Return of Organization Exempt From income Tax

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A FU	n uie	e 2022 calendar year, or tax year beginning and	enaing	<u></u>					
B Ch	eck if plicable	C Name of organization		D Employer identific	cation number				
	Addres	THE SAMBURU PROJECT, INC.							
	Name change	Doing business as		20-35419	82				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
	Final return/	8800 VENICE BLVD SUITE	208	310-881-	7265				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	705,290.				
	Ameno return	LOS ANGELES, CA 90034		H(a) Is this a group return					
	Application	F Name and address of principal officer: LINDA HOOPER		for subordinates	? Yes X No				
	pendin	9 SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
I Ta	ах-ехе	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 52	If "No," attach a	list. See instructions				
J W	ebsit	e: WWW.THESAMBURUPROJECT.ORG		H(c) Group exemptio	n number				
K Fo	rm of	organization: X Corporation Trust Association Other	L Year	of formation: 2005 N	A State of legal domicile: CA				
Par		Summary							
	1	Briefly describe the organization's mission or most significant activities: ${ m { t TO}}{ t { t P}}$	ROVIDE	E ACCESS TO	CLEAN WATER				
Activities & Governance		AND TO CONTINUE TO SUPPORT WELL COMMUNITI							
nar	2	Check this box if the organization discontinued its operations or dispo	sed of more	e than 25% of its net ass	sets.				
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)		3	12				
ၓ၂	4	Number of independent voting members of the governing body (Part VI, line 1b)			11				
တိ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			4				
ţį		Total number of volunteers (estimate if necessary)			20				
Ę				7a	0.				
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		570,259.	625,049.				
al l		Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-216.	0.				
۳		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		43,464.	54,728.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		613,507.	679,777.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		40,500.	31,500.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
,		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		171,135.	239,971.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
<u>B</u>		Total fundraising expenses (Part IX, column (D), line 25) 56,9	98.						
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		341,128.	291,486.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		552,763.	562,957.				
		Revenue less expenses. Subtract line 18 from line 12		60,744.	116,820.				
P S				eginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		370,803.	474,495.				
Ass	21	Total liabilities (Part X, line 26)		97,020.	84,285.				
E'E		Net assets or fund balances. Subtract line 21 from line 20		273,783.	390,210.				
Par		Signature Block							
Under	pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is				
true, c	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.					
Sign		Signature of officer		Date					
Here		LINDA HOOPER, EXECUTIVE DIRECTOR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		ARCHIE TOROSSIAN ARCHIE TOROSSIA	<u>N</u> (08/07/23 if self-employ	P01907501				
Prepa		Firm's name CLIFTONLARSONALLEN LLP	•		1-0746749				
Use 0		Firm's address 301 NORTH LAKE AVENUE, SUITE 900							
	-	PASADENA, CA 91101		Phone no. (6	26) 793-3600				
May 1	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No				

000000 40 40 00

Pai	Statement of Program Service Accomplishments	
		X
1	Briefly describe the organization's mission:	
	THE MISSION OF THE PROJECT IS TO PROVIDE ACCESS TO CLEAN WATER AND TO CONTINUE TO SUPPORT WELL COMMUNITIES WITH INITIATIVES THAT PROMOTE	
	HEALTH, EDUCATION, WOMEN'S EMPOWERMENT AND GENERAL WELL-BEING. WE	
	COLLABORATE WITH COMMUNITIES IN DEVELOPING COUNTRIES TO ENHANCE MEN,	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Na
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes XI	Nο
3	If "Yes," describe these changes on Schedule O.	NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
 4а	(Code:) (Expenses \$ 126,950 • including grants of \$) (Revenue \$	
	WELL DRILL. THE SAMBURU PROJECT (TSP) DRILLED 9 WATER WELLS IN	— <i>'</i>
	SAMBURU, KENYA IN 2022. 5 ARE HAND PUMP WELLS, WHILE 4 ARE PROJECTS	
	DRILLED ONLY IN COLLABORATION WITH OTHER ENTITIES THAT WILL BE FUNDING	
	THE INSTALLATION OUTFITTED WITH SOLAR PUMPS, TANKS AND COMMUNITY	
	KIOSKS. THESE PROJECTS WILL PROVIDE CLEAN WATER TO APPROXIMATELY 10,000	
	PEOPLE.	
	25.062	
4b	(Code:) (Expenses \$ 35,263. including grants of \$ 31,500.) (Revenue \$)
	EDUCATIONAL PROGRAM. THE SAMBURU PROJECT CONTINUES TO SUPPORT SAMBURU	
	STUDENTS WITH SCHOOL FEES. WE ALSO CONSTRUCTED A NEW SHOWER ROOM FOR A	
	GIRLS BOARDING SCHOOL.	
		
