

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

ΑF	or the	2023 calendar year, or tax year beginning and	enaing					
<b>В</b> с	heck if	C Name of organization		D Employer identifie	cation number			
	Addres	SAMU FOUNDATION						
	Name change	- · · · · CAMIL EIDEM DECDONCE		81-41988	08			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r			
	Final return/	, ,	500	202 699-4860				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,984,634.			
	Ameno return	WASHINGTON, DC 20036		H(a) Is this a group return				
	Application pendin	F Name and address of principal officer: ANDREA GALLEGOS - MOI	NTILLA					
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in				
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	1 '	list. See instructions			
	Vebsit			H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	of formation: 2016 N	M State of legal domicile: DC			
Га	_	Summary	рурш т	TT T T T T T T T T T T T T T T T T T T				
မွ	1	Briefly describe the organization's mission or most significant activities: SEE	PARI I	II, LINE I				
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	and of more	than 25% of its not see	noto			
Æ				1 - 1	4			
é		Number of voting members of the governing body (Part VI, line 1b)			4			
∞ ∞		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			86			
ţį		Total number of volunteers (estimate if necessary)			4			
흦				7a	0.			
ĕ		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)		1,970,834.	4,412,260.			
Revenue		Program service revenue (Part VIII, line 2g)		0.	4,563,468.			
eve	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,878.	8,906.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,981,712.	8,984,634.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		23,406.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ဖွ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,079,121.	3,245,575.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	00.					
ω̈́	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		995,116.	4,403,327.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,097,643.	7,648,902.			
_	19	Revenue less expenses. Subtract line 18 from line 12		-115,931.	1,335,732.			
s or			Ве	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		720,098.	3,758,525.			
et A	21	Total liabilities (Part X, line 26)		875,817.	2,597,941.			
Z <sub>i</sub>	rt II	Net assets or fund balances. Subtract line 21 from line 20		-155,719.	1,160,584.			
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ante and to the heet of my	knowledge and helief it is			
		thes of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	kilowieuge allu bellel, it is			
uuc,	COLLEC	Andrea Galleaos	iicii pi epai ei	11/05/202	Λ			
Sigr	,	Signature of officer			4			
Here		ANDREA GALLEGOS-MONTILLA, RESPITE PROGRAM	DTREC	TTOR				
Here		Type or print name and title	DILLE	71011				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		ELIZABETH W. HELLER	our !	if L 11/04/2024 self-employ				
Prep		Firm's name GELMAN, ROSENBERG & FREEDMAN			2-1392008			
Use		Firm's address 4550 MONTGOMERY AVE SUITE 800N			<del>-</del>			
	-	BETHESDA, MD 20814-2930		Phone no. 30	1-951-9090			
May	the IF	S discuss this return with the preparer shown above? See instructions		· · · · · · · · · · · · · · · · · · ·	X Yes No			

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SAMU FOUNDATION IS DEDICATED TO PROVIDING URGENT AND EMPOWERING
	HUMANITARIAN SUPPORT TO THE MOST VULNERABLE POPULATIONS DURING
	NATIONAL AND INTERNATIONAL CRISES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	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.
4a	(Code:) (Expenses \$ 7,283,807. including grants of \$ ) (Revenue \$ 4,563,468.)
	WELCOME RESPITE : SAMU FOUNDATION PROVIDES AND COORDINATES ALL THE
	NEESSARY ASSISTANCE AND SUPPLIES NEEDED TO DEPLOY IMMEDIATE, EMERGENCY
	ASSISTANCE. INSPIRED BY OUR MISSION TO SAVE LIVES, WE JUST COULD NOT
	STAND STILL WHEN WE SAW THAT PEOPLE WERE BEING DROPPED OFF WITHOUT
	FURTHER CARE AT THE NATION'S CAPITAL.
	1.THROUGH FEMA/EFSP FUNDING, THE FOUNDATION HAS SERVED 9,984 MIGRANTS,
	INCLUDING 224 BUSES, 3,542 RECEIVED MIGRANTS SHELTERED AND 81,287 MEALS
	PROVIDED AS OF DECEMBER 2023.
	2. THROUGH DC/OMS FUNDING, THE FOUNDATION HAS SERVED 7,026 MIGRANTS,
	INCLUDING 125 BUSES, 1,231 RECEIVED MIGRANTS SHELTERED AND 38,622 MEALS
	PROVIDED AS OF DECEMBER 2023.
	TROVIDED TO OF DECEMBER 2023.
41.	
4b	(Code:) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	(Code:) (Expenses \$
۸،۸	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 7, 283, 807.
4e	
	Form <b>990</b> (2023)

