Department of the Treasury

Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



A For the 2023 calendar year, or tax year beginning and ending D Employer identification number В Check if applicable: C Name of organization SERBIAN AMERICAN MEDICAL ASSOCIATION Address change SAMA INC Name change 27-0986833 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 202-573-0629 8629 CHATEAU DRIVE 171,454. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended POTOMAC, MD 20854 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ZORAN MLADENOVIC Yes X No for subordinates? ..... SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( 527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.SERBIANAMA.ORG J Website: H(c) Group exemption number Trust X Association Other L Year of formation: 2009 M State of legal domicile: MD K Form of organization: Corporation Part I Summary Briefly describe the organization's mission or most significant activities: THE SERBIAN AMERICAN MEDICAL 1 Activities & Governance ASSOCIATION'S PRIMARY MISSION IS TO IMPROVE HEALTHCARE CONDITIONS 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 4 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 4 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 0 Total number of volunteers (estimate if necessary) 6 6 Ò. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 327,526. 171,454. Contributions and grants (Part VIII, line 1h) 8 Revenue Ò. 0 9 Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 171,454. 327,526. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 343,619. 138,883. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 1,372. 1,619. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 344,991. 140,502. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -17,465. 30,952 Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year o 73,273. 104,225 20 Total assets (Part X, line 16) 0. 0 21 Total liabilities (Part X, line 26) let 73,273. 104, 225 22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Sign	Signature of officer Date							
	ZORAN MLADENOVIC, TREASURER							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	JASON MILLS, CPA	JASON MILLS,	CPA 05/08	/24 self-employed	P01373294			
Preparer	Firm's name LANIGAN RYAN PC			Firm's EIN 52-	1259972			
Use Only	Firm's address 9841 WASHINGTONIA	N BLVD, SUITE	300					
	GAITHERSBURG, MD	20878		Phone no. 301-258-8900				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	SERBIAN AMERICAN MEDICAL ASSOCIATION
Form	<u>990 (2023)</u> SAMA INC 27-0986833 Page <b>2</b>
Par	t III 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:
	THE SERBIAN AMERICAN MEDICAL ASSOCIATION'S PRIMARY MISSION IS TO
	IMPROVE HEALTHCARE CONDITIONS AND MEDICAL EDUCATION IN SERBIA, ACROSS
	THE BALKANS AND IN THE USA. THE MAIN FOCUS IS ON IMPROVING QUALITY OF PRIMARY HEALTH CARE THROUGH DONATING MEDICAL EQUIPMENT AND IMPROVING
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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.
	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 \$42,265. including grants of \$42,265. ) (Revenue \$)
	HEALTH CENTERS - GACKO AND KOZARSKA: DONATED NEW BIOCHEMICAL ANALYZER
	BIOTECNICA INSTRUMENTS S.P.A. BT 1500 - THE ONE THAT THEY HAD WAS
	REALLY OLD AND USED VERY EXPENSIVE CHEMICALS.
4b	(Code:) (Expenses \$ 30,196. including grants of \$ 30,196. ) (Revenue \$)
	HEALTH CENTER TOPOLA - DONATED AUTOCLAV MOST T-80 (80L CAPACITY), NEW
	ULTRASOUND SYSTEM MINDRAY DC-30 WITH 2D LINEAR PROBE, 3 12CHANNEL ECGS
	AND 1 3 CH ECG AND 10 BPMS, ALL NEW.
4c	(Code:) (Expenses \$26,790. including grants of \$26,790. ) (Revenue \$)
70	HEALTH CENTER POZEGA - DONATED AUTOCLAV MOST T-80 (80L CAPACITY),
	PHYSICAL THERAPY EQUIPMENT, CARDIOCOTOGRAF AND LINEAR PROBE FOR
	ULTRASOUND SYSTEM, ALL NEW.
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$ 39,632. including grants of \$ 39,632.) (Revenue \$ )         Total program service expenses
4e	Total program service expenses 138,883. Form 990 (2023)
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Form	<u>990 (2023)</u> SAMA INC 27-0986	833	Р	age <b>3</b>
Par	t 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	Х	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	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			v
	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		v
	Schedule D, Parts XI and XII	12a		X
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	10-		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13	1	X
14a h	-	<u>14a</u>	1	
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		15	х	
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	- 23	
10		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
17		17		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions			<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			<u> </u>
13	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		<u> </u>
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
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1 4	rt IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control	ed		
	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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	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		X
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			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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		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	<u>35b</u>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	on?		
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	
Pa	Note: All Form 990 filers are required to complete Schedule O           Statements Regarding Other IRS Filings and Tax Compliance			_
	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	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			990	

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Form 990 (2023)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b		L
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				37	
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country <b>SERBIA</b>		. (== + =)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b 5c		<u> </u>
	<ul> <li>c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?</li> <li>Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit</li> </ul>					
oa		-		62		x
h	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		
5	were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices r	provided to the payor?	7a		x
				7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<u> </u>		
	to file Form 8282?	•		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		
g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ı.	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:		1			
a	Gross income from members or shareholders	11a				
a	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	ן ז	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	<u>د</u> 	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		-		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	6			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
332005	12-21-23			Form	1 <b>990</b>	(2023)