4c	(Code:) (Expenses \$ 20 , 193 • including grants of \$) (Revenue \$	
	WELL MAINTENANCE. IN ADDITION TO DRILLING NEW WELLS, THE SAMBURU	— ′
	PROJECT ALSO MAINTAINED OVER 100 EXISTING WELLS AND EXPANDED OUR	
	MONITORING AND EVALUATION PROTOCOL WITH THE DEVELOPMENT OF AN	
	ORGANIZATIONAL APP THAT TIES TO OUR DATABASE.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 264,982. including grants of \$) (Revenue \$)	
4e	Total program service expenses 447,388.	
	_ 000 /	

Form 990 (2022) THE SAMBURU PROJECT, INC. Part IV 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)?		163	140
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
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?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,	11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	па	- 21	
D		11b		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1115		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	<u> </u>		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
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		_ <u>x</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	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		v	
1 <i>E</i>	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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	15	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	-22	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21	000	X
2000	2 40 40 00	Earm	<u>990</u>	(2022)

THE SAMBURU PROJECT, INC. 20-3541982 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 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 X 23 Schedule J 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 Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 25a Х 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 Х 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% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 Х 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 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 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V 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			
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?			10		

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b X Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country KENYA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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? Х 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). Х 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 Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 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 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand Х **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 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 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 "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion 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										
	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.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	_									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8											
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b		X							
9	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	9		X							
Sec	tion 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		X							
	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	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
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?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b		X							
	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 with a										
	taxable entity during the year?	16a		X							
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 organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed CA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availa	ble							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial								
	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										
	LINDA HOOPER - 310-881-7265										
	8800 VENICE BLVD SUITE 208, LOS ANGELES, CA 90034										

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.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck iss per	ition	than o	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) LINDA HOOPER	60.00	ļ						0.5.51.7		1 4 400
EXECUTIVE DIRECTOR	2 00	Х	_	Х		_		96,617.	0.	14,420.
(2) DOUGLAS SMITH	3.00	ļ		l						
BOARD CHAIR	1000	Х		Х				0.	0.	0.
(3) DORETTA BONNER VICE CHAIR	10.00	x		x				0.	0.	0.
(4) VICTORIA PACOS	5.00								•	•
BOARD SECRETARY	3,100			х				0.	0.	0.
(5) HAROLD ZAGUNIS	5.00									
BOARD TREASURER		Х		х				0.	0.	0.
(6) ALAN LEAVITT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) ROBERT FALKENBERG	3.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DIANE PERLOV	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) SIMON WASSERBERGER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JACKLINE WANJALA (LEFT 7.26.22)	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MAMEN SAURA	15.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JENNY TENNEN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ADELINE DOUGHERTY	3.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(14) KIRSTEN SWANSON	1.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
		•	_	-		•			•	Form 990 (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	iH b	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(440		Pos				Reportable	Reportable		E	stimate	ed
	hours per	box	, unle	ss pe	rson i	than is bot	n an	compensation	compensatio	n	ar	nount	of
	week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related	.		other	
	(list any	ector						the	organization		ı	pensa	
	hours for	or dir	g.			ated		organization	(W-2/1099-MIS	- 1	l	rom th	
	related organizations	ıstee	truste		يو	bens		(W-2/1099-MISC/	1099-NEC)		ı ~	janizat	
	below	ual tr	tional		ploye	t con	_	1099-NEC)			ı	d relat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ainzan	0113
		┢	Ι=			1 0							
		1											
		<u> </u>											
		1											
		├				-					 		
		1											
										-			
		1											
		<u> </u>									<u> </u>		
		-											
										-			
		1											
4. 6.1		<u> </u>						96,617.		0.	1	4,4	20
1b Subtotal								0.		0.		4,4	0.
c Total from continuation sheets to Part VI								96,617.		0.	1	4,4	
d Total (add lines 1b and 1c)								•	000 of roportable			4,4	40.
compensation from the organization	ot illilited to til	036	11316	ual	JOVE	<i>y</i> vvi	016	cerved more than \$100,	ooo of reportable				0
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, ŀ	кеу є	empl	loye	e, or	hig	hest compensated empl	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su	ım of reportabl	le co											
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		X
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	⊋ J f	or su	ıch ı	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest continuous the organization. Report compensation for the organization.	•	-							•	ensa	ion fro	om	
(A)	irie caleridai ye	Jai C	Ji IUII	ig w	itii	JI VVI		(B)	ear.		- ((C)	
Name and business	address	NO	INC	3				Description of s	ervices	С	ompe	nsatio	n
2 Total number of independent contractors (in	ncludina but na	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	-)		,					
							_						