17541104 745960 29388

# Form 990 (2023) SAMU FOUNDATION 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
	, .	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation projection of the control of the United Otelson			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<del>  ^</del> `
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4-		_ v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<b>.</b>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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		Х

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Part IV Checklist of Required Schedules (continued) 81-4198808 Page 4

			Yes	No
22	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	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			,,
	Schedule J	23		X
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			٠,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
С	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		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del>                                     </del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<del></del> -
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<del> </del>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai		1 30		ш
	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 12		.03	.,,5
	(gambling) winnings to prize winners?	1c	х	
33300	1 10 21 22			(2023)

	990 (2023	SAMU FOUNDATION	81-	<u>4198</u>	<u>808</u>	Р	age <b>5</b>			
Par	t V S	tatements Regarding Other IRS Filings and Tax Compliance (continued)				1				
		1				Yes	No			
2a		number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0.5						
		ne calendar year ending with or within the year covered by this return	2a	86						
b		one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	Х	77			
3a					3a		X			
		nas it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (			3b		_			
4a	•	ne during the calendar year, did the organization have an interest in, or a signature or other an	•				, v			
		account in a foreign country (such as a bank account, securities account, or other financial ac	count)?		4a		X			
b	•	enter the name of the foreign country	(EDAD)							
<b>-</b> -		uctions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac			F-		Х			
5a					<u>5a</u> 5b		X			
b										
		organization have annual gross receipts that are normally greater than \$100,000, and did the			5c					
Va		ibutions that were not tax deductible as charitable contributions?			6a		x			
h	•	did the organization include with every solicitation an express statement that such contribution			_ oa_		<del></del>			
D	,	tax deductible?	0		6b					
7		tions that may receive deductible contributions under section 170(c).			OD.					
a	_	panization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the	pavor?	7a		х			
b		and the second s			7b					
c	,	rganization sell, exchange, or otherwise dispose of tangible personal property for which it wa								
		m 8282?	•		7c		Х			
d		ndicate the number of Forms 8282 filed during the year	7d							
е		rganization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?		7e		Х			
f	Did the o	rganization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х			
g	If the org	anization received a contribution of qualified intellectual property, did the organization file For	m 8899 as require	ed?	7g					
h	If the org	anization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 109	98-C?	7h					
8	Sponsor	ing organizations maintaining donor advised funds. Did a donor advised fund maintained								
	sponsorir	ng organization have excess business holdings at any time during the year?	N	/A	8					
9	Sponsor	ng organizations maintaining donor advised funds.								
а	Did the s	consoring organization make any taxable distributions under section 4966?	N		9a					
b	Did the s	consoring organization make a distribution to a donor, donor advisor, or related person?	N	/A	9b					
10		501(c)(7) organizations. Enter:	1							
а		fees and capital contributions included on Part VIII, line 12 N/A	10a							
b		eipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11		501(c)(12) organizations. Enter:	ا . م							
		ome from members or shareholders N/A	11a							
b		ome from other sources. (Do not net amounts due or paid to other sources against	11b							
122		due or received from them.)  1947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a					
		enter the amount of tax-exempt interest received or accrued during the year	12b		120					
13		501(c)(29) qualified nonprofit health insurance issuers.	12.0							
		anization licensed to issue qualified health plans in more than one state?	N	/A	13a					
-		e the instructions for additional information the organization must report on Schedule O.		***********	100					
b		amount of reserves the organization is required to maintain by the states in which the								
		ion is licensed to issue qualified health plans	13b							
С		amount of reserves on hand	13c							
14a					14a		Х			
b		nas it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b					
15		anization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess p	arachute payment(s) during the year?			15		X			
		see the instructions and file Form 4720, Schedule N.								
16	Is the org	anization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X			
		complete Form 4720, Schedule O.								
17	Section 5	<b>501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any act	ivities		l	1	l			

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD 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) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request \_\_ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ANDREA GALLEGOS MONTILLA - 202-733-7613

Form **990** (2023)