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Form	990 (2023) SAMA INC		7-098683		Pa	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough 7b below	v, and for a "N	o" res	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See instruction	is.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
				١	/es	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervis	ion			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			'a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or				
	persons other than the governing body?			'b	_	X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?				X	
b	Each committee with authority to act on behalf of the governing body?		<u></u> 8	b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>venue Code.)</u>				N
10-					/es	No X
	Did the organization have local chapters, branches, or affiliates?			Da		<u> </u>
b		• •		Ob		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing th	·····		x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	belere ming th				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		1:	2a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			2b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done	,	1:	2c		
13	Did the organization have a written whistleblower policy?		1	3		Х
14	Did the organization have a written document retention and destruction policy?			4		Х
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			5a		X
b	Other officers or key employees of the organization			5b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a				
	taxable entity during the year?			6a	_	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		on			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
800	exempt status with respect to such arrangements?		1	6b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>MD</u>	d 000 T (acatio	n E01(a)(2)a an		, ailab	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply.	u aan-i (sectio	1 30 1(C)(3)S OF	ny) av	aliaD	ii C
		on Schedule O	1			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			ancia	al	
	statements available to the public during the tax year.		ponoy, and III		a1	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records				
	THE ORGANIZATION - 202-573-0629					
	8629 CHATEAU DRIVE, POTOMAC, MD 20854					
332006	12-21-23		F	orm S	<b>990</b> (	2023)
	6					

2023.03040 SERBIAN AMERICAN MEDICAL 08010\_1

SERBIAN	AMERICAN	MEDICAL	ASSOCIATION

SAMA INC

Form 990 (	2023) <b>SAMA</b>	. INC	27-0
Part VII	Compensation of Office	icers, Directors, Trustees, Key Employees, Highest Compe	nsated
	Employees, and Indep	pendent 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.

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

Name and title     Average hours per weak biology and and a sector vision organization winder and a sector vision biology and a sector vision and related organization and related organizati	(A)	(B)	(C)					(D)	(E)	(F)	
hours per veek (list any veek (lis	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
Week Istary nous for galaxiations below line)         Interface (stary built organizations (w2/1099-MISC)         Interface (w2/1099-MISC)         Compensation from the organizations (w2/1099-MISC)           (1) IVAN ASSENTIJEVICH         5.00         x         x         x         0.         0.         0.           (1) IVAN ASSENTIJEVICH         5.00         x         x         x         0.         0.         0.           (1) IVAN ASSENTIJEVICH         5.00         x         x         x         0.         0.         0.           PRABUDENT         5.00         x         x         x         0.         0.         0.           (1) IVAN ASSENTIJEVICH         5.00         x         x         x         0.         0.         0.           (14) BRANK FALLENGA         5.00         x         x         0.         0.         0.           (14) BRANK FALLENGA         5.00         x         0.         0.         0.         0.           (14) BRANK FALLENGA         5.00         x         0.         0.         0.         0.           (14) BRANK FALLENGA         1.0         1.0         1.0         1.0         1.0         1.0         1.0           (14) BRANK FALLENGA         0.0			box	box, unless per		person is both an		ı an	compensation		
(1) IVAN AKSENTIJEVICH       5.00       X       X       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (3) KILENA AKSENTIJEVICH       5.00       X       X       0.       0.       0.         (4) BRANKO PALIKUCA       5.00       X       0.       0.       0.       0.         (4) BRANKO PALIKUCA       5.00       X       0.       0.       0.       0.         MEMER AT LARGE       X       0.       0.       0.       0.       0.         Image: A transfer of the transf						anector/(lustee)		tee)			
(1) IVAN AKSENTIJEVICH       5.00       X       X       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (3) KILENA AKSENTIJEVICH       5.00       X       X       0.       0.       0.         (4) BRANKO PALIKUCA       5.00       X       0.       0.       0.       0.         (4) BRANKO PALIKUCA       5.00       X       0.       0.       0.       0.         MEMER AT LARGE       X       0.       0.       0.       0.       0.         Image: A transfer of the transf			rector								
(1) IVAN AKSENTIJEVICH       5.00       X       X       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (3) KILENA AKSENTIJEVICH       5.00       X       X       0.       0.       0.         (4) BRANKO PALIKUCA       5.00       X       0.       0.       0.       0.         (4) BRANKO PALIKUCA       5.00       X       0.       0.       0.       0.         MEMER AT LARGE       X       0.       0.       0.       0.       0.         Image: A transfer of the transf			or di	ee			ated				
(1) IVAN AKSENTIJEVICH       5.00       X       X       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (3) KILENA AKSENTIJEVICH       5.00       X       X       0.       0.       0.         (4) BRANKO PALIKUCA       5.00       X       0.       0.       0.       0.         (4) BRANKO PALIKUCA       5.00       X       0.       0.       0.       0.         MEMER AT LARGE       X       0.       0.       0.       0.       0.         Image: A transfer of the transf			ustee	trust		66	npens			1099-NEC)	
(1) IVAN AKSENTIJEVICH       5.00       X       X       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (3) KILENA AKSENTIJEVICH       5.00       X       X       0.       0.       0.         (4) BRANKO PALIKUCA       5.00       X       0.       0.       0.       0.         (4) BRANKO PALIKUCA       5.00       X       0.       0.       0.       0.         MEMER AT LARGE       X       0.       0.       0.       0.       0.         Image: A transfer of the transf			lual tr	tional	Ι.	nploy	st con yee	-	1033-1120)		
(1) IVAN AKSENTIJEVICH       5.00       X       X       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (3) KILENA AKSENTIJEVICH       5.00       X       X       0.       0.       0.         (4) BRANKO PALIKUCA       5.00       X       0.       0.       0.       0.         (4) BRANKO PALIKUCA       5.00       X       0.       0.       0.       0.         MEMER AT LARGE       X       0.       0.       0.       0.       0.         Image: A transfer of the transf			ndivic	nstitu	Officer	(ey en	Highes	orme			organizationo
PRESIDENT         X         X         X         X         0.         0.         0.           (2) ZORAM MADENOVIC         5.00         X         X         0.         0.         0.           (3) MLERA AKSENTJEVICH         5.00         X         X         0.         0.         0.           (4) BRANC PALIKUCA         5.00         X         X         0.         0.         0.           MEMBER AT LARGE         X         0.         0.         0.         0.         0.           MEMBER AT LARGE         X         0.         0.         0.         0.         0.           MEMBER AT LARGE         X         0.         0.         0.         0.         0.           MEMBER AT LARGE         X         0.         0.         0.         0.         0.	(1) IVAN AKSENTIJEVICH	5.00				-	1 0	4			
(2) ZORAN MLADENOVIC       5.00       x       x       0.       0.       0.         TREASURER       5.00       x       0.       0.       0.       0.         MEMBER AT LARGE       x       0.       0.       0.       0.       0.         MEMBER AT LARGE       x       0.       0.       0.       0.       0.         MEMBER AT LARGE       x       0.       0.       0.       0.       0.         MEMBER AT LARGE       x       0.       0.       0.       0.       0.         MEMBER AT LARGE       x       0.       0.       0.       0.       0.         MEMBER AT LARGE       x       0.       0.       0.       0.       0.         MEMBER AT LARGE       x       0.       0.       0.       0.       0.         MEMBER AT LARGE       x       0.       0.       0.       0.       0.         MEMBER AT LARGE       x       0.       0.       0.       0.       0.         MEMBER AT LARGE       x       0.       0.       0.       0.       0.       0.         MEMORY AND	PRESIDENT		x		x				0.	0.	0.
TREASURER     X     X     0.     0.     0.       (3) MLENA AKSENTJEVICH     5.00     X     0.     0.     0.       MEMBER AT LARGE     X     0.     0.     0.     0.       MEMBER AT LARGE     1     1     1     1     1       MEMER AT LARGE     1     1     1     1	(2) ZORAN MLADENOVIC	5.00									
(3) MILENA AKSENTIJEVICH     5.00       MEMBER AT LARGE     5.00       MEMBER AT LARGE     X       0.     0.       0. </td <td>TREASURER</td> <td></td> <td>x</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	TREASURER		x		x				0.	0.	0.
MEMBER AT LARGE     X     0.     0.     0.     0.       MEMBER AT LARGE     X     0.     0.     0.     0.       Image: Image	(3) MILENA AKSENTIJEVICH	5.00									
(4) BRANKO PALIKUCA       5.00       X       0.       0.       0.         MEMBER AT LARGE       X       0.       0.       0.       0.         Image: Strain St	MEMBER AT LARGE		x						0.	0.	0.
	(4) BRANKO PALIKUCA	5.00									
	MEMBER AT LARGE		x						0.	0.	0.
			1								
			1								
			1								
					-						
						-	-				
			-								
332007 12-21-23 Form <b>990</b> (2023)									1		Form <b>990</b> (2023)

