** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

132001 12-09-21

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

B Description Control of organization	A F	or the 2	2021 calendar year, or tax year beginning JUL	1, 2021 and	enuing 5	UN 50, 2022			
Salar Description Sala	B Ci	heck if oplicable:	C Name of organization			D Employer identific	ation number		
Doing Dusiness as Doing Dusiness Doing Du		change	SEMPERVIRENS FUND		- David	94-2155097			
Comparation		change							
City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or foreign posta		Initial return	Number and street (or P.O. box if mail is not deliver	100 10 011 001 111 111 11		1888 C C C C C C C C C C C C C C C C C C			
City or fown, state or province, country, and ZIP or foreign postal code G once secteds S		Final return/	419 SOUTH SAN ANTONIO ROAD		211	(650) 949-14			
Total number of individuals employed in calendar year 2021 (Part V, line 1a)		termin-	City or town, state or province, country, and ZIF	or foreign postal code		G Gross receipts \$	12,475,281.		
Service SAMPE AS C ABOVE SOTICION SO		Amende	d LOS ALTOS CA 94022-3640			H(a) Is this a group re			
Trucecompt status:				ARTH		for subordinates	? Yes X No		
Tax-exampt status:	_	tion pending				H(b) Are all subordinates in	cluded? Yes No		
Websites New SEMPERVISENS ORD Trust Association Other Lyear of tornalization: X Orgonomian Trust Association Orgonomian Trust Orgonomian Trust Orgonomian Trust Orgonomian				(inport no.) 4947(a)(1)	or 527				
Form of organization:	<u> </u>	ax-exer	npt status: \(\times \) 501(c)(3) \(\times \) 501(c) (\(\times \)	(IIISelt 110.) 4547 (a)(1)	01 021	_			
Part Summary	<u>J</u> V	Vebsite	WWW.SEMPERVIRENS.ORG	-inting Other	I Voor				
1 Briefly describe the organization's mission or most significant activities: PROTECT AND PERMANENTLY PRESERVE 2 Check this box ► □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 1 2 Check this box ► □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 1 3				ciation Unier Duner	L Year	Of Iorination, 2300 N	Claic of legal definions.		
SANTA CRUZ REDWOOD FOREST HABITAT.	Pa	art I	Summary	DECEMBER OF THE PROPERTY	T AND DE	PMANENTILY PRESERVI	3		
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Source Prior Year Prior Year Prior Year Qurrent Year 1, 430, 120, 9, 202, 906, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	Ę.	6 7							
Source Prior Year Prior Year Prior Year Qurrent Year 1, 430, 120, 9, 202, 906, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	Ę	7a 7							
Prior Year Current Year 11,30,120, 9,202,905, 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	¥	b b	Net unrelated business taxable income from Form 99	0-T, Part I, line 11		7b	0.		
8 Contributions and grants (Part VIII, line 19) 0. 0. 0.		- 2.	TOT GITTO GALLET				Current Year		
9 Program service revenue (Part VIII, line 2g) 0 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), lines 4) 17 Other expenses (Part IX, column (A), lines 11e) 18 Total fundraising expenses (Part IX, column (A), lines 11e) 19 Revenue less expenses. Part IX, column (A), lines 12b 10 Total assets (Part X, lines 13-17 (must equal Part IX, column (A), line 25) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 11 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 officef) is based on all information of which preparer has any knowledge. Primt Type or print name and title Primt's name BAKER TILLY US, LLP Primt's name BAKER TILLY US, LPP Primt's name BAKER TILLY US, LPP Primt's name BAKER TILLY US, LPP Primt's name BAKER TILLY US,		9 (Contributions and grants (Part VIII, line 1h)			11,430,120.	9,202,906.		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	e	0 0			- 1	0.	0.		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	en Je	9 1							
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	, Be	10 1				313,939.	303.		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 60,000, 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,910,713. 2,246,234. 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 43,647. 16 Professional fundraising syepnese (Part IX, column (A), line 11e) 0. 43,647. 17 Other expenses (Part IX, column (D), line 25) 1,441,037. 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,866,781. 3,861,219. 19 Revenue less expenses. Subtract line 18 from line 12 7,006,185. 3,085,685. 19 Revenue less expenses. Subtract line 18 from line 12 7,006,185. 3,085,685. 20 Total assets (Part X, line 16) 791,022. 3,042,094. 21 Total liabilities (Part X, line 26) 791,022. 3,042,094. 21 Total liabilities (Part X, line 26) 791,022. 3,042,094. 22 Net assets or fund balances. Subtract line 21 from line 20 38,906,763. 41,844,480. Part II Signature Block Signature Bloc		111 (11,843,679.	9,236,785.		
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15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 38,906,763. 38,906,763. 44,837,494. 6,151,100. 7,006,185. 3,085,685. 8eginning of Current Year 8eginning of Current Year 8eginning of Current Year 19 Revenue less expenses. Subtract line 21 from line 20 38,906,763. 44,886,574. 791,022. 3,042,094. 41,844,480. 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 office) is based on all information of which preparer has any knowledge. Signature of officer SARA BARTH, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name 8RIAN YACKER Print/Type preparer's name 8RIAN YACKER BRIAN YACKER BRIAN YACKER BRIAN YACKER BRIAN YACKER Firm's address 18500 VON KARMAN AVE, 10TH FLOOR Firm's address 18500 VON KARMAN AVE, 10TH FLOOR Phone no.949.222,2999 Phone no.949.222,2999					0.				
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Net assets or fund balances. Subtract line 21 from line 20 38,906,763. 41,844,480.	ets	ਰ ਵ 20	Total assets (Part X, line 16)						
Part II Signature Block	Ass	፵ 21	Total liabilities (Part X, line 26)						
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	Net	22	Net assets or fund balances. Subtract line 21 from li	ne 20		38,906,763.	41,844,480.		
Sign Here Signature of officer SARA BARTH, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name BRIAN YACKER Firm's name BAKER TILLY US, LLP Firm's address 18500 VON KARMAN AVE, 10TH FLOOR IRVINE, CA 92612 Phone no.949.222.2999 Paid Phone no.949.222.2999	P	art II	Signature Block						
Sign Here Signature of officer SARA BARTH, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name BRIAN YACKER Firm's name BAKER TILLY US, LLP Firm's address 18500 VON KARMAN AVE, 10TH FLOOR IRVINE, CA 92612 Phone no.949.222.2999 Paid Phone no.949.222.2999	Une	der pena	lties of perjury, I declare that I have examined this return, in	ncluding accompanying schedul	es and stater	ments, and to the best of m	y knowledge and belief, it is		
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Sign Here SARA BARTH, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name BRIAN YACKER Preparer Firm's name BAKER TILLY US, LLP Firm's address 18500 VON KARMAN AVE, 10TH FLOOR IRVINE, CA 92612 Date Check X PTIN if 10/31/22 self-employed P00401346 Prim's EIN 39-0859910 Phone no.949.222.2999	-		1			11	12/200cz		
Firm's address ■ 18500 VON KARMAN AVE, 10TH FLOOR Invine Paid SARA BARTH, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name BRIAN YACKER Preparer's signature BRIAN YACKER Date 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22 10/31/22	Sic	an	Signature of officer			Date	1 1		
Type or print name and title Print/Type preparer's name Print/Type preparer's name BRIAN YACKER Preparer Firm's name BAKER TILLY US, LLP Use Only Firm's address 18500 VON KARMAN AVE, 10TH FLOOR IRVINE, CA 92612 Preparer's signature BRIAN YACKER 10/31/22 Firm's EIN 39-0859910 Phone no.949.222.2999		_	SARA BARTH, EXECUTIVE DIRECTOR						
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Paid BRIAN YACKER BRIAN YACKER 10/31/22 self-employed ₱00401346 Preparer Firm's name BAKER TILLY US, LLP Firm's EIN 39-0859910 Use Only Firm's address 18500 VON KARMAN AVE, 10TH FLOOR Phone no.949.222.2999	_		Print/Type preparer's name	Preparer's signature		Date Check	X PTIN		
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IRVINE, CA 92612 Phone no.949.222.2999			10700 1070 107						
V V	-50	y				Phone no.94	9.222.2999		
	M	av the l		e? See instructions			X Yes No		