20012

2001 L ST NW, WASHINGTON,

Form 990 (2023) SAMU FOUNDATION 81-4198808 Page 7

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

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

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

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

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

Name and title  Average hours per week (list any hours for related organizations below line)  (1) ANDREA GALLEGOS MONTILLA  MANAGING DIRECTOR  Average hours per week (list any hours for related organizations below line)  (2) LAURA STEPHANADIS  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organizations below line)  Average hours per week (list any hours for related organization shours for related organizations)  Average hours per week (list any hours for related organization should be a strictly list of the organization (W-2/1099-MISC/ 1099-NEC)  Average hours per week (list any hours for related organizations)  Average hours per week (list any hours for related organization)  Average hours per week (list any hours per week (list any hours for related organization)  Average hours per week (list any hours per week (list any hours for related organization)  Average hours per week (list any hours for related organization)  Average hours per week (list any hours per week (list any hours for related organization)  Average hours per week (list any hours per week (list	Check this box if neither the organization		l				iipei	isalt			(E)
Average   hours per   week (list any hours for related organizations   below line)   The properties of the properties   hours per week (list any hours for related organizations   below line)   The properties   hours for related organizations   below line)   The properties   hours for related organizations   hours for the related organizations   hours for the related organizations   hours for the remarkable   hours for the related organizations   hours for the remarkable   hours for	(A)	(B)		(C) Position		(D)	(E)	(F)			
week (list any hours for related organizations below line)  (1) ANDREA GALLEGOS MONTILLA  MANAGING DIRECTOR  (2) LAURA STEPHANADIS  DEPUTY DIRECTOR  (3) CARLOS GONZALEZ-ESCALADA  CHAIRMAN  (4) ALEJANDRO ALVAREZ MACIAS  VICE CHAIRMAN  (5) BORJA GONZALEZ-ESCALADA  SECRETARY  (6) JUAN GONZALEZ-ESCALADA	Name and title			not c	heck	more	than		-	•	
(list any hours for related organizations below line)  (1) ANDREA GALLEGOS MONTILLA  MANAGING DIRECTOR  (2) LAURA STEPHANADIS  DEPUTY DIRECTOR  (3) CARLOS GONZALEZ-ESCALADA  CHAIRMAN  (4) ALEJANDRO ALVAREZ MACIAS  VICE CHAIRMAN  (5) BORJA GONZALEZ-ESCALADA  SECRETARY  (6) JUAN GONZALEZ-ESCALADA  (Ilist any hours for related organizations and related organization (W-2/1099-MISC/ 1099-NEC)  (W-2/1099-MISC/ 1099-NEC)  1099-NEC)  the organizations (W-2/1099-MISC/ 1099-NEC)  1099-NEC)  the organizations (W-2/1099-MISC/ 1099-NEC)  1099-NEC											
(1) ANDREA GALLEGOS MONTILLA  MANAGING DIRECTOR  (2) LAURA STEPHANADIS  DEPUTY DIRECTOR  (3) CARLOS GONZALEZ-ESCALADA  CHAIRMAN  (4) ALEJANDRO ALVAREZ MACIAS  VICE CHAIRMAN  VICE CHAIRMAN  (5) BORJA GONZALEZ-ESCALADA  SECRETARY  (6) JUAN GONZALEZ-ESCALADA  44.00  X  125,251.  0. 5,716.  102,760.  0. 4,896.  0. 0.  0. 0.  4,896.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0.		<b>I</b>	tor								
(1) ANDREA GALLEGOS MONTILLA  MANAGING DIRECTOR  (2) LAURA STEPHANADIS  DEPUTY DIRECTOR  (3) CARLOS GONZALEZ-ESCALADA  CHAIRMAN  (4) ALEJANDRO ALVAREZ MACIAS  VICE CHAIRMAN  VICE CHAIRMAN  (5) BORJA GONZALEZ-ESCALADA  SECRETARY  (6) JUAN GONZALEZ-ESCALADA  44.00  X  125,251.  0. 5,716.  102,760.  0. 4,896.  0. 0.  0. 0.  4,896.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0.		1 '	direc				P				
(1) ANDREA GALLEGOS MONTILLA  MANAGING DIRECTOR  (2) LAURA STEPHANADIS  DEPUTY DIRECTOR  (3) CARLOS GONZALEZ-ESCALADA  CHAIRMAN  (4) ALEJANDRO ALVAREZ MACIAS  VICE CHAIRMAN  VICE CHAIRMAN  (5) BORJA GONZALEZ-ESCALADA  SECRETARY  (6) JUAN GONZALEZ-ESCALADA  44.00  X  125,251.  0. 5,716.  102,760.  0. 4,896.  0. 0.  0. 0.  4,896.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0.			9e 0r	stee			nsate				
(1) ANDREA GALLEGOS MONTILLA  MANAGING DIRECTOR  (2) LAURA STEPHANADIS  DEPUTY DIRECTOR  (3) CARLOS GONZALEZ-ESCALADA  CHAIRMAN  (4) ALEJANDRO ALVAREZ MACIAS  VICE CHAIRMAN  VICE CHAIRMAN  (5) BORJA GONZALEZ-ESCALADA  SECRETARY  (6) JUAN GONZALEZ-ESCALADA  44.00  X  125,251.  0. 5,716.  102,760.  0. 4,896.  0. 0.  0. 0.  4,896.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.			trust	al tru		yee	om pe			,	
(1) ANDREA GALLEGOS MONTILLA  MANAGING DIRECTOR  (2) LAURA STEPHANADIS  DEPUTY DIRECTOR  (3) CARLOS GONZALEZ-ESCALADA  CHAIRMAN  (4) ALEJANDRO ALVAREZ MACIAS  VICE CHAIRMAN  VICE CHAIRMAN  (5) BORJA GONZALEZ-ESCALADA  SECRETARY  (6) JUAN GONZALEZ-ESCALADA  44.00  X  125,251.  0. 5,716.  102,760.  0. 4,896.  0. 0.  0. 0.  4,896.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.		-	idual	tution	ь	oldme	est co	ler.			organizations
MANAGING DIRECTOR			lhdi	Insti	Offic	Key	High	Forn			
(2) LAURA STEPHANADIS       44.00       X       102,760.       0. 4,896.         DEPUTY DIRECTOR       8.00       X       102,760.       0. 4,896.         (3) CARLOS GONZALEZ-ESCALADA       8.00       X       0. 0.       0. 0.         CHAIRMAN       X       0. 0.       0. 0.       0.         VICE CHAIRMAN       X       0. 0. 0.       0. 0.         (5) BORJA GONZALEZ-ESCALADA       1.00       X       0. 0. 0.         SECRETARY       X       0. 0. 0.       0. 0.         (6) JUAN GONZALEZ-ESCALADA       16.00       0. 0.       0. 0.	(1) ANDREA GALLEGOS MONTILLA	44.00									
DEPUTY DIRECTOR	MANAGING DIRECTOR				Х				125,251.	0.	5,716.
(3) CARLOS GONZALEZ-ESCALADA       8.00         CHAIRMAN       X         (4) ALEJANDRO ALVAREZ MACIAS       1.00         VICE CHAIRMAN       X         (5) BORJA GONZALEZ-ESCALADA       1.00         SECRETARY       X         (6) JUAN GONZALEZ-ESCALADA       16.00	(2) LAURA STEPHANADIS	44.00	1								
CHAIRMAN         X         0.         0.         0.           (4) ALEJANDRO ALVAREZ MACIAS         1.00         X         0.         0.         0.           VICE CHAIRMAN         X         0.         0.         0.         0.           (5) BORJA GONZALEZ-ESCALADA         1.00         X         0.         0.         0.           SECRETARY         X         0.         0.         0.         0.           (6) JUAN GONZALEZ-ESCALADA         16.00         16.00         0.         0.         0.	DEPUTY DIRECTOR				Х				102,760.	0.	4,896.
(4) ALEJANDRO ALVAREZ MACIAS       1.00         VICE CHAIRMAN       X         (5) BORJA GONZALEZ-ESCALADA       1.00         SECRETARY       X         (6) JUAN GONZALEZ-ESCALADA       16.00	(3) CARLOS GONZALEZ-ESCALADA	8.00									
VICE CHAIRMAN         X         0.         0.         0.           (5) BORJA GONZALEZ-ESCALADA         1.00         X         0.         0.         0.           SECRETARY         X         0.         0.         0.         0.           (6) JUAN GONZALEZ-ESCALADA         16.00         0.         0.         0.         0.	CHAIRMAN		Х						0.	0.	0.
(5) BORJA GONZALEZ-ESCALADA  SECRETARY  X  0. 0. 0.	(4) ALEJANDRO ALVAREZ MACIAS	1.00	]								
SECRETARY X 0. 0. 0. (6) JUAN GONZALEZ-ESCALADA 16.00			Х				_		0.	0.	0.
(6) JUAN GONZALEZ-ESCALADA 16.00	(5) BORJA GONZALEZ-ESCALADA	1.00									
			Х						0.	0.	0.
TREASURER X X X 0. 0. 0. 0.	(6) JUAN GONZALEZ-ESCALADA	16.00	1								
	TREASURER		Х		Х				0.	0.	0.
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SAMU FOUNDATION

Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		l than d	nne	Reportable	Reportable		Estima	ted
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation		amoun	
	week (list any		l an	lu a u	lecto	ii/ii us	(66)	from	from related		othe	
	hours for	directo				_		the organization	organizations (W-2/1099-MISC/		mpens from t	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	- 1	rganiza	
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,		and rela	ated
	below	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			0	rganiza	tions
	line)	lnd	lns	0#!	Key	e Fig	균			+		
										$\top$		
										+		
										+		
										+		
										+		
										$\bot$	10	-10
1b Subtotal								228,011.		•	10,6	
c Total from continuation sheets to Part VII								0.			10 (	0.
d Total (add lines 1b and 1c)								228,011.	-	•	10,6	) 1 4 •
2 Total number of individuals (including but no	ot limited to th	ose	liste	d an	ove	) wn	o re	eceived more than \$100,	000 of reportable			2
compensation from the organization											Yes	_
3 Did the organization list any former officer,	director trust	مم لام	'AV 6	mnl	OVA	e or	hia	thest compensated emp	lovee on		100	110
line 1a? If "Yes," complete Schedule J for si										3		Х
4 For any individual listed on line 1a, is the su												+
and related organizations greater than \$150	-		-						-	4		Х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch ı	oers	on .				. 5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest con	•	-							•	sation	from	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.			
(A) Name and business	address							<b>(B)</b> Description of s	ervices		<b>(C)</b> pensati	on
I WILL PROTECTIVE SECURIT		17	17				$\dashv$	Becomplient of a	101 11000			
PENNSYLVANIA AVE NW, WASH				n n	6	ļ	SECURITY		1 3	33,0	197	
-				<del></del>		$\overline{}$	ACCOUNTING A	ND	<u> </u>	55,0	,,,,,	
COUNCILOR, BUCHANAN & MITCHELL, 7910 ACCOUNTING AN WOODMONT AVENUE, #500, BETHESDA, MD 20814 PAYROLL									1	80,6	577.	
	•											
							$\dashv$					