THE SAMBURU PROJECT, INC. 20-3541982 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 170,961. 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 454,088. similar amounts not included above ... 1f 39,538. g Noncash contributions included in lines 1a-1f 625,049. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f . Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 170,961. of contributions reported on line 1c). See 73,318. Part IV, line 18 25,513. **b** Less: direct expenses 47,805. 47,805. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 6,849 10a and allowances **b** Less: cost of goods sold 6,849. 6,849c Net income or (loss) from sales of inventory **Business Code** 900099 74. 11 a OTHER b

74.

0.

679,777.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

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 (B)
Program service
expenses (**D**) Fundraising expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 31,500. 31,500. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 111,038. 83,278. 11,104. 16,656. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 100,794. 69,784. 14,661. 16,349. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8,003. 319. 9,667. 1,345. Other employee benefits 9 18,472. 13,289. 2,624. 2,559. 10 Payroll taxes 11 Fees for services (nonemployees): Management 712. 712. Legal 15,496. 15,496. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 796. column (A), amount, list line 11g expenses on Sch O.) 1,216. 398. 4,079. 2.497. 1,266. 316. Advertising and promotion 12 29,370. 10,796. 4,667. 13,907 13 Office expenses Information technology 14 Royalties 15 19,408. 15,818. 1,785. 1,805. 16 Occupancy 10,561. 10,382. 172. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 3,170. 3,390. 183. 37. 20 Payments to affiliates 21 3,134. 3.134. Depreciation, depletion, and amortization 22 2,254. 1,736. 293. 225. 23 Other expenses. Itemize expenses not covered 24 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.) 196,450. 194,264. 29. 2,157. PROGRAM EXPENSES 4,988. OTHER EXPENSE 3,557. 1,048. 383. 428. 75. TAXES & FEES 353. С d All other expenses 562,957. 447,388. 58,571. 56,998. Total functional expenses. Add lines 1 through 24e 25 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)

000011 10 10 00

Form 990 (2022)
Part X | Balance Sheet

<u>Par</u>	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			253,568.	1	178,308
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			15,000.	3	57,660
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in section	on 4958(c)(3)(B)		6	
တ္သ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			44,149.	8	44,149
As	9	B			5,582.	9	6,045
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	68,785.			
	b	Less: accumulated depreciation	10b	47,449.	24,470.	10c	21,336
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	28,034.	15	166,997		
	16	Total assets. Add lines 1 through 15 (must e			370,803.	16	474,495
	17	Accounts payable and accrued expenses		97,020.	17	84,285	
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple				21	
ွှ	22	Loans and other payables to any current or f	ormer office	, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial co	ntributor, or 35%			
abi		controlled entity or family member of any of t	hese person	s		22	
ם	23	Secured mortgages and notes payable to un		23			
	24	Unsecured notes and loans payable to unrela	ated third pa	rties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on li	nes 17-24). (Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			97,020.	26	84,285
		Organizations that follow FASB ASC 958, or	check here	X			
ces		and complete lines 27, 28, 32, and 33.		L			
au	27	Net assets without donor restrictions			236,643.	27	355,615
Ва	28	Net assets with donor restrictions	37,140.	28	34,595		
pur		Organizations that do not follow FASB AS6	C 958, chec	k here			
Ĭ.		and complete lines 29 through 33.		L			
o S	29	Capital stock or trust principal, or current fun	ıds			29	
sei	30	Paid-in or capital surplus, or land, building, o	r equipment	fund		30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			273,783.	32	390,210
	33	Total liabilities and net assets/fund balances			370,803.	33	474,495

	1000 (2022)			<u> </u>	.90	
Pa	rt 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			<u>77.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			57.	
3	Revenue less expenses. Subtract line 2 from line 1	3			20.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27		83.	
5	Net unrealized gains (losses) on investments	5		-3	93.	
6	Donated services and use of facilities	ated services and use of facilities 6				
7	Investment expenses	7				
8	Prior period adjustments					
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	39	0,2	10.	
Pa	rt XII 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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	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 oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