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332007 12-21-23

Form 990 (2023)

	SERBIAN A	MERICAN	IM	IED	DIC	AL	A	SS	SOCIATION					•
	990 (2023) SAMA INC		-				-			27-09	9868	333	Pa	age <b>8</b>
rai	t VII Section A. Officers, Directors, Trust (A) Name and title	<b>tees, Key Emp</b> (B) Average hours per	(B) (C) erage Position (do not check more than one				) than c	one	<b>(D)</b> Reportable	( <i>continued</i> ) ( <b>E)</b> Reportable compensation			(F) timate	
		veek (list any hours for related organizations below line)			Officer Officer	irecto			compensation from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)		amount of other compensation from the organization and related organizations		tion e ion ed
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.0.0.		0. 0. 0.			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	9		Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual									[	3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? <i>If</i> "Yes, ccrue comper	" <i>co</i> Isati	<i>mple</i> on fr	ete S rom :	Sche any	edule unre	e J i elat	for such individual	dual for services		4		X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fe	or su	ich r	oers	on .					5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t	-	-								pensat	ion fro	m	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C omper		<u>1</u>
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	nitec	d to f	thos (		ted	above) who received mo	ore than				
												Form 9	990 (ž	2023)

SAMA INC

Form 990 (2023)

Ра	ττ ν	111						
			Check if Schedule O contains a response	e or note to any lin	e in this Part VIII (A)	(B)	(C)	[] (D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts nts	1		Federated campaigns 1a					
Gra Iou			Membership dues 1b	100 000				
ts, ( Am			Fundraising events 1c	129,860.				
Gifi İlar			Related organizations 1d					
ns, Simi			Government grants (contributions) 1e					
er S		f	All other contributions, gifts, grants, and	41 504				
Jth			similar amounts not included above 1f	41,594.				
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in lines 1a-1f					
<u>a</u> C		h	Total. Add lines 1a-1f		171,454.			
	-			Business Code				
ice	2							
erv		b						
n S /en		с						
graı Rev		d						
Program Service Revenue		e 4						
			All other program service revenue	-				
	3	g	Total. Add lines 2a-2f Investment income (including dividends, inter					
	3		other similar amounts)	•				
	4		Income from investment of tax-exempt bond					
	- 5							
	5		Royalties	(ii) Personal				
	6	2						
			Gross rents					
			Rental income or (loss) 6c					
			Gross amount from sales of (i) Securities	(ii) Other				
	•	u	assets other than inventory <b>7a</b>	(				
		h	Less: cost or other basis					
Ð			and sales expenses					
Revenue		c	Gain or (loss)					
Sev			Net gain or (loss)					
er			Gross income from fundraising events (not					
oth	-		including \$ 129,860. of					
•			contributions reported on line 1c). See					
			Part IV, line 18	a 0.				
		b	Less: direct expenses 8	ь 0.	1			
		с	Net income or (loss) from fundraising events		0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	а				
		b	Less: direct expenses 9	b				
		с	Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10	)a				
		b	Less: cost of goods sold 10	)b				
		с	Net income or (loss) from sales of inventory					
s				Business Code				
e e	11	а						ļ
lane enu		b						ļ
cell seve		с						
Miscellaneous Revenue			All other revenue					
		е	Total. Add lines 11a-11d		1 1 1 1 1 1 1 1			
	12		Total revenue. See instructions		171,454.	0.	0.	0.
33200	9 12-	21-	23					Form <b>990</b> (2023)