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2023) SAMU FOUNDATION
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	o in this Dart VIII			
			Check if Schedule O contains a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
					Total Tovolido	function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
un an		b	Membership dues 1b					
© 6		c	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d		-			
Gi				354,936.	1			
Sir				334,3301				
ıtio er (		T	All other contributions, gifts, grants, and	E7 224				
ĕ			similar amounts not included above <b>1f</b>	57,324.	-			
dt		g	Noncash contributions included in lines 1a-1f 1g \$	2,850.				
S a		h	Total. Add lines 1a-1f		4,412,260.			
				Business Code				
ө	2	а	CONTRACT INCOME	900099	4,563,468.	4,563,468.		
vic.		b						
Ser		c						
m S		d						
gra Re		u						
Program Service Revenue		e						
т			All other program service revenue		4 E62 460			
		g	Total. Add lines 2a-2f		4,563,468.			
	3		Investment income (including dividends, interest	est, and				
			other similar amounts)					
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		h	Less: rental expenses 6b					
			Rental income or (loss) 6c		-			
			Not worth live and a william					
			Gross amount from sales of (i) Securities	(ii) Other				
	′	а	1, 200 amount nom oard or	(ii) Other	-			
		_	assets other than inventory 7a		-			
		b	Less: cost or other basis					
Revenue			and sales expenses					
ver		С	Gain or (loss)					
		d	Net gain or (loss)					
Jer	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
	9	а						
		<b>L</b>	Part IV, line 19 9a	+				
			Less: direct expenses 9b	1				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances10a	1				
		b	Less: cost of goods sold10k					
		С	Net income or (loss) from sales of inventory					
<b>,</b>				<b>Business Code</b>				
snc (	11	а	MISCELLANEOUS REVENUE	900099	8,906.			8,906.
ne		b						
Miscellaneous Revenue		c						
Sco			All other revenue					
Σ			Total. Add lines 11a-11d		8,906.			
		e			8,984,634.	4 563 468	0.	8,906.
	12		Total revenue. See instructions		0,704,034.	[프,JUJ, <del>1</del> 00 •	_ U•	0,300.

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Form **990** (2023)

#### 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 (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses 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 individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 270,505. 273,323. 2,818. 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) 2,671,016. 2,656,926. 14,090. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 66,707. 67,037. 330. Other employee benefits 9 234,199. 232,858. 1,341 10 Payroll taxes Fees for services (nonemployees): Management 73,319. 73,319. Legal 158,635. 187,910. 29,275. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 142,439. 99,236. 43,203. column (A), amount, list line 11g expenses on Sch O.) 1,110. 817. 289. Advertising and promotion 12 184,657. 172,447. 12,210. Office expenses 13 Information technology 14 15 Royalties 131. 131. 16 Occupancy 29,245. 13,132. 16,071. 42. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 8,352. 8,352. 20 Payments to affiliates 21 4,108. 4.108. Depreciation, depletion, and amortization 22 54,059. 53,495. 564. 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.) 3,136,222. 34,950. 3,101,272. HUMANITARIAN SUPPORT TRANSPORTATION SERVICES 440,098. 331,552. 108,546. 57,169. 56,842. 327. PAYROLL PROCESSING FEES 34,404.  $31,\overline{635}$ 2,769. SECONDARY SERVICES 50,104. 37.748. 12,202. 154. All other expenses 7,648,902. 7,283,807. 364,895. 200. 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)