Employer identification number

			SAMBURU PRO					2	0-3541982				
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organ	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect											
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).						
4	一	A medical research organiz					•	. Enter	the hospital's name,				
-		city, and state:	•				A A A A A		,				
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit d	lescribe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6			A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X												
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe		(1)(A)(vi) (Complete Bord	· II \								
9	\vdash					nd in aanii	ination with a land	d arant	collogo				
9	ш	An agricultural research org				-		-	-				
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the	college	e Or				
10		university:	Illy reasings (1) mars	than 22 1/20/ of its supp	art from a	ontribution	no momborobio fo		d areas ressints from				
10	ш	An organization that norma	*				· ·		*				
		activities related to its exen											
		income and unrelated busin		(less section 511 tax) iro	III busines	sses acqui	red by the organiz	Zation a	inter June 30, 1973.				
44		See section 509(a)(2). (Col	•	ivaly to toot for a place out	iatu Caa	aaatian E(20(=)(4)						
11		An organization organized a	· ·	•	•			u + +ba	numacos of one or				
12	ш	An organization organized a	· ·	•	-		· · · · · · · · · · · · · · · · · · ·		• •				
		more publicly supported or							check the box on				
		lines 12a through 12d that	* *										
а	ı <u>L</u>		· · · · · · · · · · · · · · · · · · ·			_							
		the supported organization			majority o	of the direc	tors or trustees o	t the su	pporting				
	_	organization. You must o											
k	· L	Type II. A supporting org											
		control or management o			ame perso	ns that co	ntrol or manage th	ne supp	ported				
		organization(s). You mus											
C	;		-				•	tegrate	ed with,				
	_	its supported organization		·									
C	i							-	• •				
		that is not functionally int	egrated. The organiz	cation generally must sati	sfy a distr	ibution rec	quirement and an	attentiv	/eness				
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
e	• L	Check this box if the orga	anization received a v	written determination from	n the IRS	that it is a	Type I, Type II, Ty	ype III					
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.							
		er the number of supported o	•										
		vide the following information			(iv) Is the orna	anization listed	. (.) A		() A				
	'	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of mor	-	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	Support (See motio	0110110)	support (see motruotions)				
_													
Tota	al												

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support												
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total						
1	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")	557,016.	595,678.	358,439.	570,259.	522,462.	2603854.						
2	Tax revenues levied for the organ-												
	ization's benefit and either paid to												
	or expended on its behalf												
3	The value of services or facilities												
	furnished by a governmental unit to												
	the organization without charge												
4	Total. Add lines 1 through 3	557,016.	595,678.	358,439.	570,259.	522,462.	2603854.						
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,						460 400						
	column (f)						460,189.						
	Public support. Subtract line 5 from line 4.						2143665.						
	Section B. Total Support												
	ndar year (or fiscal year beginning in)	(a) 2018 557, 016.	(b) 2019 595,678.	(c) 2020 358, 439.	(d) 2021 570, 259.	(e) 2022 522,462.	(f) Total 2603854.						
	Amounts from line 4	337,010.	333,070.	330,433.	370,239.	322,402.	2003034.						
8	Gross income from interest,												
	dividends, payments received on												
	securities loans, rents, royalties,		57.		15.		72.						
_	and income from similar sources		57.		13.		14•						
9	Net income from unrelated business												
	activities, whether or not the												
10	business is regularly carried on Other income. Do not include gain												
10	or loss from the sale of capital												
	assets (Explain in Part VI.)		3,500.	9,610.	9,072.	6,923.	29,105.						
11	Total support. Add lines 7 through 10		3,300.	3,010.	3,072.	0,323.	2633031.						
	Gross receipts from related activities,	etc (see instructio	ne)			12	153,802.						
	First 5 years. If the Form 990 is for the	· ·		ourth or fifth tax v									
	organization, check this box and stor			•									
Sec	tion C. Computation of Publi												
	Public support percentage for 2022 (I			olumn (f))		14	81.41 %						
	Public support percentage from 2021					15	79.99 %						
	33 1/3% support test - 2022. If the o					ore, check this box	and						
	stop here. The organization qualifies	as a publicly suppo	orted organization				X						
b	33 1/3% support test - 2021. If the o												
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition									
17a	10% -facts-and-circumstances test												
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization								
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	10% or						
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain in	Part VI how the							
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation							
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions							

INC. 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.)