332009 12-21-23

9

<b>F</b> a	63.V/3 T.16	RICAN MEDICAL	ASSOCIATION		986833 Page 10						
Par	990 (2023) SAMA INC t IX   Statement of Functional Expense	S		27-0	986833 Page 10						
	on 501(c)(3) and 501(c)(4) organizations must comp		r organizations must cor	nplete column (A).							
	Check if Schedule O contains a response or note to any line in this Part IX										
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations		·								
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	138,883.	138,883.								
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (nonemployees):										
а	Management										
b	Legal										
С	Accounting										
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A), amount, list line 11g expenses on Sch 0.)										
12	Advertising and promotion										
13	Office expenses										
14	Information technology										
15	Royalties										
16 17											
17 10	Travel Payments of travel or entertainment expenses										
18	for any federal, state, or local public officials										
10											
19 20	Conferences, conventions, and meetings										
20 21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses. Itemize expenses not covered										
	above. (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)										
а	BANK FEES	1,619.		1,619.							
b											
-											

140,502.

16290508 756591 08010

Check here

332010 12-21-23

All other expenses

Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

d

е

25

26

10 08010\_\_1 2023.03040 SERBIAN AMERICAN MEDICAL

1,619.

0.

Form 990 (2023)

138,883.

SERBIAN	AMERICAN	MEDICAL	ASSOCIATION
SAMA INC	-		

Form	n 990 (i				27-	0986833 Page	11
	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in this Part X				
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing		73,273.	1	104,225	5.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial contributor, or 35%				
		controlled entity or family member of any of thes	se persons		5		
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6		
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
Ä	9	<b>–</b>			9		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation		10c			
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1	1		12		
	13	Investments - program-related. See Part IV, line	11		13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	73,273.	16	104,225	5.
	17	Accounts payable and accrued expenses	·····		17		
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities	······ -		20		
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21		_
es	22	Loans and other payables to any current or form	ner officer, director,				
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%				
iab		controlled entity or family member of any of thes			22		
	23	Secured mortgages and notes payable to unrela			23		
	24	Unsecured notes and loans payable to unrelated			24		
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X				
				0.	25		<u> </u>
	26		ck here X	0.	26		).
ŝ		Organizations that follow FASB ASC 958, che					
nce	07	and complete lines 27, 28, 32, and 33.		73,273.	07	104,225	5
ala	27 28	Net assets without donor restrictions		13,213.	27 28	104,223	<u>.</u>
ЧB	20		59 ahaak hara		20		
n		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.					
ъ Т	20	Capital stock or trust principal, or current funds			29		
ets	29 30	Paid-in or capital surplus, or land, building, or ec			30		
SSE	30 31				30		
Net Assets or Fund Balances		Retained earnings, endowment, accumulated in Total net assets or fund balances		73,273.	31	104,225	5.
ž	32 33	Total liabilities and net assets/fund balances		73,273.	32	104,225	
	55	TOTAL HADINGES AND HEL ASSELS/TUNU DAIANCES		, 5, 2, 5.	აა		· •

Form **990** (2023)

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Form	1 990 (2023) SAMA INC	27-0	986833	Page 1	2			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			🗌	]			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,454				
2	Total expenses (must equal Part IX, column (A), line 25)	2		,502				
3	Revenue less expenses. Subtract line 2 from line 1	3		,952 ,273				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
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		0 .	•			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	104	,225	•			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	·····		]			
				Yes No	<u>)</u>			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	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	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				_			

Form **990** (2023)

332012 12-21-23

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			Co	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.						
Name of the organization SERE				IAN AMERICA	AN MEDICAL AS	SSOCIA	ATION			identification number
				INC						7-0986833
Pa	rt I	Reason	or Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organi	zation is not a	private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1		A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2		A school desc	ribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3		•	•		anization described in se					
4			-	ation operated in cor	njunction with a hospital	described	in sectio	on 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								
5					lege or university owned	or operat	ed by a go	overnmental u	nit describe	ain
~				Complete Part II.)		<b>.</b>	70(1-)(4)(4)	(.)		
6 7	X			-	nental unit described in s				a gaparal r	while described in
'	<u>_</u>	-		-	ntial part of its support fr	om a gove	ernmentai		ie general p	Sublic described in
8		-		omplete Part II.)	(1)(A)(vi). (Complete Part	· II )				
9	H	-			in section 170(b)(1)(A)(i	-	ad in coniu	inction with a	land-grant	college
5		-	-	-	ulture (see instructions).		-		-	-
		university:		grant conege of agric			lame, enj	, and clate of	and conlege	
10			on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		-		•	t to certain exceptions; a				-	•
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.
		See section &	509(a)(2). (Co	mplete Part III.)						
11		An organizatio	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12		An organizatio	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box on
		lines 12a thro	ugh 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.	
а		<b>Type I.</b> A su	pporting orga	anization operated, s	upervised, or controlled I	by its supp	ported org	anization(s), t	ypically by	giving
			-		gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	ipporting
_		٦ <sup>-</sup>		complete Part IV, Se						
b				-	or controlled in connect			•		-
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted
_		7		t complete Part IV,			ion with a	and functions	lly into grata	d with
С					g organization operated i ). You must complete F				ily integrate	a with,
d			0	()()	orting organization operation	,	,		ted organiz	ration(s)
					ation generally must sati					
			•		nplete Part IV, Sections	-		-		
е		7			written determination from				II. Type III	
			-		nally integrated supportir			51 / 51	<i>,</i> <b>,</b>	
f	Ente	r the number o	of supported of	organizations						
g				n about the supporte				1		
	(i	<ul> <li>Name of suppo organization</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	anization listed ng document?	(v) Amount o		(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ii	istructions	support (see instructions)
						L				<u> </u>
Tota	al									

# SERBIAN AMERICAN MEDICAL ASSOCIATION SAMA INC

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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 organizatio

fails to qualify under the tests listed below, please complete Part III.)