Pa	rt 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:
	TO PROTECT AND PERMANENTLY PRESERVE REDWOOD FORESTS (SEQUOIA
	SEMPERVIRENS), WILDLIFE HABITATS, WATERSHEDS, AND OTHER IMPORTANT
	NATURAL AND SCENIC FEATURES OF CALIFORNIA'S SANTA CRUZ MOUNTAINS, AND
	TO ENCOURAGE PUBLIC APPRECIATION AND ENJOYMENT OF THIS ENVIRONMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$1,710,294. including grants of \$) (Revenue \$)
	STEWARDSHIP
	PROPERTIES THAT ARE HELD BY SEMPERVIRENS FUND REQUIRE ON-GOING
	STEWARDSHIP TO ENSURE THAT THE LAND IS IN GOOD CONDITION AND THE
	FORESTS REMAIN HEALTHY. STEWARDSHIP ACTIVITIES INCLUDE REMOVING DEBRIS,
	MAINTAINING TRAILS, MONITORING WILDLIFE, CLEARING INVASIVE PLANTS, AND
	PLANTING NEW SEEDLINGS AS NEEDED.
	ACTIVITIES ALSO INCLUDE RESTORATION EFFORTS AFTER WILDFIRE, LIKE
	CULVERT REPLACEMENT, AND EFFORTS TO REDUCE CATASTROPHIC WILDFIRE
	DAMAGE, LIKE SHADED FUEL BREAKS AND PRESCRIBED FIRES.
4b	(Code:) (Expenses \$1,639,798. including grants of \$) (Revenue \$)
	LAND ACQUISITION AND DISPOSITION
	SEMPERVIRENS FUND WORKS CLOSELY WITH CALIFORNIA STATE PARKS, OTHER
	PUBLIC AGENCIES, AND LOCAL NONPROFITS TO MAKE STRATEGIC LAND PURCHASES
	THAT CREATE, EXPAND, AND LINK REDWOOD FORESTS AND PARKS. IN MOST CASES,
	THE FUND ACQUIRES FEE TITLE TO LAND WITH THE INTENTION OF EVENTUALLY
	TRANSFERRING IT INTO PUBLIC OWNERSHIP; HOWEVER, IN SOME CASES, IT
	ACQUIRES AND HOLDS CONSERVATION EASEMENTS THAT PROVIDE CERTAIN RIGHTS
	SUCH AS TRAIL ACCESS OR PREVENT FUTURE DEVELOPMENT OR LIMIT TIMBER
	HARVESTING ON PRIVATELY HELD PARCELS OF LAND. WHEN APPROPRIATE, THE
	FUND ALSO ENTERS INTO JOINT VENTURES WITH OTHER LAND CONSERVATION
	ORGANIZATIONS PROVIDING CASH OR OTHER ASSETS TO SUPPORT PRIORITY
4c	(Code:) (Expenses \$ 680,529. including grants of \$) (Revenue \$
	EDUCATION AND OUTREACH
	SEMPERVIRENS FUND REGULARLY COMMUNICATES GENERAL INFORMATION ABOUT ITS
	WORK, AND OPPORTUNITIES TO FIND RECREATION IN THE SANTA CRUZ MOUNTAINS.
	THE COMMUNICATION STRATEGIES INCLUDE PUBLICATIONS, OTHER PRINTED
	MATERIALS, WEBSITE, SOCIAL MEDIA, ELECTRONIC NEWSLETTERS; OUTREACH
	ACTIVITIES INCLUDE EVENTS, SPEAKERS, HIKING AND VOLUNTEER
	OPPORTUNITIES. THE FOCUS OF SEMPERVIRENS FUND IS TO INFORM NEW GROUPS
	OF PEOPLE ABOUT IT'S WORK; INTRODUCE THEM TO OUTDOOR RECREATION
	OPPORTUNITIES; AND CULTIVATE THEIR INTEREST TO BECOME NEW STEWARDS OF
	THE SANTA CRUZ MOUNTAINS HABITAT. SEMPERVIRENS FUND STRIVES TO BE
	INCLUSIVE AND WELCOMING TO ALL PEOPLE, AND VALUES DIVERSE BACKGROUNDS
4d	Other program services (Describe on Schedule O.)
ru	(Expenses \$ 128,967. including grants of \$) (Revenue \$)
40	Total program service expenses 4,159,588.
	rem bergement superiore k

