990 **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the 2	2023 calend	dar year, or tax year beginning	09/01/2023	and ending	08/31	2024	
В	Check if a	pplicable:	C Name of organization OPERATI	ION BOOTSTRAP-AFRIC	4		D Emple	oyer identification number
•	Address c	hange	Doing business as					41-6051952
$\overline{\Box}$	Name cha	nae	Number and street (or P.O. box if	mail is not delivered to street	address)	Room/suite	E Teleph	none number
$\overline{\Box}$	Initial retur	·	7100 Northland Cir N Suite 40	3				612-871-4980
$\overline{\Box}$		n/terminated	City or town, state or province, co		al code	•		
\Box	Amended		Minneapolis, MN 55428	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			G Gross	receipts \$ 2,022,436
\exists	Application		F Name and address of principal office	cer: Jason Bergmann		H(a) Is this a d	4	or subordinates? Yes No
ш	пррпоапо	ii perialing	7100 Northland Cir N Suite 403	•	1	' '		es included? Yes No
ī -	Tax-exem	ot status:	✓ 501(c)(3) 501(c) (7(a)(1) or 527			ee instructions.
_			otstrapafrica.org) (es.t.iei) <u> </u>	. (4)(.) 6 62.	H(c) Group		
			Corporation Trust Associat	tion Other	L Year of for		T .	of legal domicile: MN
	art I			LIOITOther	L real of for	111ation. 1900	IVI State	or legal dornicile. VIIV
		Summa	•	on or most significant o	ativitias. O		A 5-1 (C	ND 4)
•			cribe the organization's missi					
Activities & Governance		Africans to	strengthen their future throug	h education, healthcare,	agriculture, an	d other long-tern	n develo	oment projects.
rna								
Ne.			box if the organization di				1 1	s net assets.
ၓ	1		voting members of the gover				3	9
≪ ഗ			independent voting members		•	•	4	9
ij			per of individuals employed in		•		5	3
ξ	1		per of volunteers (estimate if r				6	
¥	7a 7	Total unrel	ated business revenue from F	Part VIII, column (C), line	912		7a	0
	l d	Net unrelat	ted business taxable income	from Form 990-T, Part I	, line 11		7b	0
			ar	Current Year				
Ф	8 (Contributio	ons and grants (Part VIII, line ⁻	1,	718,206	1,903,533		
Š	9 F	Program service revenue (Part VIII, line 2g)						35,654
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)					21,530	83,249
ď								0
			ue-add lines 8 through 11 (m		•		781,414	2,022,436
			d similar amounts paid (Part I)				225,801	1,332,928
		Benefits paid to or for members (Part IX, column (A), line 4)					0	1,332,720
"	1			mpensation, employee benefits (Part IX, column (A), lines 5–10)				248,909
Expenses			al fundraising fees (Part IX, co				220,240	240,707
ĕ			raising expenses (Part IX, colu				U	U
Ĕ	1			anni (D), iiile 25) 	189,687		240 405	207.410
	1	-	enses (Part IX, column (A), line				249,495	207,418
	1		nses. Add lines 13–17 (must e				695,536	1,789,255
. 0		revenue ie	ess expenses. Subtract line 18	8 from line 12			85,878	233,181
ts or			. (D. L.) (II. 40)			Beginning of Cur		End of Year
Net Assets or Fund Balances	20 7		- (,)			2,	020,473	2,594,044
a t	21 7		()				84,946	152,963
			or fund balances. Subtract li	ne 21 from line 20 .		1,	935,527	2,441,081
Pá	art II	Signatu	re Block					
			, I declare that I have examined this re e. Declaration of preparer (other than					my knowledge and belief, it is
uu	e, correct,	and complete	s. Declaration of preparer (other than	officer) is based off all informa	tion of which prep	arei ilas arīy kriowie	uge.	
٥.								
Sig	- 1	Signature	of officer			Da	ite	
He	ere	Jason Be	ergmann, Executive Director					
_		Type or pr	rint name and title					
Pa		Print/Type	preparer's name	Preparer's signature		Date	Check [if PTIN
		Jay Lyon	ıs				self-emp	P01254333
	eparer	Firm's non				Firm	s EIN	
US	e Only	Firm's add		EAPOLIS, MN 55406			ie no.	651-426-5670
Ma	y the IRS		this return with the preparer s	· · · · · · · · · · · · · · · · · · ·	uctions			. VYes No

