Form **990-EZ**

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

| A | or the | ZUZS Calenda | | enaing | _ | /30/202 | | | |
|------------------------|--|-----------------|--|-----------------|-----------|--------------------|----------------------------|--|--|
| B Check if applicable: | | | C Name of organization | | D Empl | oyer ide | ntification number | | |
| Address change | | | A SELF-HELP ASSISTANCE PROGRAM | | | | | | |
| | | | | | | E Telephone number | | | |
| = | Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Gro | | | | | | -632-7451 | | |
| = | Amended | ıp Exen | nption | | | | | | |
| = | | n pending | Peachtree City, GA 30269 | | Num | nber | | | |
| G / | Account | ting Method: | Cash Accrual Other (specify): | Н | Check | if the | organization is not | | |
| 1 1 | Vebsite | www.asa | pEmpowers.org | | | | ch Schedule B | | |
| JΤ | ax-exen | npt status (che | ck only one) – 🔽 501(c)(3) 🗌 501(c) () (insert no.) 🔲 4947(a)(1) or | 527 | (Form 9 | 90). | | | |
| K | orm of | organization: | ✓ Corporation ☐ Trust ☐ Association ☐ Other: | • | | | | | |
| | | | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m | nore, or if tot | al assets | | | | |
| (Pa | t II, col | umn (B)) are \$ | 5500,000 or more, file Form 990 instead of Form 990-EZ | | | . \$ | 34,435 | | |
| P | art I | Revenu | e, Expenses, and Changes in Net Assets or Fund Balance | es (see th | e instruc | ctions | for Part I) | | |
| | | | the organization used Schedule O to respond to any question in | • | | | - | | |
| | 1 | | ons, gifts, grants, and similar amounts received | | | 1 | 34,023 | | |
| | 2 | | ervice revenue including government fees and contracts | | | 2 | 384 | | |
| | 3 | | ip dues and assessments | | | 3 | 0 | | |
| | 4 | Investment | | | | 4 | 28 | | |
| | 5a | | unt from sale of assets other than inventory 5a | | 0 | - | | | |
| | b | | or other basis and sales expenses | | 0 | | | | |
| | C | | ss) from sale of assets other than inventory (subtract line 5b from lines) | ne 5a) | | 5c | 0 | | |
| | 6 | • | d fundraising events: | 10 00, . | | | | | |
| _ | а | | ome from gaming (attach Schedule G if greater than | | | | | | |
| Revenue | | \$15,000) . | 6a | | 0 | | | | |
| Ver | b | Gross inco | me from fundraising events (not including \$ 0 o | f contributi | ons | | | | |
| Be | | | aising events reported on line 1) (attach Schedule G if the | | | | | | |
| | | sum of suc | h gross income and contributions exceeds \$15,000) 6b | | 0 | | | | |
| | С | Less: direc | t expenses from gaming and fundraising events 6c | | 0 | | | | |
| | d | Net incom | e or (loss) from gaming and fundraising events (add lines 6a and | 6b and s | ubtract | | | | |
| | | line 6c) . | | | | 6d | 0 | | |
| | 7a | Gross sale | s of inventory, less returns and allowances | | 0 | | | | |
| | b | Less: cost | of goods sold | | 0 | | | | |
| | С | Gross prof | it or (loss) from sales of inventory (subtract line 7b from line 7a) . | | | 7с | 0 | | |
| | 8 | Other reve | nue (describe in Schedule O) | | | 8 | 0 | | |
| | 9 | Total reve | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | 9 | 34,435 | | |
| | 10 | | similar amounts paid (list in Schedule O) | | | 10 | 0 | | |
| | 11 | Benefits pa | aid to or for members | | | 11 | 0 | | |
| S | 12 | Salaries, o | ther compensation, and employee benefits | | | 12 | 0 | | |
| Expenses | 13 | Profession | al fees and other payments to independent contractors | | | 13 | 0 | | |
| be | 14 | Occupancy | /, rent, utilities, and maintenance | | | 14 | 20,177 | | |
| Щ | 15 | Printing, p | ublications, postage, and shipping | | | 15 | 2,677 | | |
| | 16 | Other expe | enses (describe in Schedule O) | | | 16 | 15,914 | | |
| | 17 | Total expe | enses. Add lines 10 through 16 | | | 17 | 38,768 | | |
| ď | 18 | Excess or | deficit) for the year (subtract line 17 from line 9) | | | 18 | -4,333 | | |
| šets | 19 | | or fund balances at beginning of year (from line 27, column (A)) | | | | | | |
| A S€ | | | r figure reported on prior year's return) | | | 19 | 16,390 | | |
| Net Assets | 20 | Other char | ges in net assets or fund balances (explain in Schedule O) | | | 20 | -20 | | |
| Ž | 21 | | | | | 21 | 12,037 | | |
| _ | | | <u>-</u> | | | | | | |