Form **990** (2023)

Par	t X	Balance Sheet						
		Check if Schedule O contains a response or	note to a	any line ir	this Part X			
						<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				237,637.	1	321,882.
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net				455,748.	3	1,528,218.
	4	Accounts receivable, net					4	1,853,093
	5	Loans and other receivables from any curren						
		trustee, key employee, creator or founder, su	ubstantia	l contribu	itor, or 35%			
		controlled entity or family member of any of t	these pe	rsons .			5	
	6	Loans and other receivables from other disqu						
		under section 4958(f)(1)), and persons descri	ibed in s	ection 49	58(c)(3)(B)		6	
ts	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
Ä	9	Prepaid expenses and deferred charges				1,933.	9	39,010
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D			21,250.	1= 100		
	b	Less: accumulated depreciation			5,028.	17,480.	10c	16,222
	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	100		
	15	Other assets. See Part IV, line 11	7,300.	15	100			
	16	Total assets. Add lines 1 through 15 (must e				720,098.	16	3,758,525
	17	Accounts payable and accrued expenses		242,942.	17	1,787,480		
	18	Grants payable		18				
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Comple					21	
ies	22	Loans and other payables to any current or fo						
Liabilities		trustee, key employee, creator or founder, su					00	
Lia	00	controlled entity or family member of any of t					22	
_	23	Secured mortgages and notes payable to un		•		632,875.	23 24	
	24 25	Unsecured notes and loans payable to unrelative Other liabilities (including federal income tax,				032,073.		
	25	parties, and other liabilities not included on li						
		-			1	0.	25	810,461.
	26					875,817.	26	2,597,941.
	20	Organizations that follow FASB ASC 958, o			X	07070271	20	2,03,,312
es		and complete lines 27, 28, 32, and 33.	511.55tk 11	,				
au c	27	Net assets without donor restrictions				-170,850.	27	1,160,209.
Bak	28	Net assets with donor restrictions	15,131.	28	375.			
l br		Organizations that do not follow FASB ASG	·					
Ī		and complete lines 29 through 33.	_					
ō	29	Capital stock or trust principal, or current fun	nds				29	
sets	30	Paid-in or capital surplus, or land, building, or					30	
As	31	Retained earnings, endowment, accumulated			31			
Net Assets or Fund Balances	32	Total net assets or fund balances				-155,719.	32	1,160,584.
-	33	Total liabilities and net assets/fund balances				720,098.	33	3,758,525.

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,98		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,64		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,33		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-15	5,71	<u> 19.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1	9,42	29.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,16	0,58	<u>84.</u>
Pa	t 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	basis,			
	consolidated basis, or both:				
	X 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,			ı
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	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				ı
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				ı
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	<b>990</b> (	(2023)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

**Employer identification number** 

SAMU FOUNDATION 81-4198808 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

## 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	ction A. Public Support	71	1	,						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Gifts, grants, contributions, and	, ,	, ,	` ,	, ,	` ,	,,			
	membership fees received. (Do not									
	include any "unusual grants.")	14,141.	11,224.	14,155.	1970834.	4412260.	6422614.			
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	14,141.	11,224.	14,155.	1970834.	4412260.	6422614.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						6422614.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4	14,141.	11,224.	14,155.	1970834.	4412260.	6422614.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)				10,878.	8,906.	19,784.			
11	<b>Total support.</b> Add lines 7 through 10						6442398.			
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 4	,563,468.			
	First 5 years. If the Form 990 is for the					D1(c)(3)				
	organization, check this box and stor	here		-						
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	99.69 %			
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	95.45 %			
	33 1/3% support test - 2023. If the					ore, check this box	c and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				X			
b	33 1/3% support test - 2022. If the									
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion						
17a										
	7a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	blicly supported or	rganization					
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line						
	more, and if the organization meets the	-								
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	ı <u>, 16b, 17a, or 1</u> 7b	, check this box ar	nd see instructions	<u> </u>			
							(Form 990) 2023			

## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
k	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						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

## 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		
_		
За		
3b		
- CE		
3с		
4a		
4b		
12		
4c		
70		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

332024 12-21-23 Schedule A (Form 990) 2023

	11 3 3 (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 <b>Part VI</b> 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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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			
	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	ns)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If #Vee # describe in Part VI the releasible to be accompatible in this record	3h		