Cat. No. 11282Y

Part	Ш	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1		efly describe the organization's mission: eration Bootstrap Africa (OBA) partners with Africans to strengthen their future through education, healthcare, agriculture, and
		er long-term development projects.
2		the organization undertake any significant program services during the year which were not listed on the or Form 990 or 990-EZ?
3		Yes," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program
3	ser	vices?
4	Des	scribe the organization's program service accomplishments for each of its three largest program services, as measured by
		penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, total expenses, and revenue, if any, for each program service reported.
4a	(Co	
		ucational Operating Grants and Scholarships: *Operation Bootstrap Africa's largest program is the MaaSAE Girls Secondary nool (MGLSS) in Monduli, Tanzania. Student sponsorships provide funding for the education of all of the students at this
		idential school. In its 29th year, the school continues to provide an opportunity for pastoralist and semi-nomadic girls to be
		ucated in a safe and nurturing environment. A monthly grant to the school supports teacher and staff salaries, food, textbooks,
		ities, farm production, and other necessary expenses. *Additional scholarship funds were provided for students attending the
		owing institutions: Moringe Sokoine Secondary School in Monduli, Tanzania, Nazarene University, Kitambolu Secondary
	Sch	nool in Arusha, Tanzania, Bassodawish school in the Karatu region of Tanzania, Step by Step School, Unambwe Secondary
		nool, Michaud Secondary School, Arusha Lutheran Medical Training Center, Fransalian Hekima Secondary School, and Kiyoora
		h School in Ntungamo, Uganda. *Medical School scholarships were provided for 2 future doctors to study at Hubert Kairuki
		morial University and the Catholic University of Health and Allied Sciences. *In Madagascar a grant was provided to pay
		cher salaries at five primary schools in the rural South. These teachers taught more than 2,500 students in one of the most
4h		ontinued on Schedule O, Statement 1)
4b	(Co	de:) (Expenses \$351,395 including grants of \$328,932) (Revenue \$0) st-Secondary Education and Leadership Development: *The OBA post-secondary program provides scholarships for graduates
		the MaaSAE Girls School through sponsor support. MGLSS graduates pursued degrees at colleges, universities, and vocational
		nools in Tanzania with scholarships through Operation Bootstrap Africa. Graduates of other local secondary schools also
		eived post-secondary scholarships from OBA.
4c	(Co	
		nstruction and Special Projects at Schools in East Africa: *Funding was provided for numerous primary and secondary school
		pjects, including: supplies for a monthly Lunch Program at Olchoki Primary School and five separate Malagasy Schools, three
		and new schools in Madagascar, a new kitchen at Azimio Primary School, a classroom at Ilboru Special Needs School, and a
		al hospital nutrition program. *Funds were also provided for Teacher's Housing renovation at MGLSS. *Funding was provided to nstruct a Girl's Dormitory at Masange Juu Secondary School in the Lushoto region of Tanzania.
		istruct a Girl's Dornittory at masarige sud Secondary School in the Eustroid region of Farizania.
4d	Oth	ner program services (Describe on Schedule O.) See Schedule O, Statement 2
		penses \$ 263,178 including grants of \$ 215,487) (Revenue \$ 35,654)
4e	Tota	al program service expenses 1,456,982

21

	90 (2023)			Page
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			140
2	complete Schedule A	2	V	
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		~
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		·
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV </i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V </i>	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		·
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e	V	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14a 14b	,	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	,	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	,	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	-	~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	,	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	-	_

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20a

20b

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		V
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		·
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part		•		
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	'	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		/
b	If "Yes," enter the name of the foreign country	-iu		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	~	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	,	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	~	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		•
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	4.		
		15		~
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		. 1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	.,		
	,			

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 ~ Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website ✓ Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Jason Bergmann, (612)871-4980

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ated any current	officer, director,	or trustee.
		(C)								
(A)	(B)	١,,	Position					(D)	(E)	(F)
Name and title	Average hours per week	box,	unles	ss pe	neck more than one is person is both an director/trustee)			Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
Jason Bergmann	40.00									
Executive Director	0.00			~				97,108	0	3,001
Doreen Hernesman	1.00									
Director	0.00	~						0	0	0
Michael Hedley	1.00									
Director	0.00	~						0	0	0
Peyton Taylor	2.00									
President	0.00	~		~				0	0	0
Marlys Melius	1.00									
Director	0.00	~						0	0	0
John McAllister	1.00									
Director	0.00	~						0	0	0
Gene Mickelson	1.00									
Past President	0.00	~		~				0	0	0
Stan Guimont	1.00									
Vice-president	0.00	~		~				0	0	0
Dean McDevitt	1.00									
Treasurer	0.00	~		~				0	0	0
Kjell Ferris	1.00									
Secretary	0.00	~		~				0	0	0
	T	1								
	†	1								