Form 990-EZ (2023)

Page 2

Part III Balance Sheets (see the instructions for Part II)

| Pa | Balance Sneets (see the instructions i | , | | | | | |
|-------|---|----------------------------|-----------------------------|-------------------------|----------|--|--|
| | Check if the organization used Schedule | O to respond to ar | ny question in this | | | | |
| | | | | (A) Beginning of year | | (B) End of year | |
| 22 | Cash, savings, and investments | | | 12,859 | 22 | 8,604 | |
| 23 | Land and buildings | | | | 23 | 0 | |
| 24 | Other assets (describe in Schedule O) | | | 4,678 | | 3,755 | |
| 25 | Total assets | | | 17,537 | 25 | 12,359 | |
| 26 | Total liabilities (describe in Schedule O) | | | 1,147 | | 322 | |
| 27 | Net assets or fund balances (line 27 of column | (B) must agree with | n line 21) | 16,390 | 27 | 12,037 | |
| Par | t III Statement of Program Service Accom | plishments (see th | e instructions for l | Part III) | | | |
| | Check if the organization used Schedule | O to respond to ar | ny question in this | Part III | | Expenses | |
| Wha | t is the organization's primary exempt purpose? | See Schedule O, Sta | tement 1 | | | quired for section (c)(3) and 501(c)(4) | |
| Desc | cribe the organization's program service accompli | shments for each of | f its three largest r | rogram services | | anizations; optional for | |
| | neasured by expenses. In a clear and concise m | | | | othe | ers.) | |
| | ons benefited, and other relevant information for ea | | • | , | | | |
| 28 | Tools for Empowerment: Accepted donations of too | Is and equipment for | vocational school g | raduates. These | | | |
| | were repurposed by volunteers and will help vocation | | | | | | |
| | countries become self-reliant. | <u></u> | | | | | |
| | (Grants \$ 3,370) If this amount | includes foreign gra | nts. check here | | 28a | 37,993 | |
| 29 | Building capacity to raise funds sustainably. Include | | | | | 37,773 | |
| | vides and anasch presentations and stories | | | | | | |
| | video and speceri presentations and stories. | | | | | | |
| | (Grants \$ 0) If this amount | includes foreign gra | nte check here | | 29a | 775 | |
| 30 | | | | | 230 | 1/13 | |
| 30 | | | | | | | |
| | | | | | | | |
| | (Cranta ¢) If this amount | includes foreign are | nto obsol/ boro | | 20- | | |
| 04 | | includes foreign gra | | | 30a | 1 | |
| 31 | Other program services (describe in Schedule O) | | | · · · · · · | | | |
| 00 | (Grants \$ 0) If this amount | includes foreign gra | nts, check here . | | 31a | | |
| | Total program service expenses (add lines 28a | | | | 32 | | |
| Par | List of Officers, Directors, Trustees, and Key | | | | nstru | ctions for Part IV) | |
| | Check if the organization used Schedule | O to respond to ar | y question in this | Part IV | <u> </u> | 🗀 | |
| | | (b) Average | (c) Reportable compensation | (d) Health benefits, | | | |
| | (a) Name and title | hours per week | (Forms W-2/1099-MISC | contributions to employ | ree (e) | (e) Estimated amount of other compensation | |
| | · · | devoted to position | 1099-NEC) | deferred compensation | | | |
| | | | (if not paid, enter -0-) | | | | |
| Eliza | abeth Bara | 40.00 | | | 0 | 0 | |
| | sident and Executive Director | | | | | | |
| | othy Ramsdell | 3.00 | (| | 0 | 0 | |
| CFC | , Secretary | | | | | | |
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Part V

| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | Part | ۷. | |
|----------|---|--------|-------|-------------|
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | > |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 34 | | \ |
| 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)? | 35a | | / |
| b | 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, | 35b | | |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | ~ |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | / |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions 0 | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | ~ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | / |
| b | If "Yes," complete Schedule L, Part II, and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 | | | |
| b 40- | Gross receipts, included on line 9, for public use of club facilities | - | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| b | section 4911: 0; section 4912: 0; section 4955: 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | |
| D | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | | | |
| | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | ' |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed 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 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | ~ |
| 41 | List the states with which a copy of this return is filed: | | | |
| 42a | The organization's books are in care of: Dorothy Ramsdell Telephone no. | 104-51 | 3-646 | 1 |
| | Located at: PO Box 2275 Peachtree City GA 30269 7IP ± 4 | 30, | 269 | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | ~ |
| | If "Yes," enter the name of the foreign country: | | | |
| | 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 | | | |
| | 43 | | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | 100 | ✓ |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | 444 | | - |
| D | completed instead of Form 990-EZ | 44b | | ~ |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | ~ |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | | | |
| - | explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | / |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions | AEL. | | |

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

| Form 99 | 90-EZ (2 | 023) | | | | | | | | Р | age 4 |
|----------|----------|---|--|--|----------------------------|------------|---|--------------|-----------------------|---------|--------|
| 46 | | ne organization engage, directly or in | | | | | | | | Yes | No |
| Part | VI | ndidates for public office? If "Yes," of Section 501(c)(3) Organizations | s Only | | | | | | 46 | | ~ |
| | | All section 501(c)(3) organization 50 and 51. | | | | | nplete th | e table | es fo | or line | es |
| | | Check if the organization used Scl | nedule O to respond | I to any question i | n this Pa | ırt VI | <u> </u> | | <u></u> | | L |
| 47 | | he organization engage in lobbying If "Yes," complete Schedule C, Par | | section 501(h) elec | | effect d | uring the | | 47 | Yes | No |
| 40 | - | • | | | | Jula E | | - | 47 | | ~ |
| 48 | | organization a school as described in | | | | | | - | 48 1 9a | | ノ |
| 49a b | | ne organization make any transfers to es," was the related organization a se | | _ | | | | | +9a 19b | | _ |
| 50 | | plete this table for the organization's | | | | | ers directo | | | s an | d ke |
| | | oyees) who each received more than | | | | | | | | | u 110 |
| | | Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC) | (d contri SC/ benefi | Health b | penefits, o employee and deferred | (e) Esti | mate | | |
| None | | | | 1000 1420) | | | dion | | | | |
| INOTIC | | | | | | | | | | | |
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| | | | | | | | | | | | |
| f | Total | number of other employees paid ov | er \$100.000 | | | | | | | | |
| 51 | Com | plete this table for the organization, 000 of compensation from the organ | s five highest compe | ensated independe | ent contr | actors | who each | recei | ved | more | thar |
| | (a) | Name and business address of each independ | lent contractor | (b) Type of : | service | | (c) | Compe | nsatio | on | |
| None | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | _ | | | | | | | |
| | Tatal | number of other independent a set | notoro ocob receivire | Over \$100,000 | | | | | | | |
| | | number of other independent contra | _ | | · | | | | | | |
| 52 | | the organization complete Schedu pleted Schedule A | ile A? Note: All se | | ganizatio | | | ा a . 🔽 ' | Yes | | No |
| Under n | | of perjury, I declare that I have examined this | return, including accompan | ving schedules and stat | ements. an | d to the b | | | | | |
| | | d complete. Declaration of preparer (other than | | | | | | | | , | |
| | | | | | | | | | | | |
| Sign | | Signature of officer | | | | Date | | | | | |
| Here | | Elizabeth Arsenault, Executive Director Type or print name and title | or | | | | | | | | |
| Paid | | Print/Type preparer's name | Preparer's signature | | Date | | Check | if PT | ΓIN | | |
| Prep | arer | | | | | | self-emplo | | | | |
| Use | | Firm's name | | | | Firm' | s EIN | | | | |
| | | Firm's address | ala avvaa ala avva O. O. | | | Phon | e no. | | <u></u> | | |
| iviay fi | ie iks | discuss this return with the prepared | SHOWN ADOVE? SEE! | INSTRUCTIONS | | | | . 1 1 | 166 | _ | 40 |