Form 990 (2021) SEMPERVIRENS FUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_	.,,	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	х	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Λ	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		х	
_	Schedule D, Part III	8	Λ	
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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,	44.	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
D		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C		11c		x
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f		110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021) SEMPERVIRENS FUND
Part 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	Х	
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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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	00-		х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV	29	Х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		
00	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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes." complete Schedule R, Part V, line 2	36		х
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V 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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2021)

SEMPERVIRENS FUND

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 94-2155097 Page 5

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Х					
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_							
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٥.							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7-		х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x					
4	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c							
u e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х					
f		7f		x					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.11							
_	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	_							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	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?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
D	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 The the ground of recovery as head.								
	Enter the amount of reserves on hand Did the expanization receive any payments for indeer tenning convices during the tay year?	140		х					
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation on School of O.	14a 14b		 					
ъ 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140							
IJ		15		x					
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1					
	If "Yes." complete Form 6069.								

SEMPERVIRENS FUND Page 6 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes **1a** Enter the number of voting members of the governing body at the end of the tax year 14 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. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website X Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - (650)949-1453

94022-3640

419 SOUTH SAN ANTONIO ROAD NO. 211, LOS ALTOS, CA

Form 990 (2021) SEMPERVIRENS FUND 94-2155097 Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C) ition	1		(D)	(E)	(F)
Name and title	Average hours per			heck	more	than o s both		Reportable compensation	Reportable compensation	Estimated amount of
	week					ector/trustee)		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	e e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tı	Institutional trustee	L	Key employee	st cor	-	10001120)		organizations
	line)	Indivi	Institu	Officer	Key er	Highest compensated employee	Former			g-
(1) SARA BARTH	40.00									
EXECUTIVE DIRECTOR				Х				250,157.	0.	20,692.
(2) MICHAEL KAWALEK	40.00									
DEPUTY DIRECTOR					Х			171,098.	0.	28,120.
(3) MATTHEW SHAFFER	40.00									
CHIEF MARKETING/COMMUNICATIONS OFFIC					Х			170,000.	0.	15,608.
(4) JULIE SEELEN	40.00	1								
CHIEF PHILANTHROPY OFFICER					Х			150,238.	0.	22,400.
(5) PATRICK GIBBONS	32.00	-							_	
CHIEF FINANCIAL OFFICER	40.00			Х				132,000.	0.	19,440.
(6) LAURA MCLENDON	40.00	-						112 560		15.065
(7) AMANDA KRAUSS	40.00					Х		113,560.	0.	17,865.
(7) AMANDA KRAUSS DIR. OF TRIBUTE AND LEGACY GIVING	40.00	1				x		105,576.	0.	17 920
(8) PAM KOCH	1.00					_		105,576.	٠.	17,920.
PRESIDENT	1.00	x		Х				0.	0.	0.
(9) EVAN SIEGEL	1.00	21						· ·		<u> </u>
VICE PRESIDENT	1.00	х		x				0.	0.	0.
(10) GAGE DAYTON	1.00								- •	
SECRETARY		х		х				0.	0.	0.
(11) KENT PUTNAM	1.00									
DIRECTOR		х						0.	0.	0.
(12) MICHAEL WATKINS	1.00									
DIRECTOR		х						0.	0.	0.
(13) VISHY VENUGOPALAN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) DIANE TALBERT	1.00									
DIRECTOR		Х						0.	0.	0.
(15) PETER STAPLE	1.00	1								
DIRECTOR		Х						0.	0.	0.
(16) STEVE REED	1.00	1								
DIRECTOR		Х						0.	0.	0.
(17) NCIK WYCKOFF	1.00	-								
DIRECTOR		Х						0.	0.	0. Form 990 (2021)

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Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	anc	l Hi	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(C Pos	C) ition	,		(D)	(E)			(F)	
Name and title	Average		not c	heck	more	than o		Reportable	Reportable			stimat	
	hours per week					is both or/trus		compensation	compensation	ו ו	ar	nount	
	(list any	tor						from the	from related organizations	<u> </u>	com	other pensa	
	hours for	Individual trustee or director				٥		organization	(W-2/1099-MIS			rom th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	-		janiza	
	organizations	trust	lal tru		yee	om pe		1099-NEC)	,			d rela	
	below	vidual	Institutional trustee	Ser	Key employee	Highest compensated employee	ner				org	anizat	ions
	line)	Indi	Insti	Officer	Key	High	Former						
(18) BILL HARRIS	1.00												
DIRECTOR		Х						0.		0.			0.
(19) KEVIN FLYNN	1.00												
DIRECTOR		Х						0.		0.			0.
(20) JACQUELINE WENDER	1.00												
DIRECTOR		Х						0.		0.			0.
(21) CHANNING CHEN	1.00												
DIRECTOR		Х						0.		0.			0.
1b Subtotal							ightharpoons	1,092,629.		0.		142	045.
c Total from continuation sheets to Part VI	I, Section A						ightharpoons	0.		0.	0.		
d Total (add lines 1b and 1c)								1,092,629.		0.		142	045.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													. 7
										ſ		Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su	ım of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$150	0,000? If "Yes,	," co	mple	ete S	Sche	edule	J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	accrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch <u>ı</u>	oers	on				<u></u>	5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	tion fro	om	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0	C)	
Name and business	address	NO	NE					Description of s	ervices	C	ompe	nsatio	'n
2 Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi					(0							