	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reports	sation	(F) Estimated a	er
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from rel organization 1099-M 1099-N	ns (W-2/ ISC/	compens from the organization related organ	ne on and
				Ф			ited						
1b	Subtotal								07 109		0		2 001
C	Total from continuation sheets to Part								97,108		U		3,001
d	Total (add lines 1b and 1c)			ed t	o t	hos	 se list	ted	97,108 above) who re	eceived r	nore t	 han \$100,	3,001 000 of
	reportable compensation from the organi								0				
3	Did the organization list any former of	officer, dire	ector.	tru	ste	e, k	cev e	mpl	ovee, or highes	st compe	nsated	Ye	s No
	employee on line 1a? If "Yes," complete S	Schedule J	for s	uch	indi	ividu	ual					3	~
4	For any individual listed on line 1a, is the organization and related organizations												
5	individual									ion or inc	 Iividual	4	V
Section	for services rendered to the organization? on B. Independent Contractors	? If "Yes," c	compl	ete	Sch	nedu	ule J f	or s	such person .			5	V
1	Complete this table for your five high compensation from the organization. Report												
	(A) Name and business add								(B) Description of serv			(C) Compensation	
None	Name and Business and	1000							Bosonption of core	1000		Compondation	·
2	Total number of independent contracto	rs (includir	ng bu	ıt n	ot I	limit	ed to	th	ose listed abov	e) who			

Part VIII Stat	ement of Re	VANUA

		Check if Schedule O contains a response	onse or note to ar	ny line in this Pa	rt VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1k	0				
عَ ق	С	Fundraising events 10	98,276				
fts,	d	Related organizations 10	0 1				
<u>ଲ</u> 🖺	е	Government grants (contributions) 16	9 0				
ns,	f	All other contributions, gifts, grants,					
iti e		and similar amounts not included above 11	1,805,257				
호된	g	Noncash contributions included in					
ig of			9 \$ 0				
<u>a</u>	h	Total. Add lines 1a-1f		1,903,533			
			Business Code				
je	2 a	Tour revenue	813311	35,654	35,654	0	0
e Z	b						
en S	С						
gram Ser Revenue	d						
Program Service Revenue	е						
₫	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a–2f		35,654			
	3	Investment income (including dividendent other similar amounts)		00.040		0	00.040
	4	Income from investment of tax-exempt to		83,249	0	0	83,249
	5	Royalties	bona proceeds	0	0	0	0
		(i) Real	(ii) Personal			,	
	6a	Gross rents 6a	.,				
	b	Less: rental expenses 6b					
	С	-	0 0				
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
e n	b	Less: cost or other basis					
Revenue		and sales expenses . 7b					
è	С	` '	0 0				
	d	Net gain or (loss)	· · · · ·				
Other	8a	Gross income from fundraising					
		events (not including \$ 98,276 of contributions reported on line					
		1c). See Part IV, line 18 8a	,				
	b	Less: direct expenses 8t					
	c	Net income or (loss) from fundraising ev					
		Gross income from gaming					
		activities. See Part IV, line 19 . 9a	a				
	b	Less: direct expenses 9t)				
		Net income or (loss) from gaming activi	ties				
	10a	Gross sales of inventory, less					
		returns and allowances 10					
		Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inven					
sno	44.		Business Code				
Miscellaneous Revenue	11a b						
ella Ver	C						
Sce	d	All other revenue					
Ξ	e	Total. Add lines 11a–11d		0			
	12	Total revenue. See instructions		2.022.436	35.654	0	83.249

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(D) Fundraising expenses
and domestic governments. See Part IV, line 21 . 0 0 2 Grants and other assistance to domestic individuals. See Part IV, line 22 0 0 3 Grants and other assistance to foreign organizations, foreign governments, and	
Grants and other assistance to domestic individuals. See Part IV, line 22	
3 Grants and other assistance to foreign organizations, foreign governments, and	
foreign individuals. See Part IV, lines 15 and 16 1,332,928 1,332,928	
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees	70,328
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0	0
7 Other salaries and wages	27,809
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 11,917 2,751 3,847	5,319
9 Other employee benefits 0 0 0	0
10 Payroll taxes	7,634
a Management 0 0 0	0
b Legal 0 0 0	0
c Accounting	0
d Lobbying	0
e Professional fundraising services. See Part IV, line 17 0	0
f Investment management fees	0
(A), amount, list line 11g expenses on Schedule O.) . 0 0	0
12 Advertising and promotion	30,427
13 Office expenses	4,341
14 Information technology 4,949 1,103 1,755	2,091
15 Royalties	0
16 Occupancy	7,725 14,384
17 Travel	14,384
for any federal, state, or local public officials 0 0	0
19 Conferences, conventions, and meetings . 438 115 154	169
20 Interest	0
21 Payments to affiliates	0
22 Depreciation, depletion, and amortization . 0 0 0	0
23 Insurance	911
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	
a Program service supplies and expenses 38,376 38,120 0	256
b Donor acquisition 18,174 0 0	18,174
C Bank and credit card fees 9,624 0 9,624	0
d	
e All other expenses 348 69 160	119
Total functional expenses. Add lines 1 through 24e 1,789,255 1,456,982 142,586 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	189,687