Se	ction A. Public Support		·							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that									
	are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5									
78	Amounts included on lines 1, 2, and 3 received from disqualified persons									
ŀ	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									
	Add lines 7a and 7b									
	Public support. (Subtract line 7c from line 6.)									
	ction B. Total Support				•					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
9	Amounts from line 6									
10	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
ŀ	Unrelated business taxable income									
	(less section 511 taxes) from businesses acquired after June 30, 1975									
(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									
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	12.17.17.2	<u> </u>			
14	First 5 years. If the Form 990 is for the	•				. , . , .	· —			
50	check this box and stop here ction C. Computation of Publi		centage							
	Public support percentage for 2022 (I			oolumn (f))		15	04			
	Public support percentage from 2021		•	.,,		16	<u>%</u>			
	ction D. Computation of Inves					1 10 1	70			
				ne 13 column (f)		17	%			
	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2021 Schedule A, Part III, line 17 18 %									
	19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not									
	more than 33 1/3%, check this box ar									
ŀ	33 1/3% support tests - 2021. If the									
_	line 18 is not more than 33 1/3%, che	•			•					
20	Private foundation. If the organization									

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
_		
2		
3a		
Ja		
3b		
3с		
4a		
41-		
4b		
4c		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
9b		
9с		
10a		
10b		
IUD	1	l

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	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		
Sec	tion 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	· ·			
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
	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			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
J	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations mus		·					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional		I Type III supporting orga	nization (see				
	instructions).							

Schedule A (Form 990) 2022

<u>10</u>	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
<u>d</u>	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

	e A (Form 990)				PROJECT,				20-3541982	Page 8
Part V	Part IV, Se line 1; Par	ection A, I t IV, Sect , lines 5, 6	lines 1, 2, 3b, 3d ion D, lines 2 ar	c, 4b, 4c, 5a, 6, nd 3; Part IV, Se	9a, 9b, 9c, 11a, 1	l1b, and 11 2a, 2b, 3a,	lc; Part IV, Se and 3b; Part	ction B, lines 1 V, line 1; Part \	17b; Part III, line 12; and 2; Part IV, Sectior /, Section B, line 1e; Panal information.	n C, art V,
SCHE	DULE A,	PART	II, LIN	E 10, EX	PLANATION	N FOR	OTHER I	NCOME:		
OTHE	R INCOME									
2019	AMOUNT:	\$	3,500.							
2020	AMOUNT:	\$	9,610.							
2021	AMOUNT:	\$	9,072.							
2022	AMOUNT:	\$								
PRODU	UCT SALE	S								
2022	AMOUNT:	\$	6,849.							

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2cueanie R

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

T	HE SAMBURU PROJECT, INC.	20-3541982				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule. See instructions.				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to ny one contributor. Complete Parts I and II. See instructions for determining a contrib					
Special Rules						
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of Z, line 1. Complete Parts I and II.	b, and that received from any one				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributior is checked, enter purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 99 ing requirements of Schedule B (Form 990).	-				

Name of organization Employer identification number

THE SAMBURU PROJECT, INC.

20-3541982

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN AND ANDREA HORAN 6170 E QUINCEY AVE CHERRY HILLS VILLAGE, CO 80111	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	IRVIN SATHER 204 E. RIVER DR. NEW RICHMOND, WI 54017	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROBERT & MARTHA FALKENBERG 155 MARVA OAKS DR. WOODSIDE, CA 94062	\$ 28,598.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SIMON WASSERBERGER 144 EAST 84TH STREET NEW YORK, NY 10028	\$ 26,626.	Person X Payroll X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	HAROLD ZAGUNIS AND TAMARA KRAUTKRAMER 5921 NE 1ST PLACE RENTON, WA 98059	\$ 26,129.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JAYNE & TROY GLADWELL 27448 RICHMOND HILL ROAD CONIFER, CO 89043	\$ 24,000.	Person X Payroll

Name of organization Employer identification number

THE SAMBURU PROJECT, INC.

20-3541982

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ABAR FOUNDATION 4521 BRIGHTON RD. CORONA DEL MAR, CA 92625	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CARMEN SAURA & MANISH KOTHARI 1022 FOREST AVE. PALO ALTO, CA 94301	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE SAMBURU PROJECT, INC.