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

Employer identification number

| | | ELP ASSISTANCE PROGRAM | | | | | 68-02 | |
|-----|--------|---|--------------------------|---|------------------|-----------------------------|-------------------------------------|---|
| Pa | | Reason for Public Cha | | | | | <u> </u> | ons. |
| The | _ | zation is not a private founda | | , | | - | • | |
| 1 | | church, convention of churc | | | | | 0(b)(1)(A)(i). | |
| 2 | | school described in section | | · · | | • | \/A\/:::\ | |
| 3 | | hospital or a cooperative homedical research organization | | • | | | , , , , | iii) Entor the |
| 4 | _ | ospital's name, city, and state | • | orijuriction with a nost | niai desc | inbed in s | section 170(b)(1)(A)(| iii). Enter the |
| 5 | | n organization operated for | | college or university | owned o | r operate | ed by a government | al unit described in |
| | | ection 170(b)(1)(A)(iv). (Com | | concego or armyoroney | omica c | . oporate | a by a government | ar arm accomba ii |
| 6 | □ A | federal, state, or local govern | nment or govern | mental unit described | in sectio | on 170(b) | (1)(A)(v). | |
| 7 | | n organization that normally | | | port from | a gover | nmental unit or from | the general public |
| | d | escribed in section 170(b)(1) | (A)(vi). (Complet | te Part II.) | | | | |
| 8 | □ A | community trust described i | n section 170(b) | (1)(A)(vi). (Complete I | ⊃art II.) | | | |
| 9 | | n agricultural research organ | | | | | | |
| | | r university or a non-land-gra niversity: | nt college of agr | iculture (see instruction | ns). Ente | r the nan | ne, city, and state of | the college or |
| 40 | | • | | 4b 001 0/ -f:t | | | | f |
| 10 | re | n organization that normally receipts from activities related | to its exempt full | nctions. subiect to ce | rtain exce | eptions: a | ınd (2) no more than | 33 ¹ / ₃ % of its |
| | SI | upport from gross investmen | t income and uni | related business taxal | ole incom | ie (less se | ection 511 tax) from | businesses |
| 11 | | equired by the organization and organization and organization organized and | | - | | • | • | |
| 12 | | n organization organized and | • | • | • | | | out the nurnoses of |
| | | ne or more publicly supported | • | | • | | | |
| | th | ne box on lines 12a through 12 | 2d that describes | the type of supporting | g organiza | ation and | complete lines 12e, | 12f, and 12g. |
| а | ı [| Type I. A supporting organ | ization operated | l, supervised, or contr | olled by i | ts suppo | rted organization(s), | typically by giving |
| | | the supported organization | | | | | he directors or trust | ees of the |
| | | supporting organization. Y | - | - | | | | |
| b | | Type II. A supporting organ | | | | | | |
| | | control or management of organization(s). You must | | | | persons | that control or mana | age the supported |
| _ | | Type III functionally integ | - | • | | onnoctic | with and functions | ally intograted with |
| С | ; | its supported organization | | | | | | any integrated with, |
| d | ı F | Type III non-functionally | . , . | • | | - | | orted organization(s |
| _ | | that is not functionally integ | | | | | | |
| | | requirement (see instruction | ns). You must c | omplete Part IV, Sec | tions A a | and D, ar | nd Part V. | |
| е | | Check this box if the organ | ization received | a written determination | on from th | ne IRS th | at it is a Type I, Type | e II, Type III |
| | | functionally integrated, or | Гуре III non-func | tionally integrated sup | porting o | organizat | ion. | |
| f | | er the number of supported of | • | | | | | |
| g | | vide the following information | | | | | | |
| | (i) Na | me of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 | | rganization ur governing | (v) Amount of monetary support (see | (vi) Amount of other support (see |
| | | | | above (see instructions)) | | ment? | instructions) | instructions) |
| | | | | | Yes | No | | |
| | | | | | | | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (D) | | | | | | | | |
| (C) | | | | | | | | |
| | | | | | | | | |
| (D) | | | | | | | | |
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| (E) | | | | | | | | |