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	<u>tx</u>		<u> U</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	69,876	1	497,199
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
ţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Ÿ	9	Prepaid expenses and deferred charges	37,715	9	29,485
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	1,890,482	11	1,966,088
	12	Investments—publicly traded securities	1,890,482	12	1,960,068
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	22,400	15	101,272
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,020,473	16	2,594,044
	17	Accounts payable and accrued expenses	40,938	17	34,436
	18	Grants payable	0	18	34,430
	19	Deferred revenue	20,365	19	16,850
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
s	22	Loans and other payables to any current or former officer, director,	J		
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	23,643	25	101,677
	26	Total liabilities. Add lines 17 through 25	84,946	26	152,963
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
Ī	27	Net assets without donor restrictions	323,537	27	590,309
B	28	Net assets with donor restrictions	1,611,990	28	1,850,772
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
¥ ∤	32	Total net assets or fund balances	1,935,527	32	2,441,081
ž	33	Total liabilities and net assets/fund balances	2,020,473	33	2,594,044

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,022	2,436	
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3		233,181			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,935,527			5,527	
5	Net unrealized gains (losses) on investments	5			272	2,373	
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10			2,44	1,081	
Part	Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expenses the organization of the organization changed its method of accounting from a prior year or checked "Other," expenses the organization of	nlain	<u></u>				
	Schedule O.	μιαιι ι	011				
0-				2a		_	
Za	2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both.	ipiieo	ı or				
	Separate basis Consolidated basis Both consolidated and separate basis						
h	Were the organization's financial statements audited by an independent accountant?			2b	~		
b	If "Yes," check a box below to indicate whether the financial statements for the year were audi	 ted o		10			
	separate basis, consolidated basis, or both.	ica o	'' ^a				
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiah	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c	/		
	If the organization changed either its oversight process or selection process during the tax year, ex				_		
	Schedule O.	•					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	th in	the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		~	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the	\dashv			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b			
						(0000)	

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

20**23**

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

Name of the organization					Employer identification	n number
OPERATION BOOTSTRAP-AFRICA						
Part I Reason for Public Cha						ons.
The organization is not a private found		,		-	•	
1 A church, convention of church					0(b)(1)(A)(i).	
2 A school described in section				-	\/A\/:::\	
 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 						
hospital's name, city, and sta	te:					
5 An organization operated for section 170(b)(1)(A)(iv). (Con		college or university	owned o	r operate	ed by a government	al unit described in
 A federal, state, or local gove An organization that normally described in section 170(b)(1 	receives a subs	tantial part of its sup				n the general public
8 A community trust described	in section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9 An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization	d to its exempt funt int income and un after June 30, 197	nctions, subject to ce related business taxal 75. See section 509(a	rtain exce ble incom a)(2) . (Cor	eptions; a le (less se nplete Pa	ınd (2) no more than ection 511 tax) from art III.)	33 ¹ /3% of its
11 An organization organized and	•	,	•		` '` '	
12 An organization organized and	•		•			
one or more publicly supporte the box on lines 12a through 1						
a Type I. A supporting orga the supported organizatio supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same			
c Type III functionally integrated organization						ally integrated with,
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization (see that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.						
e Check this box if the orga functionally integrated, or	nization received	a written determination	on from tl	ne IRS tha	at it is a Type I, Type	e II, Type III
f Enter the number of supported						
g Provide the following information	n about the supp	orted organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) **(b)** 2020 (a) 2019 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 1,053,323 1,510,856 1,639,971 1,718,206 1,903,533 7,825,889 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 **Total.** Add lines 1 through 3 4 1,053,323 1,510,856 1,639,971 1,718,206 1,903,533 7,825,889 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) 289,999 **Public support.** Subtract line 5 from line 4 7,535,890 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 1,053,323 1,510,856 1,639,971 1,718,206 1,903,533 7,825,889 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 20,596 9,373 1,385 21,530 83,249 136,133 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 7,962,022 Gross receipts from related activities, etc. (see instructions) 12 13 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 94.65 % 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 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.)