20-3541982

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	EVENT BEVERAGES		
4	·		
		\$1,424.	12/31/22
(a)	4 .)	(c)	4.0
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
5	VARIOUS ITEMS		
		\$1,491.	12/31/22
(0)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		,	
		\$	
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
		Ψ	
(a)	<i>-</i>	(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		,	
		\$	

Schedule B (Form 990) (2022)

Name of organization **Employer identification number** THE SAMBURU PROJECT, 20-3541982 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE SAMBURU PROJECT, INC.

Employer identification number 20-3541982

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accour	nts. Complete if the
	organization answered Tes Sitt Offi 556,1 artiv, inv	(a) Donor adv	ised funds	(b) Fur	nds 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 advisors in v	`	held in donor advis	ed funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes" on Form 990,	Part IV, line 7.	•
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y)		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation o	f a historically	important land area
	Protection of natural habitat	l	Preservation o	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribution in the form	of a conserva	
	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	
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or terminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas	_			
5	Does the organization have a written policy regarding the peri		ection, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations,	and enforcing cons	servation ease	ements during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conserva	ition easemen	its during the year
	Does each conservation easement reported on line 2(d) above	a actiof , the requirem	anta of acation 170	(b)(4)(D)(i)	
8		•			Yes No
•	and section 170(h)(4)(B)(ii)?				
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	lote to the organizatio	ii s iii ai iciai stateiii	ents that dest	cribes trie
Par	t III Organizations Maintaining Collections of	Art, Historical T	reasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form		•		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its r	evenue statement a	and balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		•
b	If the organization elected, as permitted under FASB ASC 956				t works of
	art, historical treasures, or other similar assets held for public	•			
	provide the following amounts relating to these items:	ŕ		•	
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

	t III Organizations Maintaining C	ollections of A			asures. o	r Other :		Assets			e Z
3	Using the organization's acquisition, accession		-						COITLIII	ueu)	
3	collection items (check all that apply):	on, and other record	is, crieck	ally of the i	Ollowing that	i illake sigi	illicarit	126 01 112			
	Public exhibition		d \square	l oon or ovo	hanaa nraar	om.					
a b					hange progra						
	Scholarly research	•		Other							
C 4	Preservation for future generations	llastians and avalsi	n haw th	av frustlags the		an'a ayamı	.+	aa in Dart	VIII		
4	Provide a description of the organization's co							se in Pari	AIII.		
5	During the year, did the organization solicit o to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang					"Voo" on F					IVO
	reported an amount on Form 990, Par		iete ii tile	organizatio	ii alisweleu	ies oiii	01111 990	, raitiv,	iii le 9, 0i		
12	Is the organization an agent, trustee, custodia		diany for (contributions	or other acc	eate not in	cluded				
ıa	on Form 990, Part X?								Yes	X	No
h	If "Yes," explain the arrangement in Part XIII								_ 163		140
b	in res, explain the arrangement in rait Air A	and complete the ic	mownig t	abie.					Amount		
•	Reginning halance						1c		7 11110 1111		
	Additions during the year						1d				
	Additions during the year						1e				
f	Distributions during the year Ending balance						1f				
	Did the organization include an amount on Fo								Yes	X	No
	If "Yes," explain the arrangement in Part XIII.					-			_ 163		140
Par											
		(a) Current year	1	rior year	(c) Two yea			ears back	(e) Four	years ba	ack
1a	Beginning of year balance	. ,	, ,		,,,,,,	,			, ,		
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1d	, column (a)) held as:	•			•		
а	Board designated or quasi-endowment	•	%	,, (,	,						
	Permanent endowment	%	_								
С	·	 %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held ar	nd administer	red for the					
	organization by:									Yes I	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm									-	
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV	, line 11a. S	ee Form 990	, Part X, Iir	ne 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other		cumulate		(d) Book	value	
		basis (invest	ment)	basis	(other)	depr	eciation				
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment			6	8,785.		47,4	49.	21	.,33	<u>6.</u>
	Other										

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Schedule D (Form 990) 2022 THE SAMBURU Part VIII Investments - Other Securities.	PROJECT, INC		1-3541982 Page
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives	. ,		
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
	Description	,	(b) Book value
(1) OTHER ASSETS	·		166,997
(2)			1
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		166,997
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	1
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			-
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(6) (7) (8) (9)

	dule D (Form 990) 2022 THE SAMBURU PROJECT, IN		20-3541982	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>)</u>	5	
Pai	t XII Reconciliation of Expenses per Audited Financial St		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
Par	t XIII Supplemental Information.	,		
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		