332025 12-21-23

	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations	1 1 1 1 2 3 3 3 3 4 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	Nov. 20, 1970 ( explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		-	
Sect	ection 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-function	nally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
	on D - Distributions	. , , , , , , , , , , , , , , , , , , ,	(OOTTERT)		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022 Excess from 2023				
_	LAUGUS II UIII ZUZU				

Schedule A (Form 990) 2023

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Employer identification number** 

SAMU FOUNDATION 81-4198808 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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. 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

SAMU FOUNDATION

81-4198808

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

# SAMU FOUNDATION

81-4198808

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
153 12-26		*	Schedule B (Form 990) (20

Page **4** 

Name of organization **Employer identification number** SAMU FOUNDATION 81-4198808 Part III 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 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 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 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 Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **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.

OMB No. 1545-0047 Inspection

Name of the organization

SAMU FOUNDATION

**Employer identification number** 81-4198808

organization answered "Yes" on Form 990, Part IV, line 6.	
	and other accounts
	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 writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	L 165 L 140
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area
Protection of natural habitat Preservation of a certified histori	ric structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
day of the tax year.	eld at the End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included on line 2a 2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	iring the tax
year	
Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	—
Countries voluntees read activities to membering, mappeding, realisming of violations, and embering economical	onto during the your
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	blic
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service,
provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
<ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul>	
	chedule D (Form 990) 2023

	t III Organizations Maintaining C	ollections of Ar	t. Histo	rical Tre	asures. o	r Othe	r Simila	oı-4ı ır Assets			ge <b>∠</b>
3	Using the organization's acquisition, accession								COILLIIL	ieu)	
3	collection items (check all that apply).	on, and other record	s, crieck	arry or trie i	Ollowing that	i make s	igillicant	use of its			
_											
a											
b	Scholarly research	€	,	Julier							
C	Preservation for future generations			4 41 41.				and in David	VIII		
4	Provide a description of the organization's co	· ·		-	-			ose in Part	XIII.		
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 Arrange										NO
	reported an amount on Form 990, Pai			ngariizatioi	i alisweled	163 011	1 01111 330	,, r ait iv, iii	ie 3, 0i		
1a	Is the organization an agent, trustee, custodi	•	diary for c	contribution	s or other as	sets not	included				
·u	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ 100		110
-	The root, oxplain the arrangement in rail value	and complete the le	nowing ta						Amount		
c	Beginning balance						1c				
	Additions during the year										
	Distributions during the year						I .				
f	Ending balance										
2a	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•		_	H	
Par											
		(a) Current year		rior year	(c) Two yea			years back	(e) Four v	ears b	ack
1a	Beginning of year balance	,	. , ,		,,,,,		. ,				
	Contributions										_
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1a.	. column (a)	) held as:						
	Board designated or quasi-endowment		%	( )	,						
b	Permanent endowment	%									
С	Term endowment	<del></del> %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	red for th	ie		_		
	organization by:								`	/es	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 requir	red on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Par											
	Complete if the organization answered	d "Yes" on Form 990	), Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		` ,	or other (other)		ccumula preciatio		(d) Book	value	
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										
	Other				1,250.			28.		,22	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. line 10	c, column	(B))				16	,22	2.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 SAMU FOUNDAT	ION	81	-4198808 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" o			d afa
(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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	5 000 B + N/ II - 4	11.0 5 000 5 1 1 1 1 5	
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(la) Da alcuratura
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities	<u> </u>		•
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO RELATED PARTIES			810,461.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			012 151
Total. (Column (h) must equal Form 990, Part X, line 25, col	(R))		810,461.

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 ... Schedule D (Form 990) 2023