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2023 Page **3**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Secti | on A. Public Support | | | • | · | • | |
|---------|--|-----------------|-----------------|------------------|-----------------|----------------|--------------------|
| Calen | dar year (or fiscal year beginning in) | (a) 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.") | 41 424 | 47 727 | 20.704 | 20.244 | 34,023 | 202,358 |
| 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 | 41,436 | 47,737 | 39,796 | 39,366 | 34,023 | 202,336 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 0 | 0 | 0 | | | 0 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | | | 0 |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | | | 0 |
| 6 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons . | 41,436 | 47,737 | 39,796 | 39,366 | 34,023 | 202,358 |
| 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 | 0 | 0 | 0 | | | 0 |
| С | Add lines 7a and 7b Public support. (Subtract line 7c from | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | line 6.) | | | | | | 202,358 |
| 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 |
| 9 | Amounts from line 6 | 41,436 | 47,737 | 39,796 | 39,366 | 34,023 | 202,358 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 0 | 0 | 0 | | | 0 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 0 | 0 | 0 | | | 0 |
| С | Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | 0 | 0 | 0 | | | 0 |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 0 | 0 | 0 | | | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 41,436 | 47,737 | 39,796 | 39,366 | 34,023 | 202,358 |
| 14 | First 5 years. If the Form 990 is for the organization, check this box and stop he | organization's | s first, second | , third, fourth, | or fifth tax ye | | n 501(c)(3) |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2023 (line 8 | | | 13, column (f)) | | 15 | 100 % |
| 16 | Public support percentage from 2022 Sch | | - | | | 16 | 100 % |
| | on D. Computation of Investment In- | | | | | - | |
| 17 | Investment income percentage for 2023 (| | | y line 13, colu | mn (f)) | 17 | 0 % |
| 18 | Investment income percentage from 2022 | | | | | 18 | 0 % |
| 19a | 331/3% support tests—2023. If the organ | | | | | | |
| _ | 17 is not more than 331/3%, check this box | _ | _ | - | | = | _ |
| b | 331/3% support tests – 2022. If the organize line 18 is not more than 331/3%, check this beautiful to the support tests – 2022. | | | | | | |
| 20 | Private foundation. If the organization di | d not check all | box on line 14 | 19a, or 19b, c | heck this box | and see instru | ctions . \square |

Schedule A (Form 990) 2023 Page 4

Supporting Organizations Part IV

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

Se

| secti | on A. All Supporting Organizations | | V | NI- |
|-------|---|----------|----------|-----|
| 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 | | Yes | No |
| 2 | class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status | 1 | | |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| 50 | purposes. Did the ergenization add substitute or remove any supported ergenizations during the tay year? If "Vee." | 4c | | |
| 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 | | | |
| b | was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already | 5a | | |
| С | designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5b 5c | | |
| 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 . | 6 | | |
| 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). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI</i> . | 9b | | |
| С | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9b 9c | | |
| 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 | 10a | | |
| | determine whether the organization had excess business holdings.) | 10b | | |

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023 Page 6

| | (| | | . ugo - |
|------|--|--------|---------------------------|-----------------------------|
| Part | V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | jani | izations | |
| 1 | ☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | |
| Sect | (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 | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C—Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 | ☐ Check here if the current year is the organization's first as a non-functional (see instructions). | ally i | integrated Type III suppo | rting organization |

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2023

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

| A SELF-HELP ASSISTANCE PROGRAM | 68-0257525 |
|--|------------|
| Form 990-EZ, Part I, Line 16 - Travel and Vehicle 1200 Tools for Students 14714 | |
| Total 770-LE, Last I, Line to - Havel and Vehicle 1200 10015 to Students 147.14 | |
| | |
| Form 990-EZ, Part I, Line 20 - Correction of Cash on Hand | |
| | |
| | |
| Form 990-EZ, Part II, Line 24 - 235 Prepaid Expense and Deposits 3520 Uncapitalized Equipmment | |
| | |
| Form 990-EZ, Part II, Line 26 - 125 Deposits 197 Deferred Revenue - ZIM Foundation | |
| Form 990-EZ, Part II, Line 26 - 125 Deposits 197 Deterred Revenue - Ziw Foundation | |
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Schedule O, Statement 1 A SELF-HELP ASSISTANCE PROGRAM

Form: Form 990-EZ (2023) EIN: 68-0257525

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

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