Schedule A (Form 990) 2023

Part II

Sec	Section A. Public Support												
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total						
1	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")	70,385.	42,801.	272,015.	327,527.	171,454.	884,182.						
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	70,385.	42,801.	272,015.	327,527.	171,454.	884,182.						
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)						331,694.						
	Public support. Subtract line 5 from line 4.						552,488.						
Sec	Section B. Total Support												
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total						
	Amounts from line 4	70,385.	42,801.	272,015.	327,527.	171,454.	884,182.						
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.)						004 100						
	Total support. Add lines 7 through 10						884,182.						
12	Gross receipts from related activities,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
13	First 5 years. If the Form 990 is for th												
Sol	organization, check this box and stop ction C. Computation of Publi												
	Public support percentage for 2023 (I		-	olumn (f))		14	62.49 %						
						15	46.91 %						
15 16a	<b>33 1/3% support test - 2023.</b> If the o												
104	stop here. The organization qualifies												
h	33 1/3% support test - 2022. If the o		-			or more check thi							
~	and <b>stop here.</b> The organization qual												
17a	10% -facts-and-circumstances test		• •										
	and if the organization meets the fact												
	meets the facts-and-circumstances te			-	-								
b	10% -facts-and-circumstances test	-		• • • •									
~	more, and if the organization meets th	-					.,= =-						
	organization meets the facts-and-circl				-								
18													
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions												

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		A INC	27-0986833 Pa				
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 qι	ualify under Part II. If the organization fails to				

qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
<ul> <li>Iness under section 513</li> <li>Tax revenues levied for the organ-</li> </ul>						
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	nization,
				-		
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2023 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Section D. Computation of Invest						
17 Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the					33 1/3%, and	line 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If the						3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
332023 12-21-23						dule A (Form 990) 2023
		15	<b>)</b>			-

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

# Schedule A (Form 990) 2023 SAM2 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

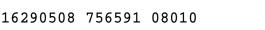
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

SAMA INC

- 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.)

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Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 SAMA INC	27-09868	333	Page 5
Pa	rt IV Supporting Organizations (continued)			
		_	Ye	s 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?	11	а	_
b	A family member of a person described on line 11a above?	11	b	
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.	11	с	
Sec	tion B. Type I Supporting Organizations			
			Ye	s No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off	icers,		
	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 support	ortod		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	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			
			Ye	s 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			
			Ye	s 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 inst	ructions).		
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 enti	ty (see instruc	tion <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Ye	s 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.	28	1	
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.	21	<b>&gt;</b>	

**3** Parent of Supported Organizations. **Answer lines 3a and 3b below.** 

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

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3b | Schedule A (Form 990) 2023

3a

	SERBIAN AMERICAN MEDICA	L ASS	SOCIATION	
Sche	edule A (Form 990) 2023 SAMA INC			27-0986833 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2023

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_	dule A (Form 990) 2023 SAMA INC				7-0986833 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		-	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets	<b>—</b>		4	
5	Qualified set-aside amounts (prior IRS approval required - pre	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). 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	(1)	()	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				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	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)				
j	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				
b	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				

Schedule A (Form 990) 2023

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	/		N MEDICAL ASSOCIATION	27 0006022
Schedule A Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, I	2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, ines 2 and 3; Part IV, Section E,	ons required by Part II, line 10; Part II, line 1 9c, 11a, 11b, and 11c; Part IV, Section B, I lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; 5, and 6. Also complete this part for any ac	ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
332028 12-21-2	3		20	Schedule A (Form 990) 2023