	if the organization fails to quality	under the te	sts listed bei	ow, please co	ompiete Part	II. <i>)</i>	
	on A. Public Support			1	1		_
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support				•		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(1)		(4)		(1)	()
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•	s first, second		•		. , . ,
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2023 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch	nedule A, Part	III, line 15 .	<u></u> .	<u></u> .	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2023 (ine 10c, colun	nn (f), divided b	oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2022					18	%
19a	33 ¹ / ₃ % support tests—2023. If the organ						
b	17 is not more than 33 ¹ / ₃ %, check this box 33 ¹ / ₃ % support tests—2022. If the organiz line 18 is not more than 33 ¹ / ₃ %, check this b	ation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	33 ¹ /3%, and
20	Private foundation If the organization di	d not check a	hay on line 14	10a or 10h	shock this hav	and see instru	ctions \Box

Schedule A (Form 990) 2023 Page 4

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.)

Se

Secti	on A. All Supporting Organizations			
			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		
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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	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.			
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.	3b 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) purposes.	4c		
5а	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).	5a		
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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	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? If "Yes," provide detail in Part VI .	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 .	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)? <i>If "Yes," answer line 10b below.</i>	10a		
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.)

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**

				. ago -
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	\Box Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Sect	tion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion 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	ally i	integrated Type III suppor	ting organization
	(see instructions).			

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 D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

OPER	ATION BOOTSTRAP-AFRICA		41-6051952
Par			or Accounts
	Complete if the organization answered "\	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	advisors in writing that the assets held	d in donor advised
	funds are the organization's property, subject to the	organization's exclusive legal control?	· · · · ·
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		\cdot · · · · \square Yes \square No
Par	t II Conservation Easements		
	Complete if the organization answered "\	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recreation)		a historically important land area
	☐ Protection of natural habitat	·	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.	•	Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		. 2b
c	Number of conservation easements on a certified hi		
d	Number of conservation easements included on line		
	on a historic structure listed in the National Register		· 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or termi	
	tax year	3	3
4	Number of states where property subject to conserv	ation easement is located	
5	Does the organization have a written policy regard		ction, handling of
	violations, and enforcement of the conservation eas	ements it holds?	· · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
			Ç ,
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing co	onservation easements during the year
		-	-
8	Does each conservation easement reported on line	2d above satisfy the requirements of se	ection 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports co		
	sheet, and include, if applicable, the text of the foot	<u> </u>	ements that describes the
	organization's accounting for conservation easemer	nts.	
Part	Organizations Maintaining Collections		ther Similar Assets
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS	•	
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		arch in furtherance of public service,
	provide the following amounts relating to these item	S.	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art,		
	following amounts required to be reported under FA		•
а	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		\$

Schedu	le D (Form 990) 2023					Page 2
Part						
3	Using the organization's acquisition, collection items (check all that apply).		her records, chec	k any of the follow	wing that make sig	nificant use of it
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	ram	
b	☐ Scholarly research		e 🗌 Other			
С	☐ Preservation for future generations	3				
4	Provide a description of the organization	tion's collections a	and explain how t	hey further the or	ganization's exem _l	ot purpose in Par
	XIII.					
5	During the year, did the organization					
	assets to be sold to raise funds rather		ined as part of the	e organization's co	ollection?	☐ Yes ☐ No
Part		•		n		
	Complete if the organization 990, Part X, line 21.				•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?		·-			☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following to	able		
					Am	ount
С	Beginning balance					
d	Additions during the year					
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount				-	
Par	If "Yes," explain the arrangement in P. Endowment Funds	art XIII. Check here	e if the explanation	n nas been provid	ed in Part XIII .	🗀
rai	Complete if the organization	answered "Yes'	on Form 990 F	Part IV line 10		
	Complete ii the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,011,718	877,321	428,201	352,640	322,569
b	Contributions	220,865	92,305	591,000	1,500	3,650
C	Net investment earnings, gains, and		72/000	371,000	.,,555	5/55
	losses	210,030	51,588	-141,880	74,061	26,421
d	Grants or scholarships	49,000	. 0	0	0	. (
е	Other expenditures for facilities and					
	programs	0	0	0	0	C
f	Administrative expenses	11,417	9,496	0	0	(
g	End of year balance	1,382,196	1,011,718	877,321	428,201	352,640
2	Provide the estimated percentage of t	the current year en	d balance (line 1g	ı, column (a)) held	as:	
а	Board designated or quasi-endowment		%			
b	Permanent endowment	<u>5</u> .%				
С	Term endowment 65 %		2001			
20	The percentages on lines 2a, 2b, and			at are hold and ag	lministared for the	
за	Are there endowment funds not in the organization by:	e possession of th	e organization tha	at are neid and ac	iministered for the	Yes No
	(i) Unrelated organizations?					
	(ii) Related organizations?					3a(i)
b	If "Yes" on line 3a(ii), are the related o					3b
4	Describe in Part XIII the intended uses	•	•			OD
Part						
	Complete if the organization		' on Form 990, F	Part IV, line 11a.	See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or oth	her basis (b) Cost o	or other basis (c)	Accumulated epreciation	(d) Book value
	Land	,	,			
1a b	Land					
	Leasehold improvements					
c d	Equipment					
e	Other					
	Add lines 1a through 1e. (Column (d) n	· · · must equal Form 99	90. Part X. line 10	 c. column (R))		
			,	·,(=/// ·		

