AND AN ACCOUNT OF	/. 4 11 22,13171	1000 0 00	Ye	s N
vea	d the organization engage in lobby ar? If "Yes," complete Schedule C,	Ing activities or have a	section 501(h) elec	tion in effec	t during the	tax	
48 ls t	he organization a school as describ	od in coetien 470/LV4VAV	Work market is a second	ปว อากาอ	r ovast nougg Svenskogber	- 47	1 150
49a Dio	the organization make any transfe	ed in section 170(b)(1)(A)(II) 7 If "Yes," complet	e Schedule I		. 48	
, W 11	165, was the related organization	a section 527 organization	nn?	가난데 이 교육을 하게 되었다.	190 - Vigit İşli	. 49a	0
20 00	implete this table for the organization	on's five highest compan	noted amplement	ther than of	licers direct	49b	200
em	ployees) who each received more	than \$100,000 of compe	nsation from the org	anization. If	there is non	e. enter "None	and R
		(b) Average	(c) Reportable	(d) Heal	th benefits.	7,01101	
33	(a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC	contribution	ns to employee s, and deferred	(e) Estimated an	nount (
Vane:	\$ 10 m 10 m 10 m	devoted to position	1099-NEC)	comp	ensation	other compen	sation
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				A 7 - V.	PAREBOOK :		
51 Con \$10	al number of other employees paid nplete this table for the organizati 0,000 of compensation from the or	on's five highest compe ganization. If there is no	nsated independen ne, enter "None."	t contractor		received mor	e tha
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SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

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

Open to Public Inspection

Name of the organization		- comoco for instruction	s and the lat	est intor	A service on the service of the	Inspection
A SELF-HELP ASSISTANCE PROGRA	M				Employer identifica	
Part I Reason for Public C	harity Status.	(All organizations m	ust compl	ete thi		0257525
Part I Reason for Public C The organization is not a private four of the organization is not a private four of the organization is not a private four of the organization of the organization of the organization of the organization operated operated on the organization operated operate	harity Status. Indation because urches, or associ ion 170(b)(1)(A)(i hospital service ation operated in tate: or the benefit of pmplete Part II.) vernment or gove Illy receives a sul i(1)(A)(vi). (Comp d in section 170 anization describ grant college of a y receives (1) mo ed to its exempt t ent income and u after June 30, 1 and operated excluded operated	in is: (For lines 1 through intitis: (For lines 1 through intitis: (For lines 1 through intitis: (For lines 1) through intitis: (Attach Schedule Experimental or a college or universion and college or universion state of its state of the college of the	igh 12, che scribed in section of the section of th	ck only ection J.) n 170(b cribed ir r opera on 170(n a gove erated i r the na n contr options; e (less a nplete F See sec	s part.) See instruction one box.) 170(b)(1)(A)(i). (1)(A)(iii). 1 section 170(b)(1)(A)(iii). 1 section 170(b)(1)(A)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)	ntal unit described in the general public land-grant college of the college or ip fees, and gross in 331/3% of its in businesses
one or more publicly support the box on lines 12a through	ed organizations	described in section	509(a)(1) or	section	n 509(a)(2) . See sec	y out the purposes of tion 509(a)(3). Check
the box on lines 12a through a Type I. A supporting org. the supported organization.	anization operate	d, supervised, or con	trolled by it	tion and	complete lines 12e,	12f, and 12g.
control or management corganization(s). You mus	anization supervi f the supporting t complete Part	ised or controlled in coorganization vested in IV. Sections A and C	onnection on the same	persons	s that control or mar	age the supported
C Type III functionally inte	grated. A sunno	rting organization and	and all to	nnectio	n with, and function	ally integrated with
its supported organization d Type III non-functionally that is not functionally interequirement (see instructionally interequirement) e Check this box if the organ functionally integrated, or f Enter the number of supported and Provide the following information	v integrated. A signated. The organism ons). You must contact on received	upporting organization anization generally mu complete Part IV, Se I a written determination	n operated ust satisfy a ctions A ar	v, Sect in conn distribi id D, ai	ions A, D, and E. ection with its support ution requirement are nd Part V.	orted organization(s) nd an attentiveness e II, Type III
9 110 vide the following information	organizations .	ported organization(s)	'st'Lat'.	i,	The state of the s	(cip to
(i) Name of supported organization	NOTE OF STREET	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the org listed in your of docume	governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)	Paris Jayara.,	ottari, on, bas ame	Yes	No	NOT NOT THE OWN	To the six acres
(7)	Lesson Program	en et en som en en		100	yeti i selfek fian.	
ck bis tox and stop hera. Exist (8) in dos 8 years part the coppositi	ric is er consti Zenice er entre	o - a coo	a 294 (n 2)	entropi Tentropi	Semente rendistration.	943914131
(C)						
(D)						
(E)	and the second		See See See See See See See		Contract Con	The Market of the Comment of the Com
Total						

