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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Α	For the	$lpha$ 2023 calendar year, or tax year beginning $$ J U \pm $$ 1 $$, $$ $$ 2 $$ 2 $$ $$ $$ and endire	ال gg	UN 30, 2024	
В	Check if applicable	C Name of organization		D Employer identif	ication number
	Addres change	SEMPER FI & AMERICA'S FUND			
	Name change	Doing business as		26-00863	05
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite	E Telephone number	
	Final return/	825 COLLEGE BLVD., SUITE 102, PMB 609		(760) 72	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	88,132,167.
	Ameno	OCEANSIDE, CA 92037		H(a) Is this a group	
	Application pending			for subordinate	s? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	1	a list. See instructions
	Websit			H(c) Group exemption	
	Form of art I	organization: X Corporation Trust Association Other L Summary	_ Year	of formation: 2004	M State of legal domicile: CA
4	1	Briefly describe the organization's mission or most significant activities: ASSIST	WOU.	NDED, ILL &	INJURED
Governance		SERVICE MEMBERS, VETERANS & MILITARY FAMILIE	ß.		
rna	2	Check this box if the organization discontinued its operations or disposed of	more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			14
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
es S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			199
ξ	6	Total number of volunteers (estimate if necessary)			1000
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
_	<u> b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
			_	Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		49,472,793.	
len.	9	Program service revenue (Part VIII, line 2g)		0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		535,368.	
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<126,253.>	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		49,881,908.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		29,490,186. 0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		16,047,942.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e)			0.
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,075,996.	5,358,340.
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		49,614,124.	
	1	Revenue less expenses. Subtract line 18 from line 12	·	267,784.	1,523,474.
		nevertue less expenses. Subtract line 10 from line 12	Be	ginning of Current Year	End of Year
Assets or	20	Total assets (Part X, line 16)	-	38,032,453.	41,550,729.
ASSE	21	Total liabilities (Part X, line 16)		1,298,791.	1,988,600.
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		36,733,662.	39,562,129.
	art II	Signature Block	I		00/002/2200
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and s	tateme	ents, and to the best of m	y knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr			,
Sig	ın	Signature of officer		Date	
He		KAREN GUENTHER, PRESIDENT, CEO & FOUNDER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d		1	1/01/24 self-emplo	yed
Pre	parer	Firm's name ALDRICH CPAS AND ADVISORS, LLP		Firm's EIN	
Use	Only	Firm's address 1903 WRIGHT PLACE, #180			
		CARLSBAD, CA 92008		Phone no. (7	
Ма	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Check if Schedule Contains a response or note to any line in this Part III Briefly describe the organization's mission: THE FUND CARS FOR OUR NATION'S CRITICALLY WOUNDED, ILL, AND INJURED SERVICE MEMBERS, VETERANS AND MILITARY FAMILIES. WE ASSIST ALL MILITARY BRANCHES, INCLUDING BOTH POST-9/11 AND VIETNAM VETERANS, PROVIDING ONE-ON-ONE CASE MANAGEMENT, CONNECTION AND LIFETIME SUPPORT. Did the organization cases any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If 'Yes,' describe these new services on Schedule O. Did the organization 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 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 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 program services, as measured by expenses, as section 501(c)(5) 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 program services and allocations to others, the total expenses, and revenue, if any, for each program service program services, and the revenue in a service when the revenue in a service with the revenue and allocations to others, the total expenses, and revenue, if any, for each program services and allocations to others, the total expenses, and revenue, if any, for each program services and allocations to others, the total ex	Par	t III Statement of Program Service Accomplishments	
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		THROUGH CUTTING EDGE TECHNOLOGIES, A NEUROFITNESS PROGRAM, ADAPTIVE	
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4d Other program services (Describe on Schedule O.)	4d		
(Expenses \$ including grants of \$) (Revenue \$)			
4e Total program service expenses 51,778,897.	<u>4e</u>	Total program service expenses 51, //8,89/.	5053/

Form 990 (2023) SEMPER FI & 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	The state of the s	20a		X
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	X	