Form 990 (2021) SEMPERVIRE

Part VIII Statement of Revenue

		Check if Schedule O	contains a	a response o	or note to any lin	e in this Part VIII			
					_	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Turiction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
ဇ် ဋ		Fundraising events		1c					
fts, r A		Related organizations		1d					
ië ië		Government grants (contri		1e	109,596.				
Sin		All other contributions, gifts,			200,000.				
e E	'	· - · · · · · · · · · · · · · · · · · ·			9,093,310.				
έĐ		similar amounts not included		1f	520,612.				
o d	g			1g \$	320,012.	9,202,906.			
O a	<u>n</u>	Total. Add lines 1a-1f			Business Code	5,202,500.			
	_				Business Code				
<u>:</u>	2 a								
er.	b								
n S en	С								
ran Sev	d								
Program Service Revenue	е								
۵.	f	All other program service							
\rightarrow	g	Total. Add lines 2a-2f							
	3	Investment income (include							_
		other similar amounts)				42,677.			42,677.
	4	Income from investment of	f tax-exe	mpt bond p	roceeds				
	5	Royalties	. <u></u>						
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)			>				
	7 a	Gross amount from sales of	(i) :	Securities	(ii) Other				
		assets other than inventory	7a 3,	229,395.					
	b	Less: cost or other basis							
ē		and sales expenses	7b 3,	238,496.					
Revenue	С	Gain or (loss)	7c	-9,101.					
Ş	d	Net gain or (loss)				-9,101.			-9,101.
ther		Gross income from fundraising			,				
₽		including \$	•	` .					
		contributions reported on							
		Part IV, line 18	-	I					
	b	Less: direct expenses		I					
		Net income or (loss) from							
		Gross income from gamin		_					
		Part IV, line 19							
	b	Less: direct expenses		I					
		Net income or (loss) from			•				
		Gross sales of inventory, I							
	u	and allowances		I .					
	h	Less: cost of goods sold							
		Net income or (loss) from							
\dashv		1432 INSOME OF (1033) HOME	caico oi II		Business Code				
sn	11 a	OTHER INCOME			900099	303.			303.
Jeo Teo	ii a b	•							333.
Miscellaneous Revenue	C								
Sce		All other revenue							
Ξ						303.			
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instruction				9,236,785.	0.	0.	33,879.
	14	iotai ievellue. Odd IIISti UCtio	oin		🖊 🛚	, , ,	٠.	, ,,	1 22,0,5.

Part IX Statement of Functional Expenses

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

oc cii	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			іріете соіштіп (А).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		r	3, 2, 2, 2, 3	, ,
	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	976,579.	384,053.	124,962.	467,564.
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	980,281.	663,692.	167,184.	149,405.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	64,366.	45,377.	8,150.	10,839.
9	Other employee benefits	94,047.	57,554.	13,013.	23,480.
10	Payroll taxes	130,961.	68,455.	18,250.	44,256.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	26,258.		26,258.	
С	Accounting	37,000.		37,000.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	43,647.			43,647.
f	Investment management fees	8,006.		8,006.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	350,818.	332,352.	18,466.	
12	Advertising and promotion	104,539.	104,539.		
13	Office expenses	216,665.	70,275.	36,752.	109,638.
14	Information technology				
15	Royalties				
16	Occupancy	200,105.	84,832.	69,353.	45,920.
17	Travel	19,581.	13,315.	406.	5,860.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,630.	2,552.	4,210.	6,868.
20	Interest	2,975.	2,975.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	598,495.	598,495.		
23	Insurance	52,876.	29,312.	11,081.	12,483.
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	SPECIAL PROJECTS	1,343,960.	1,343,960.		
b	DIRECT MAIL SERVICES	532,203.	20,896.		511,307.
С	STEWARDSHIP EXPENSES	290,640.	290,640.		
d	DUES AND SUBSCRIPTIONS	22,789.	14,838.		7,951.
е	All other expenses	40,679.	31,476.	7,384.	1,819.
25	Total functional expenses. Add lines 1 through 24e	6,151,100.	4,159,588.	550,475.	1,441,037.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	· - ·				Earm 990 (202)

Form 990 (2021)
Part X Balance Sheet

Pa	IL A	Balance Sneet					
		Check if Schedule O contains a response or	note to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			424,761.	1	475,704.
	2	Savings and temporary cash investments			9,462,225.	2	12,972,310.
	3	Pledges and grants receivable, net			712,379.	3	849,521.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		·		5	
	6	Loans and other receivables from other disqu	•				
		under section 4958(f)(1)), and persons descril		,		6	
G	7	Notes and loans receivable, net	18,261.	7	18,261.		
Assets	8	Inventories for sale or use	1	·	8	·	
As	9	Prepaid expenses and deferred charges			155,716.	9	200,057.
		Land, buildings, and equipment: cost or othe	ı	i	·		·
		basis. Complete Part VI of Schedule D		340,383.			
	b	Less: accumulated depreciation		340,383.	0.	10c	0.
	11	Investments - publicly traded securities	969,607.	11	830,501.		
	12	Investments - other securities. See Part IV, lin	•	12	,		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		27,954,836.	15	29,540,220.	
	16	Total assets. Add lines 1 through 15 (must e		39,697,785.	16	44,886,574.	
	17	Accounts payable and accrued expenses			446,058.	17	627,094.
	18	Grants payable		•	18	,	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple				21	
"	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
ij		controlled entity or family member of any of t				22	
Ë	23	Secured mortgages and notes payable to uni	-	······ F		23	
	24	Unsecured notes and loans payable to unrela			340,000.	24	2,415,000.
	25	Other liabilities (including federal income tax,			•		, ,
		parties, and other liabilities not included on li					
		of Schedule D		, complete railty	4,964.	25	0.
	26	T-1-1 P-1 PM Add Pass 47 through 05			791,022.	26	3,042,094.
		Organizations that follow FASB ASC 958, o			•		, ,
es		and complete lines 27, 28, 32, and 33.					
ũ	27	Net assets without donor restrictions			31,298,521.	27	31,542,535.
3ala	28	Net assets with donor restrictions	7,608,242.	28	10,301,945.		
٦		Organizations that do not follow FASB ASC					· · ·
Ξ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			38,906,763.	32	41,844,480.
Z	33	Total liabilities and net assets/fund balances			39,697,785.	33	44,886,574.
		. J.aapintios and not aboutoriand balanous			, , , , ,	- 55	