20 2023.03040 SERBIAN AMERICAN MEDICAL 08010\_\_1

(Form 990) Complete if the organization assessed "Veil" on Form 990, Part IV, line 14b, 15, or 16.     20023     2002     2002     Complete if the organization     Step 11 Organization     Part IV     Step 11 Organization     (I) Ordan     (I) Organization     (I) Organization     (I) Organization     (I) Organization     (I) Organization     (I) Organization     (I) Ordan     (I) Organization     (I) Organization     (I) Ordan     (I) Ordan     (I) Organization     (I) Organization     (I) Ordan     (	sc	HEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	ites	OM	IB No. 1545-0047		
Determination         Go to www.is.gov/Form300         For instructions and the latest information         Implementation           Standard Internation         Employer identification number         27-0986833           Standard Internation         ATT C         27-098683           For grantmakers. Does the organization aminian records to substantiate the amount of its grants and other assistance. for grantmakers. Does the organization aminian records to substantiate the amount of its grants and other assistance outside the United States.         Comparison of the substantiate the amount of its grants and other assistance outside the United States.           3. Activities per Region         (b) Region         (b) Number of (c) Nume of (c) Nume of (c) Number of (c) Number of (c) Number of (c) Nume	(Foi	rm 990)									
Name of the organization         Employer identification number 27-0986833           SEREDIAN AMERICAN MEDICAL ASSOCIATION SAMA INC         Employer identification number 27-0986833           Part J         General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 980, Part IV, line 14b.           1         For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. United States.         Ive cmit or assistance outside the United States.         Ive region         (f) Total expenditures of the region         (f) Total expenditures or and mestication in the region         (g) Activities conducted in the region of the region         (g) reactive issue outside the united States.           3. Activities per Region. (The following Part Line 3 table can be duplicated if additional space is needed). In the region         (g) Activities conducted in the region of the region in the region of the region         (g) reactive issue outside the united States.           3. Activities per Region. (The following Part Line 3 table can be duplicated if additional space is needed). In the region         (g) reactive issue outside the united States.           3. Activities per Region. (The following Part Line 3 table can be duplicated if additional space is needed).         (g) if active issue outside in (d) is a program service, in the region           3. Subotal         0         <			Go to w	unu ina aau/Farra		oformation					
SERBIAN AMERICAN MEDICAL ASSOCTATION         27-0986833           Part1         General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IN, line 14b.         For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. If the organization answered 'Yes' on the grantes' aligibility for the grants or assistance, and the selection citrai used to award the grants or assistance outside the United States.         Yes         X No           2         For grantmakers. Does the organization's procedures for monking the use of its grants and other assistance outside the United States.         Yes         X No           3         Activities per Region. The following Part Line 3 table can be duplicated if additional space is needed.         (g) Region         (g) Region<				ww.irs.gov/Form		normation.	Employer	•			
Part I         General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 980, Part IV, line 14b.           For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance outside the United States.         Ver grantmakers. Does the organization's procedures for monitoring the use of its grants and other assistance outside the United States.           3. Activities per Region         (P) Hourber of (B) Number of (B) Nu		•	CAN MEDICAL	L ASSOCIZ	ATION						
Form 990, Part IV, line 140.         1       For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. It the grantes' eligibility for the grants or assistance, and the selection oriteria used to award the grants or assistance outside the United States.         2       For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.         3       Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)         (a) Region       (b) Number of its process, investments, grants to origination (the region) in the region or its region in the region or its region in the region or its region in the region.       (b) Total is a program service. (does not be duplicated if additional space is needed.)         (c) Region       (b) Number of its process, investments, grants to or service(g) in the region or its region in the region or its region or											
1         For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantes or assistance, and the selection ortificia used to award the grants or assistance.         Image: The grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.           2. For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance.         Image: The Grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance.         Image: The Grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance.         Image: The Grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance.         Image: The Grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance.         Image: The Grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance.         Image: The Grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance.         Image: The Grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance.         Image: The Grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance.         Image: The Grantmakers. Describe in Part V the Organization's procedures for monitoring the use of its grant assistance.         Image: The Grantmakers. Describe in Part V the Organis procedures for monitoring the use of its grant as	Pa			ctivities Out	side the United States. Comple	ete if the organ	ization answ	/ered "Y	es" on		
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes X No  For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.  Activities per Region. The following Part I. line 3 table can be duplicated if additional space is needed. (a) Region (b) Number of (c) Number of (c) Number of (c) Number of (c) (c) Activities conducted in the region) (b) Region (c) Number of (c) Number of (c) (c) Number of (c) (c) Activities conducted in the region) (c) Activities per Region. The region (c) Activities per Region (c) Number of (c) (c) Activities conducted in the region) (c) Total dependent (c) Activities per Region (c) Number of (c) (c) Activities conducted in the region) (c) Activities per Region (c) Number of (c) (c) Activities conducted in the region) (c) Activities per Region (c) Number of (c)	_										
United States:           3         Activities per Region. The following Part I. line 3 table can be duplicated if additional space is needed.)         (e) If additional space is needed.)         (f) Total is program service, given the region of the region is the region of the region	1	-	•		•		-		Yes X No		
(a) Region       (b) Number of ordices in the region       (c) Number of employees, agains, and agains, and agains, and contractoris in the region       (d) Activities conducted in the region oran services, investments, grants to recipients located in the region       (e) I activity listed in (d) is a program service, describe specific type of service(s) in the region       (f) Total exponditions for and investments in the region         Image: Imag	2		escribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistan	ce outsi	de the		
and the region       employees, agains, and agains, agains, agains, and agains, ag	3								r		
3 a Subtotal         0         0         0.         0.           b Total from continuation sheets to Part I         0         0         0.         0.		<b>(a)</b> Region	offices	employees, agents, and independent contractors	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a pro describe	gram service e specific typ	e, be	expenditures for and investments		
b     Total from continuation sheets to Part I     0     0     0.       c     Totals (add lines 3a     0     0     0.											
b     Total from continuation sheets to Part I     0     0     0.       c     Totals (add lines 3a     0     0     0.											
b     Total from continuation sheets to Part I     0     0     0.       c     Totals (add lines 3a     0     0     0.											
b     Total from continuation sheets to Part I     0     0     0.       c     Totals (add lines 3a     0     0     0.											
b     Total from continuation sheets to Part I     0     0     0.       c     Totals (add lines 3a     0     0     0.											
b     Total from continuation sheets to Part I     0     0     0.       c     Totals (add lines 3a     0     0     0.											
b     Total from continuation sheets to Part I     0     0     0.       c     Totals (add lines 3a     0     0     0.											
b     Total from continuation sheets to Part I     0     0     0.       c     Totals (add lines 3a     0     0     0.											
sheets to Part I     0     0     0.       c Totals (add lines 3a     0     0     0	3 a	Subtotal	0	0					0.		
c Totals (add lines 3a	b			0					0		
	с	Totals (add lines 3a									