000054 00 04 00

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information. Inspection

Name of the organization **Employer identification number**

THE		JECT, INC	C.		20-354198	2
Pai	rt I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organization answered "Y	es" on
	Form 990, Part IV			·	· ·	
1			maintain record	ds to substantiate the amount of its gra	ants and other assistance.	
				he selection criteria used to award the		Yes No
	9,	J J			g	
2	For grantmakers, Desc	ribe in Part V the	e organization's i	procedures for monitoring the use of its	s grants and other assistance outsi	de the
_	United States.		9		9	
3		ne following Part	Lline 3 table ca	an be duplicated if additional space is r	needed)	
	(a) Region	(b) Number of		(d) Activities conducted in the region		(f) Total
	(-) 9	offices	employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	agents, and independent	gram services, investments, grants to	-	for and
			contractors	recipients located in the region)	of service(s) in the region	investments in the region
			in the region			
					DDILLING WARREN WELLG AND	
a	a				DRILLING WATER WELLS AND	
	SAHARAN AFRICA		_	L	PROVIDING COMMUNITY	
KENY	'A	1	5	PROGRAM SERVICES.	PROGRAMS.	449,905.
3 a	Subtotal	1	5			449,905.
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and Oh)	l 1	5			449 905

Page

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.

THE SAMBURU PROJECT,

Schedule F (Form 990) 2022

Part II

(i) Method of valuation (book, FM appraisal, other)					Schedule F (Form 990) 20%
(h) Description of noncash assistance					Sched
(g) Amount of noncash assistance	.0				A A
(f) Manner of cash disbursement	CASH PAYMENT TO PEAR				a :
(e) Amount of cash grant	CASH PA' 30,500.TO PEAR				oreign country, r
(d) Purpose of grant	TO PROVIDE SCHOOL FEES AND EDUCATIONAL INITATIVE IN SAMBURU REGION OF KENYA				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 Enter total number of other organizations or entities
(c) Region	SUB-SAHARAN AFRICA				ns listed above that are r or for which the grantee or entities
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, o other organizations o
1 (a) Name of organization					 2 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for whith the formal number of other organizations or entities 3 Enter total number of other organizations or entities

31

Page

THE SAMBURU PROJECT, INC.

Schedule F (Form 990) 2022 THE SAMBURU PROJECT, INC.

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.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 20%
(g) Description of noncash assistance					Sched
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

Schedule F (Form 990) 2022 Fart 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 Instructions for Form 926)	Yes	X 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 Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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 Instructions for Form 5471)	Yes	X 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 Instructions for Form 8621)	Yes	X 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 Instructions for Form 8865)	Yes	X 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 Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundralsing 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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization THE SAMBURU PROJECT, INC. 20-3541982 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events WALK FOR NONE (add col. (a) through SPLASH BASH WATER col. (c)) (event type) (event type) (total number) 199,984. 38,657. 238,641. 1 Gross receipts 133,804. 37,157. 170,961. 2 Less: Contributions 66,180. 1,500. 67,680. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 6,100. 6,100. 7 Food and beverages 8 Entertainment 12,192. 7,221. 19.413 9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990) 2022 THE SAMBURU PROJECT, INC. 20-3	3541	982	Page 3
	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			
40	to administer charitable gaming?		Yes	└── No
	Indicate the percentage of gaming activity conducted in: The organization's facility	13a	I	%
	An outside facility	13b		
	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
k	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
(s If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
17	Director/officer Employee Independent contractor Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	, Ш	Yes	L No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lin	ies 9, 9	9b, 10b,
_	100, 100, 10, and 170, an approach. Also provide any additional information. Occ instructions.			
_				

000000 10 07 00

Schedule G	(Form 990)	THE SAMBU	JRU PROJECT,	INC.	20-3541982	Page 4
Part IV	(Form 990) Supplemental In	formation _{(continue}	ed)			

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public . Inspection

Name of the organization

THE SAMBURU PROJECT, INC.