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Par	t XI	Reconciliation of Revenue per Audited Financial S	Statements Wi	ith F	Revenue per Re	turn	
		Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.				
1	Total	revenue, gains, and other support per audited financial statements				1	9,261,634.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net u	nrealized gains (losses) on investments	2a				
b	Dona	ted services and use of facilities	2b		277,000.		
С	Reco	veries of prior year grants	2c				
d	Other	(Describe in Part XIII.)	2d				
е		nes 2a through 2d				2e	277,000.
3	Subtr	act line <b>2e</b> from line <b>1</b>				3	8,984,634.
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:	1				
а		ment expenses not included on Form 990, Part VIII, line 7b					
b	Other	(Describe in Part XIII.)	4b				•
С		nes <b>4a</b> and <b>4b</b>				4c	0.
5 Do:	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line Reconciliation of Expenses per Audited Financial	12.)	/i+b	Evnopos por F	5	8,984,634.
rai	LAII			/1411	Expenses per r	eturi	•
		Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.				7 025 002
1						1	7,925,902.
2		ints included on line 1 but not on Form 990, Part IX, line 25:	ا ا	ı	277 000		
a		ted services and use of facilities		<del>                                     </del>	277,000.		
b		year adjustments	_				
C		losses		1			
d		(Describe in Part XIII.)				00	277 000
		nes 2a through 2d				2e 3	277,000. 7,648,902.
3		act line <b>2e</b> from line <b>1</b>				3	7,040,502.
4 a		ment expenses not included on Form 990, Part VIII, line 7b	4a	I			
b		(Describe in Part XIII.)					
		nes 4a and 4b				4c	0.
5		expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. lin				5	7,648,902.
	rt XIII	Supplemental Information	ic 10.)				, ,
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4: Part IV. lines	1b a	and 2b: Part V. line 4	: Part >	(, line 2: Part XI,
		I 4b; and Part XII, lines 2d and 4b. Also complete this part to provid				,	
			,				

### **SCHEDULE 0** (Form 990)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

SAMU FOUNDATION

**Employer identification number** 81-4198808

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: THE ORGANIZATION CEASED CONDUCTING THE UKRAINE RESPONSE. FORM 990, PART VI, SECTION A, LINE 2: CARLOS GONZALEZ-ESCALADA, BORJA GONZALEZ-ESCALADA, JUAN GONZALEZ-ESCALADA AND ALEJANDRO ALVAREZ MACIAS HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE FULL BOARD PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: INDIVIDUALS ARE REQUIRED TO PROVIDE AN ANNUAL DISCLOSURE OF ANY CHANGES IN THEIR FINANCIAL INTERESTS, RELATIONSHIPS, OR AFFILIATIONS THAT MAY CREATE A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OR IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, DESIGNATED COMMITTEE DETERMINES THE APPROPRIATE COURSE OF ACTION TO MANAGE THE CONFLICT. THIS MAY INCLUDE: RECUSAL FROM DISCUSSIONS OR DECISIONS RELATED TO CONFLICT. IMPOSING RESTRICTIONS OR CONDITIONS ON THE INDIVIDUAL'S INVOLVEMENT WITH SAMU FIRST RESPONSE. TAKING OTHER MEASURES NECESSARY TO MITIGATE THE CONFLICT AND PROTECT THE ORGANIZATION'S BEST INTERESTS.

FORM 990, PART VI, SECTION C, LINE 19:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization SAMU FOUNDATION	Employer identification number 81-4198808
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY
AND FS AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CURRENCY LOSS	-19,429.
	·

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SAMU FOUND	DATION				8	31-41988	308	
Part I Identification of Disregarded Entities.	Complete if the organization answered "Y	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(d) (e) Total income End-of-year as		(f) Direct controlling entity		9
Identification of Related Tay-Evennt (	Organizations. Complete if the organization	on answered "Ves" on Form 990	) Part IV line 34 I	pecause it had one	or more r	related tay-eye		
organizations during the tax year.		on answered Tes Off Offin 390			or more r		<del></del>	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) t controlling entity	enti	rolled ity?
SAMU FUNDACION				301(0)(3))			Yes	No
AVENIDA AMERICO VESPUCCIO 7 ISLA DE LA SEVILLA, ANDALUCIA, SPAIN	CARTU FIRST RESPONSE AND EMERGENCY RESPONSE	SPAIN	N/A	N/A				х
		7	,,,,	.,,,,,				21
			<u> </u>	<u> </u>			-	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	al or ging er?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										Ш		
	_											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

1a

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		X		
c Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)								
f Dividends from related organization(s)				1f		_X		
g Sale of assets to related organization(s)				<b>1</b> g		_X		
h Purchase of assets from related organization(s)				1h		X		
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)				1j		_X_		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
I Performance of services or membership or fundraising solicitations for related orga				11		X		
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		<u>X</u>		
Sharing of paid employees with related organization(s)								
						X		
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses								
r Other transfer of cash or property to related organization(s)				1r		<u>X</u>		
s Other transfer of cash or property from related organization(s)				1s		X		
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered related	tionships and transaction thresholds.					
(a) Name of related organization	(b)	(c)	(d)					
Name of related organization	Transaction	Amount involved	Method of determining amount in	olved/				
	type (a-s)							
	_	450 506						
(1) SAMU FUNDACION	E	172,586.FM	4V					
(2)								
(3)								
(4)								
(5)								
(6)								
332163 09-28-23	2.2		Schedule	R (Forn	n 990)	2023		

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000