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

(a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	noncash	of noncash	valuation (book, FMV,
()	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
							DONATED AUTOCLAV	
		EUROPE (INCLUDING					MOST T-80 (80L	
		ICELAND &	IMPROVE MEDICAL AND				CAPACITY),	
		GREENLAND)	HEALTHCARE SERVICES	0.		26,790.	PHYSICAL THERAPY	COST BASIS
							DONATED NEW	
		EUROPE (INCLUDING					ANATOMIC MODELS	
		ICELAND &	IMPROVE MEDICAL AND				AND LAB EQUIPMENT	
		GREENLAND)	HEALTHCARE SERVICES	0.		4,366.	TO MEDICAL	COST BASIS
							DONATED 20 NEW	
		EUROPE (INCLUDING					HOSPITAL BEDS	
		ICELAND &	IMPROVE MEDICAL AND				WITH NEW	
		GREENLAND)	HEALTHCARE SERVICES	0.		18,314.	MATTRESSES AND	COST BASIS
							DONATED AUTOCLAV	
		EUROPE (INCLUDING					MOST T-80 (80L	
		ICELAND &	IMPROVE MEDICAL AND				CAPACITY), NEW	
		GREENLAND)	HEALTHCARE SERVICES	0.		30,196.	ULTRASOUND SYSTEM	COST BASIS
							DONATED NEW UPS	
		EUROPE (INCLUDING					(APC BR1500G-GR)	
		ICELAND &	IMPROVE MEDICAL AND				TO POWER	
		GREENLAND)	HEALTHCARE SERVICES	0.		594.	BIOCHEMICAL	COST BASIS
							DONATED 10 NEW	
		EUROPE (INCLUDING					DSMAREF DVT-4000S	
		ICELAND &	IMPROVE MEDICAL AND				DVT PREVENTION	
		GREENLAND)	HEALTHCARE SERVICES	0.		16,359.	DEVICE - TO BE	COST BASIS
							DONATED NEW	
		EUROPE (INCLUDING					BIOCHEMICAL	
		ICELAND &	IMPROVE MEDICAL AND				ANALYZER	
		GREENLAND)	HEALTHCARE SERVICES	0.		21,132.	BIOTECNICA	COST BASIS
							DONATED NEW	
		EUROPE (INCLUDING					BIOCHEMICAL	
		ICELAND &	IMPROVE MEDICAL AND				ANALYZER	
		GREENLAND)	HEALTHCARE SERVICES	٥.		21,132.	BIOTECNICA	COST BASIS

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ....

**3** Enter total number of other organizations or entities

SEE PART V FOR COLUMN (H) DESCRIPTIONS

Schedule F (Form 990) 2023

(b) IRS code section

1

27-0986833

(f) Manner of

(g) Amount of

(h) Description

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(d) Purpose of

(e) Amount

(i) Method of

Page 2

0

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Schedule F (Form 990) 2023

SAMA INC

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

#### Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023

Page 3

Sched	ule F (Form 990) 2023 SAMA INC	27-0986833	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 SAMA INC
Part V Supplemental Information

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

PART II, COLUMN (H):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(H) DESCRIPTION OF NON-CASH ASSISTANCE: DONATED AUTOCLAV MOST T-80 (80L

CAPACITY), PHYSICAL THERAPY EQUIPMENT, CARDIOCOTOGRAF AND LINEAR PROBE

FOR ULTRASOUND SYSTEM, ALL NEW.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(H) DESCRIPTION OF NON-CASH ASSISTANCE: DONATED NEW ANATOMIC MODELS AND

LAB EQUIPMENT TO MEDICAL SCHOOL. THE SCHOOL IS IN RELATIVELY REMOTE AREA

IN KOSOVO, AND THE STUDENTS HAVE BASICALLY NO OPPORTUNITY TO DO PRACTICAL WORK IN HOSPITAL.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(H) DESCRIPTION OF NON-CASH ASSISTANCE: DONATED 20 NEW HOSPITAL BEDS

WITH NEW MATTRESSES AND NIGHT STANDS. THEY HAVE SMALL HOSPITAL TYPE WING,

WHERE LOCAL MOSTLY RURAL POPULATION IS BEING HOSPITALIZED AND RECEIVING

THERAPY WHEN NEEDED. THE BUILDING WAS RENOVATED BUT IT WAS COMPLETELY

EMPTY WITHOUT ANY FURNITURE.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(H) DESCRIPTION OF NON-CASH ASSISTANCE: DONATED AUTOCLAV MOST T-80 (80L

CAPACITY), NEW ULTRASOUND SYSTEM MINDRAY DC-30 WITH 2D LINEAR PROBE, 3

12CHANNEL ECGS AND 1 3 CH ECG AND 10 BPMS, ALL NEW

#### REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(H) DESCRIPTION OF NON-CASH ASSISTANCE: DONATED NEW UPS (APC BR1500G-GR)

TO POWER BIOCHEMICAL ANALYZER. TESTS OFTEN NEEDED TO BE REPEATED DUE TO
332075 11-29-23
Schedule F (Form 990) 2023
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2023.03040 SERBIAN AMERICAN MEDICAL 08010\_1

SERBIAN AMERICAN MEDICAL ASSO	OCIATION
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## Schedule F (Form 990) 2023

#### SAMA INC Part V | Supplemental Information

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

#### UNSTABLE SUPPLY OF POWER.

#### REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(H) DESCRIPTION OF NON-CASH ASSISTANCE: DONATED 10 NEW DSMAREF DVT-4000S

DVT PREVENTION DEVICE - TO BE USED ON PATIENTS TO PREVENT TROMBOSIS IN

POST SURGERY.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(H) DESCRIPTION OF NON-CASH ASSISTANCE: DONATED NEW BIOCHEMICAL ANALYZER

BIOTECNICA INSTRUMENTS S.P.A. BT 1500 - THE ONE THAT THEY HAD WAS REALLY

OLD AND USED VERY EXPENSIVE CHEMICALS.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(H) DESCRIPTION OF NON-CASH ASSISTANCE: DONATED NEW BIOCHEMICAL ANALYZER

BIOTECNICA INSTRUMENTS S.P.A. BT 1500 - THE ONE THAT THEY HAD WAS OLD AND

FREQUENTLY OUT OF ORDER.