Form **990** (2021)

Form 990 (2021) SEMPERVIRENS FUND 94-2155097 Page **12**

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .		X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	,236,	785.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,151,	100.		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,085,685				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38	,906,	763.		
5	Net unrealized gains (losses) on investments	5		-143,	731.		
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		-4,	237.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10						
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>	<u></u>		Х		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	na					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis	- 1					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by	asis,					
	consolidated basis, or both:						
	Separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	udit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched	ule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl	e Audit					
	Act and OMB Circular A-133?		За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** SEMPERVIRENS FUND 94-2155097 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021

Page 2

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

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

Sec	ction A. Public Support	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	ì	
	membership fees received. (Do not						
	include any "unusual grants.")	4,399,303.	6,343,449.	7,840,511.	11,430,120.	9,202,906.	39,216,289.
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						
	Total. Add lines 1 through 3	4,399,303.	6,343,449.	7,840,511.	11,430,120.	9,202,906.	39,216,289.
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)						4,869,402.
	Public support. Subtract line 5 from line 4.						34,346,887.
		() 0047	(1) 0040	() 0040	/ I) 0000	() 0004	/A T
	ndar year (or fiscal year beginning in)	(a) 2017 4,399,303.	(b) 2018	(c) 2019	(d) 2020 11,430,120.	(e) 2021 9,202,906.	(f) Total 39,216,289.
	Amounts from line 4	4,399,303.	6,343,449.	7,840,511.	11,430,120.	9,202,906.	39,210,209.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	65,705.	89,923.	80,156.	37,463.	42,677.	215 024
_	and income from similar sources	03,703.	09,923.	00,130.	37,403.	42,077.	315,924.
9	Net income from unrelated business						
	activities, whether or not the		925.	215.			1,140.
40	business is regularly carried on		725.	213.			1,140.
10	Other income. Do not include gain						
	or loss from the sale of capital		497.		313,939.	303.	314,739.
44	assets (Explain in Part VI.)		257,		313,333.	303.	39,848,092.
12	Gross receipts from related activities,	etc (see instruction	nne)			12	87,992.
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax v			,
	organization, check this box and stor						ightharpoonup
Sec	etion C. Computation of Publi						
	Public support percentage for 2021 (I			olumn (f))		14	86.19 %
15	- · · · · · · · · · · · · · · · · · · ·					15	80.04 %
16a	33 1/3% support test - 2021. If the					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			>
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	nd see instructions	>

Schedule A (Form 990) 2021 SEMPERVIRENS FUND Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Schedule A (Form 990) 2021 SEMPERVIRENS FUND 94-2155097 Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
1			
	1		
	2		
	3a		
	3b		
	2-		
	3c		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5с		
	6		
	U		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	90		
	10a		
	.Ju		
	10b		

Sche	edule A (Form 990) 2021 SEMPERVIRENS FUND	94-2155097	Pa	age 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	118		
·		11c		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations			<u> </u>
	tion B. Type I supporting organizations		V	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ilcers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp	orted		
	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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion D. All Type in Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
		ruotiono\		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	. 40110113).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ity (see instruction		Γ
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	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.

 Schedule A (Form 990) 2021
 SEMPERVIRENS FUND
 94-2155097
 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	enization (see

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot 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			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	·	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u> </u>	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h				
O	3				
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
_					

Schedule A (Form 990) 2021

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2018 AMOUNT: \$ 497.
2020 AMOUNT: \$ 102.
2021 AMOUNT: \$ 303.
FIRE INSURANCE PROCEEDS
2020 AMOUNT: \$ 313,837.

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

SE	MPERVIRENS FUND	94-2155097				
Organization type (check o	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
527 political organization						
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	is covered by the General Rule or a Special Rule.	- Continue time				
Note: Only a section 50 I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
General Rule						
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) contributor, during	in described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) II, line 1. Complete Parts I and II.	d that received from any one				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter purpose. Don't co	In described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled mether the total contributions that were received during the year for an exclusively religious mplete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>				
Caution: An organization to answer "No" on Part IV, line	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Foe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ag requirements of Schedule B (Form 990).	orm 990), but it must				

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

Name of organization

Employer identification number

SEMPERVIRENS FUND

94-2155097

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and Zir + +	\$ 756,837.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$356,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SEMPERVIRENS FUND

94-2155097

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

Name of organization

Employer identification number

SEMPERVIRENS FUND

94-2155097

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	rganization		Employer identification number
SEMPERVI	RENS FUND		94-2155097
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of giff	t
_	Transferee's name, address, an		Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	t
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of giff	t Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization			Empl	oyer identification number
	SEMPERVIRE				94-2155097
Pa	rt I-A Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organize Political campaign activity expendition Volunteer hours for political campa	tures		> \$	
Pa	rt I-B Complete if the org	ganization is exempt und	ler section 501(c)(3).	
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? If "Yes," describe in Part IV.	incurred by organization manag on 4955 tax, did it file Form 4720	gers under section 4955 ofor this year?	▶ \$	Yes No
	art I-C Complete if the org	ganization is exempt und	ler section 501(c),	except section 501(c)(3).
2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities	d by the filing organization for se nization's funds contributed to o	ection 527 exempt func ther organizations for so	tion activities	
3	Total exempt function expenditures				
	line 17b Did the filing organization file Form				
5	Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	nployer identification number (E ution listed, enter the amount pa omptly and directly delivered to	IN) of all section 527 poid from the filing organials a separate political org	olitical organizations to which zation's funds. Also enter the anization, such as a separate	n the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Sche	edule C (Form 990) 2021 SEMPERV	IRENS FUND	94-21	155097 Page 2
		on is exempt under section 501(c)(3) and file		
	heck if the filing organization belor expenses, and share of excess	ngs to an affiliated group (and list in Part IV each affiliated gas lobbying expenditures). Red box A and "limited control" provisions apply.	group member's name	e, address, EIN,
	Limits on Lob (The term "expenditures" n	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence pub	olic opinion (grassroots lobbying)	0.	
	Total lobbying expenditures to influence a le		9,000.	
С	Total lobbying expenditures (add lines 1a an	d 1b)	9,000.	
d	0.11		5,594,239.	
е	Total exempt purpose expenditures (add line	es 1c and 1d)	5,603,239.	
f	Lobbying nontaxable amount. Enter the amount	ount from the following table in both columns.	430,162.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	107,541.	
h	Subtract line 1g from line 1a. If zero or less,	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	enter -0-	0.	
j	If there is an amount other than zero on either	er line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No
	Se	4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all o e the separate instructions for lines 2a through 2f.)	f the five columns be	low.
	Lob	bying Expenditures During 4-Year Averaging Period		