Employer identification number 20-3541982

Pai	rt I Types of Property									
	(a) (b) (c) (d) Check if Number of Noncash contribution Method of c									
		applicable	contributions or	amounts reported	on		cash contribut		•	3
	-		items contributed	Form 990, Part VIII, I	ine 1g					
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications	77		1 1	0.0		1/3 DIZEE	7737		
5	Clothing and household goods	X		1,1	.94.	FAIR	MARKET	VAI	10E	
6	Cars and other vehicles									
7										
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									—
19	Food inventory									—
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts Other (GIFT CARDS)	Х	57	13 9	17	ra td	MARKET	777 1	TIE	
25 26	Other (GIFT CARDS) Other (ELECTRONICS)	X	8				MARKET			
20 27	Other (MISC. ITEMS)	X	36				MARKET			
28	Other (WINE)	X	20				MARKET			
<u>20</u> 29	Number of Forms 8283 received by the organization				1		111111111111111111111111111111111111111	V 1 1 1		
25	for which the organization completed Form 828		,		9					
	To which the organization completed form 626	o, rait v, b	once Acknowledg		.5				Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I lines 1	throug	h 28 tha	_{+ i+} [103	140
oou	must hold for at least 3 years from the date of the									
	exempt purposes for the entire holding period?			orrior required to be				30a		X
h	If "Yes," describe the arrangement in Part II.							33a		
31	Does the organization have a gift acceptance po	olicy that re	auires the review o	of any nonstandard co	ontribut	ions?		31		X
	Does the organization hire or use third parties o							-		
J_u	contributions?		_					32a		Х
b	If "Yes," describe in Part II.		•••••					J_4		
33	•	olumn (c) for	a type of property	for which column (a)	is cher	ked.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.										

LHA

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

Name of the organization

THE SAMBURU PROJECT, INC.

Employer identification number 20-3541982

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROMOTE HEALTH, EDUCATION, WOMEN'S EMPOWERMENT AND GENERAL WELL-BEING. WE COLLABORATE WITH COMMUNITIES IN DEVELOPING COUNTRIES TO ENHANCE MEN, WOMEN, AND CHILDREN'S DAILY LIVES BY PROVIDING RESOURCES THAT ADDRESS IMMEDIATE NEEDS WHILE PROMOTING LONG TERM SUSTAINABILITY AND SELF-SUFFICIENCY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WOMEN AND CHILDREN'S DAILY LIVES BY PROVIDING RESOURCES THAT ADDRESS IMMEDIATE NEEDS WHILE PROMOTING LONG TERM SUSTAINABILITY AND SELF-SUFFICIENCY ALONG WITH CULTURAL INTEGRITY. THE PROJECT IS A COMMUNITY-BASED, GRASSROOTS ORGANIZATION WORKING WITH THE PEOPLE OF THE SAMBURU TRIBE IN KENYA'S SAMBURU EAST DISTRICT, 425 KILOMETERS NORTH OF NAIROBI. THE PROJECT'S PRIMARY FOCUS IS TO PROVIDE CLEAN, SAFE DRINKING WATER TO COMMUNITIES AS A FOUNDATION FOR FURTHER DEVELOPMENT. SINCE ITS INCEPTION IN 2005, THE PROJECT HAS DRILLED 145 WELLS, BRINGING CLEAN, SAFE DRINKING WATER TO OVER 100,000 PEOPLE. FORM 990, PART VI, SECTION A, LINE 8B: DID NOT HAVE SEPARATE COMMITTEES IN 2022. FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR AND TREASURER

PRIOR TO FILING. ALL NUMBERS FROM FINANCIAL STATEMENTS ARE REVIEWED AND

CONFIRMED BY THE OUTSIDE BOOKKEEPER.

THE ED AND TREASURER REVIEW EVERY

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** THE SAMBURU PROJECT, INC. 20-3541982 PAGE. FORM 990, PART VI, SECTION B, LINE 12C: ONCE A YEAR, AND UPON THE INDUCTION OF ANY NEW BOARD MEMBER, THE POLICY IS REVIEWED, PRACTICES ARE MONITORED, AND CONFIRMED THROUGH WRITTEN CONSENT OF EACH BOARD MEMBER. FORM 990, PART VI, SECTION B, LINE 15A: DETERMINED BETWEEN THE BOARD CHAIR AND THE TREASURER AND DISCUSSED AT LARGE WITH THE BOARD. COMPARABILITY DATA WAS BASED ON COMPENSATION OF PREVIOUS ED, AND EXISTING BUDGET. ALL WAS DOCUMENTED IN THE MEETING MINUTES. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE UNAVAILABLE TO THE PUBLIC; FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH COMPANY WEBSITE.