Schenic A years and 2020

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to 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) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the	o qualify under l.)
Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities	L. W. C. L. C. A. PRU
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities	2 (f) Total
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The value of services or facilities furnished by a governmental unit to the	ico real in
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Organization with such plants (Unit to tile	e. PACJ A
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	14 - 11/4 - 1
5 The portion of total contributions by each person (other than a	hall a line
governmental unit or publicly	
supported organization) included on	Set do T
line 1 that exceeds 2% of the amount shown on line 11, column (f).	B JACG
6 Public support. Subtract line 5 from line 4	k NegnAi∏ €
Section B. Total Support	
Calendar year (or fiscal year heginning in) (a) code	To Toronto Silvino
7 Amounts from line 49 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
8 Gross income from interest, dividends.	(25) [1] (2)
payments received on securities loans, rents, royalties, and income from	हाल पर्ने स
rents, royalties, and income from similar sources	\$ []. \$7
9 Net income from unrelated business	
activities, whether or not the business	. 65
is regularly carried on	2.0
10 Other income. Do not include gain or loss from the sale of capital assets	
Off Off Vinlain in Doub VIN	
11 Total support. Add lines 7 through 10	280
12 Gross receipts from related activities, etc. (see instructions)	24×1 ~ 7
13 First 5 years. If the Form 990 is for the organization's first second third fourth or fifth tax	tion 501(a)(2)

Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6 column (6 climate))	215213
15 Public support percentage for 2021 Calamin (f), divided by line 11, column (f))	%
10a 33'/3% support test - 2022. If the organization did not check the how on line 12 and line 14 is contained.	9%
and the stop the organization qualities as a publicly supported organization with the control of the stop of the s	DET 10 10 10 00 00 00 00 00 00 00 00 00 00
D 331/3% support test - 2021. If the organization did not check a boy on line 13 and the	more, check
organization qualifies as a publicly supported organization	SA 10 9 1 1881 11.
10% or more, and if the organization meets the facts-and-circumstances test, should this be a 16b, a	
and organization meets the lacts-and-circumstances test. The organization qualifies as a public	e. Explain in
b 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, or	17a, and line
organization	ly supported
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this instructions	hov and see
instructions	oon and see
The state of the s	e A (Form 990) 2022

Total

For Papers with Reduction Act Nodes, on the Instructions for Four Review 830 83.

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.)