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total				
2a Lobbying nontaxable amount	321,356.	334,339.	296,460.	430,162.	1,382,317.				
b Lobbying ceiling amount (150% of line 2a, column(e))					2,073,476.				
c Total lobbying expenditures	4,500.	13,250.	27,250.	9,000.	54,000.				
d Grassroots nontaxable amount	80,339.	83,585.	74,115.	107,541.	345,580.				
e Grassroots ceiling amount (150% of line 2d, column (e))					518,370.				
f Grassroots lobbying expenditures	4,500.	5,000.	17,500.		27,000.				

Schedule C (Form 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description)	(b	<u> </u>
the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), or sec	ction	
			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1		
Wele substantially all 13070 of filole) dues received florideductible by filefilbers:				
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section \$501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N	rior year? 501(c)(5	2 3), or sec		3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

SEMPERVIRENS FUND

Employer identification number 94 - 2155097

		(a) Donor advised funds		(b) Funds a	and other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w		advised fun	ds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pa						
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).				
	Preservation of land for public use (for example, recreat	ion or education) Preservat	ion of a hist	orically imp	ortant land area	ı
	X Protection of natural habitat	Preservat	ion of a cert	ified histori	c structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the	form of a co	nservation	easement on th	e last
	day of the tax year.			Hel	d at the End of th	e Tax Year
а	Total number of conservation easements			2a		3
b	Total acreage restricted by conservation easements			2b	51	L6.00
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		0
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic s	tructure			
	listed in the National Register			2d		0
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated b	y the organ	ization duri	ng the tax	
	year ▶0					
4	Number of states where property subject to conservation ease	ement is located	1			
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handlin	g of			
	violations, and enforcement of the conservation easements it	holds?			X Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	conservation	on easemer	nts during the ye	ear
	400					
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing cons	servation ea	sements dı	uring the year	
	▶ \$ <u>20,800.</u>					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(B)	(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No.
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and exp	ense staten	nent and		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial st	atements th	at describe	s the	
	organization's accounting for conservation easements.					
Pa	t III Organizations Maintaining Collections of		r Other S	imilar A	ssets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statem	ent and bal	ance sheet	works	
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research	n in furthera	nce of publ	ic	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these	e items.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement	and balance	e sheet wor	ks of	
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or research ir	furtherance	e of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				> \$_		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for fin	ancial gain,	provide		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:				
	Devenue included on Form 000 Port VIII line 1					
а	Revenue included on Form 990, Part VIII, line 1			. 🕨 💲 _		

Sche	dule D (Form 990) 2021 SEMPERVIRE						94-215		P	age 2
Pa	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	her S	imilar	Assets	(conti	าued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that mal	ke sign	ificant ι	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
С	X Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, historical treas	sures, or other sin	nilar as	sets				
	to be sold to raise funds rather than to be ma							Yes	X	No
Pa	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes	on Fo	rm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi		•					_	_	_
	on Form 990, Part X?						L	Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:							
								Amoun	<u>t</u>	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fe				•	?	L	Yes	느	No
	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two years ba			ears back	(e) Fou		
1a	Beginning of year balance	1,415,009.	739,404.	733,12	9.		87,697.		263,	448.
b	Contributions	F1 060	900,000.	10.00			17,087.			005
С	Net investment earnings, gains, and losses	-51,962.	142,969.	12,26	9.		33,939.		6,	835.
d	Grants or scholarships									
е	Other expenditures for facilities		222 222						0.0	506
	and programs	570,000.	330,000.						82,	586.
f	Administrative expenses	5,594.	37,364.	5,99			5,594.			
g	End of year balance	787,453.	1,415,009.	739,40	4.	7.	33,129.		187,	697.
2	Provide the estimated percentage of the curr	•) held as:						
а	Board designated or quasi-endowment	75.9850	_%							
b	Permanent endowment 23.6780	%								
С	Term endowment ►3370	,* =								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administered for	or the c	organiza	ition		V	Nia
	by:							- "	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)	\vdash	Х
b	If "Yes" on line 3a(ii), are the related organiza							3b	ш	
Da	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment funds.							
Га			Dort IV line 11a C	oo Form 000 Do	+ V lin	o 10				
-	Complete if the organization answere		<u> </u>	i i			<u>. l</u>	(-N-D		
	Description of property	(a) Cost or ot basis (investm		or other (other)	•	umulate ciation	ed	(d) Boo	k valu	e
1a	Land									
b	Buildings									
С	Leasehold improvements			96,792.		96,	792.			0.
	Equipment			153,467.		153,	467.			0.
	Other			90,124.		90,	124.			0.
	l. Add lines 1a through 1e. (Column (d) must e		Cookumn (P) line 1	00)						0.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 SEMPERVIRENS FUND)		94-2155097	Page 3
Part VII Investments - Other Securities.	on Form 000 Dort IV line	11h Con Form 000 Dort V line 10		
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)		(c) Method of valuation: Cost or er	d of your market	value
(A) =	(b) Book value	(c) Method of Valuation: Cost or er	id-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	Farry 000 Park IV live	14 - 0 - 5		
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er		value
(1)	(S) DOOK VAIUE	(5) Motifod of Valuation. Oost of G	is or your market	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book v	
(1) CONSERVATION LAND AND EASEMENT HOLDING	•			487,720.
(2) OTHER NON-CURRENT ASSETS (ANSEL ADAMS				52,500.
(3)				
(4)				
(5)			+	
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	_	29 .!	540,220.
Part X Other Liabilities.	10.)			,
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.	
1. (a) Description of liability			(b) Book v	value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)	_>	·	
2. Liability for uncertain tax positions. In Part XIII, provide		•	that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