332075 11-29-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivities	c	DMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r <b>19, or if t</b>	he	2023	
Department of the Treasury		Attach to Form 990 o						Open to Public	
Internal Revenue Service		o www.irs.gov/Form990 for instruc						Inspection	
Name of the organizatior	SERBIAN	AMERICAN MEDICAL A	ASSC	DCI	ATION	-	loyeride -0986	ntification number 833	
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li				
required to	complete this part	t.							
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> </ul>	ions email solicitations tations licitations on have a written o		ion of ion of fundra (includ	non-g gover iising ling of	overnment grants nment grants events ficers, directors, trus	tees, or	Yes	5 🔲 No	
<b>b</b> If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursua			<b>U</b>	ne fundraise	er is to be	e	
compensated at le	ast \$5,000 by the	organization.						1	
(i) Name and addres or entity (func		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)		<b>(vi)</b> Amount paid to (or retained by) organization	
		-		No	-				
Total		I							
		n is registered or licensed to solicit c		utions	or has been notified	it is exemp	t from re	gistration	

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Sch	nedu	ule G (Form 990) 2023 SAMA IN	C		27-	0986833 Page 2
Pa	art					
		of fundraising event contributions and gro			-	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CHICAGO	SAMA TENNIS		(add col. (a) through
			FUNDRAISER	OPEN TOURNAM	3	col. (c))
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	108,610.	10,575.	10,675.	129,860.
œ						
	2	Less: Contributions	108,610.	10,575.	10,675.	129,860.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ş		Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire						
		B Entertainment				
	9	<ul> <li>Other direct expenses</li> <li>Direct expense summary. Add lines 4 through</li> </ul>				
		Net income summary. Subtract line 10 from li	<b>0 1</b> (1)			
Pa	art					
		\$15,000 on Form 990-EZ, line 6a.				
0			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Jev Lev						
	1	Gross revenue				
S	2	2 Cash prizes				
Direct Expenses	3	Noncash prizes				
ict Ex						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes %	Yes %	
			·			
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
~	г.	nter the state(s) in which the organization condu	ista gaming astivitiasi			
9		the organization licensed to conduct gaming ad	· · · _	statos?		Yes No
		"No," explain:		Sidles?		
~						
	_					
		ere any of the organization's gaming licenses re			/ear?	Yes No
k	) If	"Yes," explain:				
	_					
3320	82 0	)9-13-23			Sche	dule G (Form 990) 2023

Sch	nedule G (Form 990) 2023	SAMA II	IC	27-0986833 Page 3
11	Does the organization conduct ga	aming activities	with nonmembers?	
			ee of a trust, or a member of a partnership or other entity formed	
			· · · · ·	Yes No
13	Indicate the percentage of gaming			
				<b>13</b> a %
			prepares the organization's gaming/special events books and record	
•••				
	Name			
	Address			
15a	a Does the organization have a con	itract with a thi	d party from whom the organization receives gaming revenue?	Yes No
I	<b>b</b> If "Yes," enter the amount of gam	ning revenue rea	eived by the organization \$ and the arr	iount
	of gaming revenue retained by the	e third party	\$	
	c If "Yes," enter name and address	of the third par	ty:	
	Name			
	Adduces			
	Address			
16	Gaming manager information:			
	Name			
	<b>•</b> • • •	•		
	Gaming manager compensation	\$		
	Description of services provided			
	Director/officer	Employe	e Independent contractor	
17				
á		r state law to m	ake charitable distributions from the gaming proceeds to	
	retain the state gaming license?			Yes No
I			state law to be distributed to other exempt organizations or spent i	n the
Dr	organization's own exempt activit art IV Supplemental Infor			
Гс			ride the explanations required by Part I, line 2b, columns (iii) and (v); to provide any additional information. See instructions.	, and Part III, lines 9, 9b, 10b,
	130, 130, 10, and 170, as	s applicable. Al	o provide any additional information. See instructions.	
3320	183 09-13-23			Schedule G (Form 990) 2023

Schedule G (Form 990) Part IV Supplemental Inform	SERBIAN AMERICAN SAMA INC mation (continued)	MEDICAL	ASSOCIATION	27-0986833 F	Page 4
	(00/11/1004)				
				Schedule G (For	m 990)
332084 04-01-23				-	,

16290508 756591 08010

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



27-0986833

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND MEDICAL EDUCATION IN SERBIA, ACROSS THE BALKANS AND IN THE USA. THE

SERBIAN AMERICAN MEDICAL ASSOCIATION

MAIN FOCUS IS ON IMPROVING QUALITY OF PRIMARY HEALTH CARE THROUGH

DONATING MEDICAL EQUIPMENT AND IMPROVING INFRASTRUCTURE.

SAMA INC

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INFRASTRUCTURE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADDITIONAL MEDICAL EQUIPMENT CONTRIBUTIONS AT MEDICAL SCHOOL STRPCE,

HEALTH CENTER GUCA, UNIVERSITY CLINICAL CENTER OF SERBIA - BELGRADE AND

INSTITUTE OF PUBLIC HEALTH SABAC.

EXPENSES \$ 39,632. INCLUDING GRANTS OF \$ 39,632. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

MILENA AKSENTIJEVICH IS THE DAUGHTER OF DR. IVAN AKSENTIJEVICH

FORM 990, PART VI, SECTION B, LINE 11B:

THE COMPLETED RETURN IS REVIEWED AND APPROVED BY THE PRESIDENT OF THE BOARD

AND THE TREASURER PRIOR TO FILING WITH THE IRS.

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

ALL GOVERNING DOCUMENTS, POLICY DOCUMENTS, FINANCIAL STATEMENTS AND ALL TAX

RETURNS FROM PREVIOUS YEARS ARE AVAILABLE ON OUR WEBSITE: SERBIANAMA.ORG.

MOST OF THE DOCUMENTS ARE UPDATED ON AN AS NEEDED BASIS WHEN SOMETHING IS

 CHANGED, OR WHEN THE ANNUAL TAX RETURN IS FILED. FINANCIAL STATEMENTS ARE

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

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	of the org	ganizati		BIAN A A INC	AMERIC	CAN	IEDICA	L ASSO	DCIATI	ION			Employer ident 27-098	ificatio 6833	n numbe }
JPDF	ATED	REGU	JLARLY	THROU	JGHOUT	' THE	YEAR	, TYPI	CALLY	ON	A 2	WEE	K INTERV	AL.	OUR
VEB	SITE	IS	FULLY	ACCES	SIBLE	BY	THE P	UBLIC!							
32212 1	11-14-23							39					Schedule C	) (Form	990) 20