Part VII	Investments – Other Securities		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11b. See F	orm 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	mn (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments – Program Related		
rait VIII	Complete if the organization answered "Yes" on Form 990, Part	IV line 11c See F	orm 990 Part Y line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See F	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
	mn (b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities		· 1
	Complete if the organization answered "Yes" on Form 990, Part	IV. line 11e or 11f.	See Form 990. Part X.
	line 25.	,	,
1.	(a) Description of liability		(b) Book value
(1) Federal in	come taxes		0
(2) Operating	ng lease obligation		101,677
(3)	· · ·		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ s liability for uncertain tax positions under FASB ASC 740. Check here if the text		

Schedule D (Form 990) 2023 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements. 2,294,809 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: Net unrealized gains (losses) on investments 272,373 Donated services and use of facilities 0 h Recoveries of prior year grants 0 Other (Describe in Part XIII.) 0 Add lines 2a through 2d 2e 272,373 3 3 Subtract line **2e** from line **1** 2,022,436 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 4b 0 Add lines 4a and 4b 4c 0 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2,022,436 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . 1,789,255 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 0 Prior year adjustments 2b 0 Other losses 2c 0 Other (Describe in Part XIII.) 0 Add lines 2a through 2d . . . 2e 0 3 3 Subtract line 2e from line 1 1,789,255 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 Other (Describe in Part XIII.) 4b 0 Add lines **4a** and **4b** 4c 0 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,789,255 **Supplemental Information** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D, Part V, Line 4 - Schedule D, Part V, Line 4 - The Mark and Linda Jacobson Scholarship Endowment is intended to fund medical scholarships for Tanzanians. The Board-designated endowments are intended to fund post-secondary scholarships for graduates of MaaSAE Girls School and other program activity in Tanzania.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

	RATION BOOTSTRAP-AFRICA				4	11-6051952
Par	General Information Form 990, Part IV, line	n on Activit 14b.	ies Outside	the United States. Con	nplete if the organization a	answered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance	es' eligibility				✓ Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	ng the use of its grants ar	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Sub-Saharan Africa	0	0	Grantmaking	See Form 990 Part III	1,332,928
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	0	0			1,332,928

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN organization grant cash grant cash noncash of noncash assistance valuation (book, FMV, (if applicable) disbursement assistance appraisal, other) (1) Sch F, Stmt 1 (2) (3) (4) (5) (6) (7) (8) (9)(10)(11) (12)(13)(14)(15)(16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . .

Schedule F (Form 990) 2023

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Sch F, Stmt 2							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2023 Page **4**

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	☐ Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	☐ Yes	✓ No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F, Part I, Line 2 - For grantees receiving ongoing support, funds are disbursed on a monthly or other scheduled basis only after a
full accounting of previously granted funds has been received by OBA. The largest grantee, MaaSAE Girls School, is required to engage an
independent auditor and the audit report is provided to OBA. For special project grants, a budget is submitted by the grantee and approved
by OBA prior to grant funds being disbursed, and an evaluation with an accounting of expenditures of the grant funds is required when the
project is complete.

OPERATION BOOTSTRAP-AFRICA

Form: **Schedule F (2023)** EIN: **41-6051952**

Page: **2**

Part II, Line 1

	Grants 10 Organization Outside 03		
-		Cash Grant	Non-Cash Assistance
Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation	Sub-Saharan Africa secondary scholarships, teacher salaries, school support wire transfer	463,489	0
Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation	Sub-Saharan Africa post-secondary scholarships, student lunch programs, school support wire transfer	220,350	0
Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation	Sub-Saharan Africa nursing school scholarships, student support wire transfer	117,020	0
Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation	Sub-Saharan Africa school lunch program, teacher salaries, school support wire transfer	96,946	0
Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation	Sub-Saharan Africa school construction wire transfer	66,900	0
Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation	Sub-Saharan Africa school construction wire transfer	60,000	0
Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation	Sub-Saharan Africa secondary school support wire transfer	44,690	0
Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation	Sub-Saharan Africa scholarships, lunch program wire transfer	40,380	0
Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation	Sub-Saharan Africa school construction wire transfer	30,000	0
Region Grant	Sub-Saharan Africa scholarships	26,823	0