Form 990 (2023) SEMPER FI & AMERICA'S FUND Part IV Checklist of Required Schedules (continued)

	Continued)		V	NI.
00	Did the averagination was at several than \$5,000 of average as other positions at a suffer demand in all sides of		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
04-	Schedule J	23		
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	04-		х
L	Schedule K. If "No," go to line 25a	24a 24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2 5a		
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	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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,	21		-25
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		Х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·		28c		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Cabadida N. Dart II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		X
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	TV 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	00-	
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Form 990 (2023) SEMPER FI & AMERICA'S FUND

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	o o i (continued)			
0-	Enter the number of employees reported an Form W.C. Transmitted of Wess and Toy Statements		Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 199			
b	filed for the calendar year ending with or within the year covered by this return 2a 199 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a		3a	- 21	Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.5		
-14	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	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	0		
9	sponsoring organizations maintaining depart adviced funds	8		
э a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	- CD		
a	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
C	Enter the amount of reserves on hand	44-		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		23
16		16		Х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	.0		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form **990** (2023)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	. 4			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	.3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		nv other				
_	officer, director, trustee, or key employee?				2		х
3	Did the organization delegate control over management duties customarily performed by or under the				_		
·			. capervioleri		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			. –	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			·· ⊢	5		X
6	5.11				6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			· -	0		
7a				Ι.	7 _		x
	more members of the governing body?			·	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		•	١.			x
_	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	-	-			37	
а	The governing body?				3a	X	
b	Each committee with authority to act on behalf of the governing body?			· -	3b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			.	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. 1	0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 1	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	1	1a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. 1	2a	X	
b	$Were \ of ficers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$	to conf	licts?	1	2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe				
	on Schedule O how this was done			1	2c	X	
13	Did the organization have a written whistleblower policy?			. L	13	Х	
14	Did the organization have a written document retention and destruction policy?			. L	14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			. 1	5a	X	
b	Other officers or key employees of the organization			١.	5b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	th a				
	taxable entity during the year?			1	6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
	exempt status with respect to such arrangements?			1	6b		
Sec	tion C. Disclosure			•			
17	List the states with which a copy of this Form 990 is required to be filed CA, AK, AL, AR, C	0 , C	T,DC,FL,G	A,F	ΞĪ,	IL,	KS
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar						
	for public inspection. Indicate how you made these available. Check all that apply.		(======================================	,,,,,	.,, -		
	X Own website Another's website X Upon request Other (explain	on So	hedule (1)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and fir	าลทด	ial	
.5	statements available to the public during the tax year.		toroot policy, t	U III	·uiio	···ai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records				
20	THOMAS BENOIT - 760-725-3680	no and	11000103				
		'A	92057				
	CEE COULEDINE O EOD ENT LICE OF CHANGIDE, C	,Д	J4UJ1			000	

6

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unles	ss per	ition more rson is	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KAREN GUENTHER	40.00	.,		,,				260 700	_	0 010
PRESIDENT & FOUNDER	40.00	Х		Х				269,798.	0.	8,219.
(2) SONDRIA SAYLOR	40.00	1			.			100 220	_	10 /55
(3) SUSAN ROCCO	40 00				Х			199,239.	0.	12,455.
EXECUTIVE VICE PRESIDENT	40.00				х			198,978.	0.	11,530.
(4) TOM BENOIT	40.00								•	
CHIEF FINANCIAL OFFICER		1		х				184,651.	0.	22,890.
(5) SAMUEL JACKSON	40.00							,	-	,
SECRETARY AND CHIEF LEGAL OFFICER				х				152,106.	0.	3,695.
(6) DR. LARITTA PAOLINI	40.00									-
DIRECTOR, WELLNESS PROGRAM						Х		140,088.	0.	12,523.
(7) BRENT PETERSON	40.00									
SENIOR DIRECTOR, OUTREACH						Х		111,186.	0.	28,663.
(8) SAM TICKLE	40.00									
SENIOR DIRECTOR, SPORTS PROGRAM						X		111,025.	0.	19,950.
(9) COURTNEY TURNER	40.00									
CHIEF OF DONOR RELATIONS AND PHILANT						X		113,544.	0.	5,319.
(10) JOHN MAYER	40.00									
DIRECTOR, APPRENTICESHIP AND JMHP						Х		116,767.	0.	733.
(11) GEN JOSEPH DUNFORD, JR,	5.00	1								
USMC (RET.) CHAIRMAN		Х		Х				0.	0.	0.
(12) WENDY LETHIN	5.00	ļ								•
DIRECTOR	F 00	Х						0.	0.	0.
(13) EDWARD (KIM) FOLEY, III	5.00								_	•
TREASURER	F 00	Х		Х				0.	0.	0.
(14) ANNETTE CONWAY	5.00	3,7		,,					0	0
VICE CHAIRMAN	F 00	Х		Х				0.	0.	0.
(15) GEN JOHN PAXTON JR. USMC (RET.) DIRECTOR	5.00	Х						0.	0.	0.
(16) JASON AIKEN	5.00	Δ						0.	0.	<u> </u>
DIRECTOR	3.00	Х						0.	0.	0.
(17) ROBERT BOWLIN, CPA	5.00	-22				\vdash			J •	•
DIRECTOR	3.00	х						0.	0.	0.
	1						L			Form 990 (2022)