Page 4

Part XI Reconciliation of Revenue per Audited Fin		Revenue per Re	turn.	
Complete if the organization answered "Yes" on Form 9				0.150.105
1 Total revenue, gains, and other support per audited financial st			1	9,162,186.
2 Amounts included on line 1 but not on Form 990, Part VIII, line	1 1			
a Net unrealized gains (losses) on investments		-143,731.	-	
b Donated services and use of facilities		81,375.	-	
c Recoveries of prior year grants			-	
d Other (Describe in Part XIII.)		-4,237.	_	44
e Add lines 2a through 2d			2e	-66,593.
3 Subtract line 2e from line 1			3	9,228,779.
4 Amounts included on Form 990, Part VIII, line 12, but not on lin	1 1	0.006		
a Investment expenses not included on Form 990, Part VIII, line		8,006.	-	
b Other (Describe in Part XIII.)			_	
c Add lines 4a and 4b			4c	8,006.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990.	Part I, line 12.)	 h Гуманаа нау Г	5	9,236,785.
Part XII Reconciliation of Expenses per Audited Fi		n Expenses per F	teturn.	
Complete if the organization answered "Yes" on Form S				5 004 450
			1	6,224,469.
2 Amounts included on line 1 but not on Form 990, Part IX, line 2	1 1			
a Donated services and use of facilities		81,375.	-	
b Prior year adjustments	2b		-	
c Other losses			-	
d Other (Describe in Part XIII.)			-	
e Add lines 2a through 2d			2e	81,375.
3 Subtract line 2e from line 1			3	6,143,094.
4 Amounts included on Form 990, Part IX, line 25, but not on line	1 1			
a Investment expenses not included on Form 990, Part VIII, line		8,006.	-	
b Other (Describe in Part XIII.)			-	
c Add lines 4a and 4b			4c	8,006.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990	0. Part I. line 18.)		5	6,151,100.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III,		*	; Part X, lir	ne 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any additional infor	mation.		
PART II, LINE 9:				
AGOUT GETTING OF GOVERNMENT ON OPEN GRADE GOTING	TIVEED OF OWNER ONG!			
ACQUISITIONS OF CONSERVATION, OPEN SPACE, SCENIC,	TIMBER OR OTHER SUCH			
PERPETUALLY OBLIGATED AND ENFORCEABLE EASEMENTS SHA	ALL BE RECORDED AS			
		_		
CONTRIBUTION OF EASEMENT VALUED FROM THE SELLER TO	SEMPERVIRENS FUND. ONC.	<u> </u>		
SUCH EASEMENTS HAVE BEEN RECEIVED AND RECORDED BY	SEMPERVIRENS FUND SVF,			
THEIR VALUE WILL BE WRITTEN DOWN TO \$1.00 WHEN EASI	EMENT VALUATION IS NOT			
ASCERTAINABLE AND NEEDS TO REFLECT THE FACT THAT THE	HEY HAVE NO FUTURE			
COMMERCIAL OR OBTAINABLE VALUE.				
PART III, LINE 4:				
$\underline{ \text{THE ORGANIZATION'S COLLECTION INCLUDES ANSEL ADAMS} }$	ARTWORK.			

THE BOARD OF SEMPERVIRENS FUND CONSIDERS THE FOLLOWING FACTORS IN MAKING A

Schedule D (Form 990) 2021 SEMPERVIRENS FUND	94-2155097	Page 5
Part XIII Supplemental Information (continued)		<u> </u>
DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT		
NIND C		
FUNDS:		
THE DURATION AND PRESERVATION OF FUND.		
-THE PURPOSES OF FUND AND THE DONOR RESTRICTIONS.		
THE FUNFOSES OF FUND AND THE DONOR RESTRICTIONS.		
-GENERAL ECONOMIC CONDITIONS.		
THE POSSIBLE EFFECTS OF INFLATION AND DEFLATION.		
THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF		
INVESTMENTS.		
-OTHER RESOURCES OF SEMPERVIRENS FUND.		
THE INVESTMENT POLICIES OF SEMPERVIRENS FUND.		
PART X, LINE 2:		
THE FUND HAS BEEN GRANTED TAX EXEMPT STATUS UNDER SECTION 501(C)(3) BY THE		
INTERNAL REVENUE SERVICE (IRS) AND UNDER SECTION 23701D BY THE CALIFORNIA		
FRANCHISE TAX BOARD.		
EACH YEAR, MANAGEMENT CONSIDERS WHETHER ANY MATERIAL TAX POSITION THE FUND		
HAS TAKEN IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE		
APPLICABLE TAXING AUTHORITY. MANAGEMENT BELIEVES THAT ANY POSITIONS THE		
FUND HAS TAKEN ARE SUPPORTED BY SUBSTANTIAL AUTHORITY AND, HENCE, DO NOT		
NEED TO BE MEASURED OR DISCLOSED IN THESE FINANCIAL STATEMENTS.		
NEED TO BE MEASURED ON DISCHOOLD IN THESE FINANCIAL STATEMENTS.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
NET CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS -4,237.		

SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

SEMPERVIRE	NS FUND				94-215509	7
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this par						
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written or 	e X Solicitat f X Solicitat g X Special	tion of tion of fundra	non-g gover aising (overnment grants nment grants events	itees or	
key employees listed in Form 990, P b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	art VII) or entity in connection with prividuals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)			(iii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions?		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
JOANNA DEVERS - 749 LA MESA		Yes	No			
DRIVE, SALINAS, CA 93901	GRANT WRITER		Х	75,000.	26,640.	48,360.
SEASON KORCHIN - 5100 CROCKETT PLACE, OAKLAND, CA	GRANT WRITER		х	75,000.	17,007.	57,993.
Total			<u> </u>	150,000.	43,647.	106,353.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from req	gistration
CA,OR,WA						

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Page 2

Schedule G (Form 990) 2021

Sch	ledule G (Form 990) 2021 SEMPERVIRENS FOND 94.	-215509	1	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	i		
а	a The organization's facility	13a		%
b	n outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
c	c If "Yes," enter name and address of the third party:			
	Name ▶			
	Address >			
16	Gaming manager information:			
	Name >			
	Gaming manager compensation > \$			
	Carning manager compensation • • • • • • • • • • • • • • • • • • •			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	MEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: SEASON KORCHIN			
(I)	ADDRESS OF FUNDRAISER: 5100 CROCKETT PLACE, OAKLAND, CA 94602			

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	(Form 990)	SEMPERVIRENS FUND		94-2155097	Page 4
Part IV	(Form 990) Supplemental Inform	nation _(continued)			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

SEMPERVIRENS FUND

Part I Questions Regarding Compensation

Employer identification number 94-2155097

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 (4958-6/c)?	۹		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 SEMPERVIRENS FUND 94-2155097 Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) SARA BARTH	(i)	230,157.	20,000.	0.	18,400.	2,292.	270,849.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MICHAEL KAWALEK	(i)	171,098.	0.	0.	13,688.	14,432.	199,218.	0.	
DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) MATTHEW SHAFFER	(i)	170,000.	0.	0.	4,800.	10,808.	185,608.	0.	
CHIEF MARKETING/COMMUNICATIONS OFFIC	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JULIE SEELEN	(i)	147,738.	2,500.	0.	9,000.	13,400.	172,638.	0.	
CHIEF PHILANTHROPY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) PATRICK GIBBONS	(i)	132,000.	0.	0.	9,600.	9,840.	151,440.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

chedule J (Form 990) 2021 SEMPERVIRENS FUND 94-2155097	Page 3
Part III Supplemental Information	
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	mation.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer identification number SEMPERVIRENS FUND 94-2155097

Par	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det		_	
		applicable		Form 990, Part VIII, line 1g	noncash contribut	ion am	ounts	;
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	13	520,612.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organization							
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement 29				
					ſ		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	-	•	•	ions?	31	Х	
32a	Does the organization hire or use third parties or	r related or	ganizations to solid	cit, process, or sell noncash				v
_	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	tor which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021 SEMPERVIRENS FUND	94-2155097	Page 2
Schedule M (Form 990) 2021 SEMPERVIRENS FUND Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and	33, and whether the organi	zation
is reporting in Part I, column (b), the number of contributions, the number of items received, or a co	ombination of both. Also col	npiete
SCHEDULE M, PART I, COLUMN (B):		
NUMBER OF GOVERNOVERS		
NUMBER OF CONTRIBUTIONS		

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Inspection Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization SEMPERVIRENS FUND 94-2155097 FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CONSERVATION PROJECTS. THE FUND'S PARTICIPATION APPEARS AS DIRECT EXPENSES WITHIN LAND PROGRAM EXPENSES. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: AND DIVERSE PERSPECTIVES FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: TREES AND GROVES SEMPERVIRENS FUND PROVIDES THE OPPORTUNITY FOR ITS DONORS TO DEDICATE A TREE OR GROVE LOCATED WITHIN ONE OF THE STATE PARKS OF THE SANTA CRUZ MOUNTAINS. SEMPERVIRENS FUND HAS ENTERED INTO AN AGREEMENT WITH CALIFORNIA STATE PARKS WHEREBY THE FUND IS PERMITTED TO SELL THE NAMING RIGHTS TO THE TREES.

REVENUE \$ 0.

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

THE ORGANIZATION RETAINS A PROFESSIONAL CPA FIRM TO WORK CLOSELY WITH THE

INCLUDING GRANTS OF \$ 0.

FINANCE DIRECTOR TO PREPARE FORM 990. PRIOR TO FILING, THE FORM IS REVIEWED

AND APPROVED BY THE AUDIT COMMITTEE, WITH COPIES TO THE FULL BOARD OF

DIRECTORS.

EXPENSES \$ 128,967.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND STAFF ANNUALLY PREPARE EXECUTIVE DISCLOSURE LETTERS

DESCRIBING ANY CURRENT OR PROPOSED TRANSACTIONS THAT MAY POSE A CONFLICT.

Schedule O (Form 990) 2021 Page **2**

Schedule O (Form 990) 2021	Page 2
Name of the organization SEMPERVIRENS FUND	Employer identification number 94-2155097
THE DISCLOSURES ARE RETAINED ON FILE. THE EXECUTIVE DIRECTOR ALSO MONITORS	
BOARD MEMBER INVOLVEMENT WITH ANY LAND TRANSACTIONS.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION FOR ALL EMPLOYEES, INCLUDING THE EXECUTIVE DIRECTOR, IS BASED	
ON THE FOLLOWING DATA WHICH IS UPDATED ANNUALLY:	
- MARKET DATA GENERATED BY AN INDEPENDENT THIRD PARTY; AND	
- ACCOUNTING AND SALARY SURVEYS.	
AN INDEPENDENT COMPENSATION CONSULTANT PROVIDED ADDITIONAL ASSISTANCE	
SETTING THE EXECUTIVE DIRECTOR'S COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
ORGANIZATIONAL DOCUMENTS, THE CONFLICT OF INTEREST POLICY, THE MOST RECENT	
FINANCIAL STATEMENT, FORM 1023 AND THREE YEARS' OF FORM 990 ARE AVAILABLE	
FOR INSPECTION AT OUR OFFICES, OR ON OUR WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS -4,237.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION	
PROCESS DURING THE TAX YEAR.	

132212 11-11-21 Schedule O (Form 990) 2021