Schedule F, Part V, Statem	ent 1	OPERATION BOOTSTRA			
Cash Disbursement	wire transfer				
Desc. of Non-Cash Asst.					
Valuation					
Region	Sub-Saharan Africa	18,325	0		
Grant	school guest house construction				
Cash Disbursement	wire transfer				
Desc. of Non-Cash Asst.					
Valuation					
Region	Sub-Saharan Africa	17,234	0		
Grant	scholarships				
Cash Disbursement	wire transfer				
Desc. of Non-Cash Asst.					
Valuation					
Region	Sub-Saharan Africa	15,700	0		
Grant	Menstrual Care Kits				
Cash Disbursement	wire transfer				
Desc. of Non-Cash Asst.					
Valuation					
Region	Sub-Saharan Africa	14,740	0		
Grant	scholarships				
Cash Disbursement	wire transfer				
Desc. of Non-Cash Asst.					
Valuation					
Region	Sub-Saharan Africa	12,000	0		
Grant	scholarships				
Cash Disbursement	wire transfer				
Desc. of Non-Cash Asst.					
Valuation					
Region	Sub-Saharan Africa	11,800	0		
Grant	teacher salaries				
Cash Disbursement	wire transfer				
Desc. of Non-Cash Asst.					
Valuation					
Region	Sub-Saharan Africa	11,250	0		
Grant	school construction				
Cash Disbursement	wire transfer				
Desc. of Non-Cash Asst.					
Valuation					
Region	Sub-Saharan Africa	8,100	0		
Grant	health education				
Cash Disbursement	wire transfer				
Desc. of Non-Cash Asst.					
Valuation					
Region	Sub-Saharan Africa	7,500	0		
Grant	neonatology conference				
Cash Disbursement	wire transfer				
Desc. of Non-Cash Asst.					
Valuation					
Region	Sub-Saharan Africa	7,500	0		
Grant	neonatology conference				
Cash Disbursement	wire transfer				
Desc. of Non-Cash Asst.					

Schedule F, Part V, Statement 1

wire transfer

Valuation

OPERATION BOOTSTRAP-AFRICA

RegionSub-Saharan Africa6,6750Grantdorm construction

Cash Disbursement Desc. of Non-Cash Asst.

Valuation

Schedule F, Part V, Statement 2

OPERATION BOOTSTRAP-AFRICA

Form: **Schedule F (2023)** EIN: **41-6051952**

Page: 3 Part III

Grants To Individuals Located Ou	itside	US
----------------------------------	--------	----

		Recipients	Cash Grant	Non-Cash Assistance
Assistance	Scholarships, living expenses for students, training, visas, community health assessment, grant administration	7	12,415	0
Region	Sub-Saharan Africa			
Cash Disbursement	wire transfer			
Desc. of Non-Cash Asst.				
Valuation				

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Na

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

Name o	of the organization					Employer identifi	cation number
OPER	ATION BOOTSTRAP-AFRICA					41	-6051952
Par	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" on F	orm 990, Part IV,	line 17.
1	Indicate whether the organizatio	n raised funds t	hrough any	of the follo	owing activities. C	heck all that apply.	
а							
b	Internet and email solicitation	ns	f [on of government	-	
С	Phone solicitations		g 🗆	Special f	undraising events	i	
d	☐ In-person solicitations						
2a	Did the organization have a writt or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	ırsuant to agreem	ents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the organ registration or licensing.	nization is regis	tered or lic	ensed to s	olicit contribution	s or has been notif	ed it is exempt from

