

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE SAMBURU PROJECT, INC.		D Employer identification number 20-3541982
	Doing business as		E Telephone number 310-881-7265
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 481,204.
	8800 VENICE BLVD SUITE	208	
	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90034		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: LINDA HOOPER SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.THESAMBURUPROJECT.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2005** **M** State of legal domicile: **CA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO COLLABORATE WITH COMMUNITIES IN DEVELOPING COUNTRIES TO ENHANCE MEN, WOMEN, AND CHILDREN'S DAILY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	25
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	595,678.	358,439.
	9 Program service revenue (Part VIII, line 2g)	3,410.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,295.	-232.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,209.	70,423.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	628,592.	428,630.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,000.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		162,649.	171,905.
16 a Professional fundraising fees (Part IX, column (A), line 11e)		0.	1,970.
b Total fundraising expenses (Part IX, column (D), line 25)		62,251.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		337,210.	306,770.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		534,859.	480,645.
19 Revenue less expenses. Subtract line 18 from line 12	93,733.	-52,015.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 430,648.	End of Year 308,229.
	21 Total liabilities (Part X, line 26)	164,223.	95,024.
	22 Net assets or fund balances. Subtract line 21 from line 20	266,425.	213,205.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Linda Hooper</i>	Date <i>8 October 2021</i>
	LINDA HOOPER, EXECUTIVE DIRECTOR, CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name BARED DILACAR	Preparer's signature BARED DILACAR	Date 10/08/21	Check if self-employed <input type="checkbox"/>	PTIN P00157338
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749		Phone no. (626) 793-3600	
Firm's address 301 NORTH LAKE AVENUE, SUITE 900 PASADENA, CA 91101					

May the IRS discuss this return with the preparer shown above? See instructions Yes No