Sect	ion A. Public Support	the state of the s	and senses and an arrange				
Caler	ndar 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.")	50,726	41,436	47,737			
2	Gross receipts from admissions, merchandise	30,720	41,430	47,737	39,796	39,366	219,061
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	a arma a a fa	u ho	and the second	anana Qarat mag		
3	Gross receipts from activities that are not an	0	0	0	0		0
	unrelated trade or business under section 513	0	0	0	0	one en e	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	n:1	p of the latest of	080.	· · · · · · · · · · · · · · · · · · ·		
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6	Total. Add lines 1 through 5	50,726	41,436	47,737	39,796	39,366	219,061
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	inglichte d	- 8.3 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0	. 0		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000	TO CAPTURE OF THE CONTROL OF THE CON				Basino a History ou In History	0
	or 1% of the amount on line 13 for the year	0	0	0	0	A Bouth set largett	0
8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)	0	0	0	0.	0	0
Sacti	on B. Total Support	очень сольцу ча	ra control control de la	210101 210	a various para a constant	I CONTRACTOR OF THE CONTRACTOR	219,061
	dar year (or fiscal year beginning in)	(a) 2018	/b) 0010	(-) 0000 I	(4) 0004 I	17.0000	
9	THE PROPERTY OF THE PROPERTY O	***************************************	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	50,726	41,436	47,737	39,796	39,366	219,061
b	Unrelated business taxable income (less section 511 taxes) from businesses	0 (** 5 - 5.00) :6 6 ii		0	0	ytha shed	0 747843
- 1	acquired after June 30, 1975	0	<u> </u>	0	0	44	0
44	Add lines 10a and 10b	0	<u> </u>	· · · · · · · · · · · · · · · · · · ·	0	0	0
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	rayes, religion a	ectar siça Sean o din		nopetra ((16.1570 - 1610 (16.1570 - 16.00 (16.00 (16.1570 - 16.00 (16.00 (16.1570 - 16.00 (16.00 (16.1570 - 16.00 (16.00 (16.00 (16.00 (16.00 (16.00 (1	all but
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	1ef 2022	Table Comment
13	Total support. (Add lines 9, 10c, 11, and 12.)	50,726	41,436		39,796	39,366	<u>0</u>
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's	first, second	the state of the s	or fifth tax yea		A CONTRACTOR OF THE PARTY OF TH
Secti	on C. Computation of Public Suppor			honday in the		• • • • •	
15	Public support percentage for 2022 (line 8			3 column (fl)	Sales and the sales and the sales are a sales and the sales are a	1451	100.00
16	Public support percentage from 2021 Sch	nedule A Part I	II line 15	o, coluinin (i))	*************	15	100 %
	on D. Computation of Investment In	come Percer	tage	<u> </u>		110	100 %
17	Investment income percentage for 2022 (line 10c. colum	n (f), divided h	v line 13 colur	mn (fi)	17	0 %
18	Investment income percentage from 2021	Schedule A. F	Part III. line 17	• • • • •	to make a series of	18	0 %
19a	331/3% support tests—2022. If the organ 17 is not more than 331/3%, check this box	zation did not and stop here.	check the box The organization	on line 14, an	d line 15 is mo	ore than 331/39 orted organizati	6, and line
NS (6)	331/3% support tests—2021. If the organiz line 18 is not more than 331/8%, check this l	auon aid not ch	The areas	ine 14 or line 1	ya, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di						

Surroute a countries 2022

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 Organiz	zations
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	and the second s	S) \$225	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	E 10	19
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	un en	
3a		3a	ART	4
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	3 (3)	7
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.	3c	ų iu	
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	HA	ti.)
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	0.01	
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.	200		
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).	4c	(MD)	10 10 p
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	rini.	
С 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c	r io	0
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).	718	77.0	
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	(*.e/)	
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	ele e	
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	ПШ	uai,
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.	9c	UN.	81
0a	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	VAN -	01
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		
	Schedul Schedu	A (Fo	m 990	2022

20 Felivate foundation. If the organization of not order a first or item (A, 152 or 130) of eather the cost and see another notes.