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater tha	aπ φ3,000.			
			(a) Event #1 Fundraising dinner	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
Revenue	1	Gross receipts	120,356			120,356
-	2	Less: Contributions	106,840			106,840
	3	Gross income (line 1	·			•
		minus line 2)	13,516			13,516
	4	Cash prizes	600			600
	_					
	5	Noncash prizes	1,446			1,446
Direct Expenses	6	Rent/facility costs	2,375			2,375
ç	_	.			_	
Ê	7	Food and beverages	11,256		0	11,256
Je C	8	Entertainment	3,071		0	2 071
▭	O	Littertainment	3,071		U	3,071
	9	Other direct expenses .	3,332			3,332
	10	Direct expense summary. Ac	dd lines 4 through 9 in c	olumn (d)		22,080
Da	11 rt III	Net income summary. Subtr Gaming. Complete if the	act line 10 from line 3, c	olumn (a)	000 Dort IV line 10	-8,564
га		\$15,000 on Form 990-E	ie organization answe 7. line 6a	ered res on Form	990, Part IV, line 19, 0	or reported more than
		\$10,000 OH 1 OHH 000 E	L, 1110 0d.	(In) Duill take the stand		(-1) T-t-l
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
š						
ď	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses						
ž	3	Noncash prizes				
벙						
iře	4	Rent/facility costs				
	5	Other direct expenses .				
		•	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	☐ No	□ No	☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
		-	_			
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
0	En	eter the etete(e) in which the e	ragnization conducts as	ming activition:		
9		nter the state(s) in which the or the organization licensed to c			 e?	Yes No
,		"No," explain:				
10	a W	ere any of the organization's g				
		((\) / " -!				
	b If '	"Yes," explain:				
,	D IT .	"Yes," explain:				

Schedu	ule G (Form 990) 2023		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		0/
a b	The organization's facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns of Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

SCHEDULE 0 (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number			
OPERATION BOOTSTRAP-AFRICA	41-6051952			
Form 990, Part VI, Section A, Line 8b - No such committee				
Form 990, Part VI, Section B, Line 11b - The 990 was reviewed in detail by the Board Treasurer before filing	g, and was also sent to all Board			
members electronically for their review.				
Form 990, Part VI, Section B, Line 12c - The policy is distributed annually to all Board members and management of the section	gement-level employees on an			
annual basis for disclosure of any conflicts.				
Form 000 Part VI Scation P. Line 15. The Fuggiting Directories colors used initially established by the Page	ed boood upon roccorch			
Form 990, Part VI, Section B, Line 15 - The Executive Director's salary was initially established by the Board based upon research conducted by a Board member which included comparability data. The Board reviews the Executive Director's position on an annual basis				
and compensation is adjusted to provide for cost of living increases.	tor 3 position on an armual basis			
and componed to a day a state to provide to social inting indicases.				
Form 990, Part VI, Section C, Line 19 - Form 990 is available on Operation Bootstrap Africa's website and o	on the Guidestar website. Form			
1023 is available upon request. Operation Bootstrap Africa's governing documents are available upon req				
and its audited Financial Statements are available upon request and on its website.				

Schedule O, Statement 1 OPERATION BOOTSTRAP-AFRICA

Form: Form 990 (2023)
Page: 2
EIN: 41-6051952
Part III, Line 4a

First Program Service Accomplishments Description

Description

impoverished areas of the country. *Primary school scholarships were given to 75 children at Best School Academy in Bunuku, Kenya *Scholarships were granted to 21 Primary, Secondary, and Post-Secondary students at Eripoto Safe House in Arusha. *Scholarships were provided for 3 pre-school children and 15 Post-Secondary students at the Courage House in Moshi. * Specialty training scholarships in nursing were granted to 4 qualified staff members at the ALMC School of Nursing.

OPERATION BOOTSTRAP-AFRICA

Form: **Form 990 (2023)** EIN: **41-6051952**

Page: 2

Part III, Line 4d Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Healthcare and Health Education: *Grants were provided to the Arusha Lutheran Medical Centre School of Nursing to subsidize the high cost of nursing education. Grants were distributed to Partnership of Women and Development for efforts in training the Maasai about the dangers of female genital mutilation. Grants were also provided to Empowered Girls, a non-profit partner that provided menstrual care training and products to multiple school projects in Tanzania including: the Plaster House, MGLSS, Moringe Sokoine, and Olchoki Primary School.	85,698	80,220	0
	Nutrition: * Lunch programs for students experiencing hunger because of drought or lack of family resources were continued or established at Olchoki Primary School, Azimio Primary School, Ilboru Special Needs School, and five Malagasy schools.	117,469	109,960	0
	Cultural Education and Exchange: *OBA staff members led tours of their projects in Northern Tanzania and Uganda in October 2023 and April 2024 to gain a better understanding of the work and foster connections with the communities with whom they partner.	32,976	0	35,654
	Long Term Development Projects: * Operation Bootstrap Africa granted the Maasai Girls School a salary for their farm manager. Other funds were also sent for cattle, as well as seeds and equipment. * Funds were also provided for Tanzania Advanced Agriculture, which provides microloans and training for sustainable agriculture all throughout Tanzania.	27,035	25,307	0
Total:		263,178	215,487	35,654