1	1 Has the organization assets the design of the control of the con		TV-	SI
•	Has the organization accepted a gift or contribution from any of the following persons?		16	3 1
	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?	1.7		
		11:	a	
	b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a above?	111	-	+
1 14 2	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
e	ction B. Type I Supporting Organizations	110	>	
			12	
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 divisor divisor that the trust of the supported organization and what conditions or restrictions, if any applied to such powers divisor divisor that the trust of the supported organization and what conditions or restrictions, if any applied to such powers divisor divisor that the trust of the supported organization divisor		Yes	5 1
2	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 supervised, or controlled the supporting organization.	-1	3 710	
ec	tion C. Type II Supporting Organizations	2		
1	Were a majority of the assessment of the assessm		Yes	N
	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		163	
ec	tion D. All Type III Supporting Organizations	E 122		
-	770 Capporting Organizations		1	
1 2	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?	Transfer of the second	Yes	No
3.	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		7. 8	
3	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	2		
ct	ion E. Type III Functionally Integrated Supporting Organia ii	3	13.37	
•	Check the box next to the method that the organization used to add to			704
b c 2	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below.	ee in <u>s</u>	tructio	ons)
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was respective.		/es	No
	those supported organizations and explain how these activities directly furthered their exempt purposes, that these activities constituted substantially all of its activities.			
	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 have engaged in these activities but for the organization's involvement.	2a		
	Parent of Supported Organizations. Answer lines 32 and 35 hours	2b		THE PERSON NAMED IN
	trustees of each of the supported organizations? If "Ves" or "No." provides that " I be a first trustees of each of the supported organizations? If "Ves" or "No." provides that " I be a first trustees of each of the supported organizations?			
b	Did the organization exercise a substantial degree of the vivo, provide details in Part VI.	Ba		
	accorded in Fait VI tile fole Diaved by the organization in this was a			
	3 and the organization in this regard.	b	13/2	-

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Or Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization	g tru	ist on Nov. 20, 1970 (exp	
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
-1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	CONTRACTOR STATE OF THE	THE 197 VALUE OF 1 ST. 12
3	Other gross income (see instructions)	3	sacrocod a to some or.	F- Un
4	Add lines 1 through 3.	4	egunden etwissingsprekhe mense inner enversione	State of the state
5	Depreciation and depletion	5	accounting house the	
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	ng na to andrian i malig ren san war ang ng apak	er organospali i
7	Other expenses (see instructions)	7	30% California la la cula	61.710 (1.6.11)
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	\$ 10 2 1 40 E 10 E 10 E 10 E 10 E 10 E	in the partitions
1	ion B—Minimum Asset Amount	10	(A) Prior Year	(B) Current Yea
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	d		
a		1a	AT DENING HERBEL BY TOTAL	ne promi vrem en
b	Average monthly cash balances	1b		The second second second second
C,		1c	mander of the market	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):		or specification and to the	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	strockumberrs an io	ar utshrustu d
3	Subtract line 2 from line 1d.	3	And the second of the second o	and apply the comment of the comment
1	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	se to brandout m	NYTER CONS.
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	New Consider of Party of Soft	E Wine office
6	Multiply line 5 by 0.035.	6	2010 21 1 1480 F 1.2 15 HE 1 25 29 1 28 8	Franklings
7	Recoveries of prior-year distributions	7	save derfy Glass er sam entrin ha	The state of the s
8	Minimum Asset Amount (add line 7 to line 6)	8	to facility and vice familiese.	រូន វិសាស្រ្គាក
ecti	on C. Distributable Amount	Jari Girir	and control of the second of t	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	11		Charles to all
2	Enter 0.85 of line 1.	2	2/2/2004/01/2005/01/2005	O 11324811/81 8
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		Englinders
4	Enter greater of line 2 or line 3.	4		92 JA G (1900) 1
5	Income tax imposed in prior year	5		<u> चंद्रान्त्र स्ट्रिक्ट</u>
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	9 475		any and
্র	emergency temporary reduction (see instructions).	6		Check the as
7	☐ Check here if the current year is the organization's first as a non-function		l integrated Type III suppo	rting organization
	(see instructions).	ा । इ.स.	Angeria bere y sa and 25	chedule A (Form 990) 2
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Schedus A (Form 1989) 2020

Se	rt V Type III Non-Functionally Integrated 509(a) ction D—Distributions	(3) Supporting Organ	nizations (continu	ed)	Sat soit III
-	THE PERSON OF THE PROPERTY OF	Charles & noither	r ingli i gari ya		Current Year
1	Amounts paid to supported organizations to accomplis	n exempt purposes	CONGRESS DEVELOP	11	1.0.2011
2	Amounts paid to perform activity that directly furthers a	xempt purposes of supp	orted	+-	
	a same activity				
3	Administrative expenses paid to accomplish exempt pu	rnoses of supported orga	nizationa	2	
4	Amounts paid to acquire exempt-use assets	iposes of aupported orga	anizations	3	
5	Qualified set-aside amounts (prior IRS approval required	d manufal at 11 1 m .		4	
6	Other distributions (describe in Part VI). See instructions	i—provide details in Pari	: VI)	5	
7	Total annual distributions. Add lines 1 through 6.	3, .		6	,
8	Distributions to attentive supported executive in the			7	
	Distributions to attentive supported organizations to whi (provide details in Part VI). See instructions.	ch the organization is res	sponsive	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022		(iii) Distributable
1	Distributable amount for 2022 from Section C, line 6		F16-2022		Amount for 2022
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required—explain in Part VI). See			- Landerston	
	instructions.			0.000	
3	Excess distributions carryover, if any, to 2022			- 100	
a	Eug. 0047				
b b					
-	From 2018				
C	From 2019				
d	From 2020				
<u>e</u>	From 2021			+	
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7:				
a	The state of the s				
b	Applied to 2022 distributable amount				
C	The state of the s				
	Remaining underdistributions for years prior to 2022, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022, Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
	Excess from 2022				
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	J. J
A SELF-HELP ASSISTANCE PROGRAM	Employer identification number
REAL TOOLSTANGE PROGRAM	68-0257525
100 A 1 2	

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#### A SELF-HELP ASSISTANCE PROGRAM Conglerization lateration to 60 or 900 or 900-

for Pagnermork Reduction Act stations are the heart often out Form 900 or 34,550

Form: Form 990-EZ (2022)

EIN: 68-0257525

Page: 1

introduction attack one above to of no Section of their course

Part I, Line 16

#### Other Expenses Structured Explanation

Description	a. General ar regional ar regional ar regional and community and community are regional architectures.	Amazina
Travel and Vehicle		1,204
Tools for Students		18,819
Total:		20,023

Schedule C. Co. v. PCD 2002

Form: Form 990-EZ (2022)

A SELF-HELP ASSISTANCE PROGRAM

EIN: 68-0257525

Page: 2

Other Assets Structured Explanation

Part II, Line 24

	Other Assets Structured Explanation
Description	codic solve 5 between 2 stage A to 4 is sorp, may be split. EOY Amou
Prepaid Expenses and Deposits	1,1
Uncapitalized Equipment	3,5
Total:	4.6

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Form: Form 990-F7 (2022)

#### A SELF-HELP ASSISTANCE PROGRAM

Form: Form 330-FT (5055)		EIN: 68-0257525
Page: 2	Later to Light of Barrier of the State of Recognition	Part I, Line 20
12-0-06 7(15	Other Changes in Net Assets Structured Explanation	the second secon
Description		Amount
Revaluation of Obsolete Equipment		-7,170
Correction of Bank Interest		-1
Total:		-7.171

A SELF-HELP ASSISTANCE PROGRAM

EIN: 68-0257525

Form: Form 990-EZ (2022)

Page: 2

512,8

**Primary Exempt Purpose** 

Part III

Primary Exempt Purpose

To cultivate self-reliance and foster cross-cultural understanding.

Form: Form 990-EZ (2022)

A SELF-HELP ASSISTANCE PROGRAM

EIN: 68-0257525

Page: 2

Other Liabilities Structured Explanation

Part II, Line 26

Description EOY Amount
Credit Card and Vendor Payable 1,147

4 4 4 7

Total:

1,147