332007 12-21-23

Form **990** (2023)

FORM 990 (2023) SEMI EX 1	r or Whire		,Д	ט	I. O	עועד			20 0000	JUJ Fage
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one pox, unless person is both an officer and a director/trustee)				an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) VADM C. FORREST FAISON III, USN (RET.) DIRECTOR	5.00	Х						0.	0.	0.
(19) RICHARD WELLS DIRECTOR	5.00	х						0.	0.	0.
(20) COL JAMES WEISKOPF, USA (RET.) DIRECTOR	5.00	х						0.	0.	0.
(21) SGTMJ CARLTON KENT, USMC (RET.) DIRECTOR	5.00	х						0.	0.	0.
(22) LAURA MITCHELL DIRECTOR	5.00	х						0.	0.	0.
(23) GEN MICHAEL GARRETT, USA (RET.) DIRECTOR	5.00	х						0.	0.	0.
1b Subtotal c Total from continuation sheets to Part VI								1,597,382.	0.	125,977.
d Total (add lines 1b and 1c)								1,597,382.	0.	125,977.
2 Total number of individuals (including but n	ot limited to th	റടേ	licta	d ah	OVA	\ wh	o re	ceived more than \$100	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization: Heport compensation for the calendar year chaing with or with	Title organization o tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
THE RETREAT AT ARTESIAN LAKES, 235 CHAIN O	UNIT REUNION	
LAKES RESORT, CLEVELAND, TX 77327	LODGING/ACTIVITIES	521,706.
PINKSTON, 3110 FAIRVIEW PARK DRIVE, SUITE	MARKETING,	
1400, FALLS CHURCH, VA 22042	COMMUNICATIONS, WEBS	376,753.
L + L PRINTERS		
6200 YARROW DRIVE, CARLSBAD, CA 92011	PRINTING	275,244.
SYSARC, INC., 11200 ROCKVILLE PIKE SUITE		
201, ROCKVILLE, MD 20852	IT SERVICES	263,355.
OUTDOOR ODYSSEY	VETERAN RETREAT	
450 BOY SCOUT RD., BOSWELL, PA 15531	LODGING/ACTIVITIES	165,850.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		
		- 000 ()

Form **990** (2023)

Form 990 (2023) SEMPER
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
			onesia de comunida	100001100		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
ω ω	-	_	Federated campaigns	1a	93,423.				
Contributions, Gifts, Grants and Other Similar Amounts				1b	20,120.				
ij g			Membership dues	1c	297,309.				
fts, Ar			Fundraising events	1d	257,305.				
ig ig			Related organizations						
ns, Sim			Government grants (contributions)	1e					
utio er (Ť	All other contributions, gifts, grants, and	I I	ET 101 020				
현된			similar amounts not included above	1f	57,121,030.				
ont od (_	Noncash contributions included in lines 1a-1f	1g \$	1,350,792.	F= F11 F60			
<u>0 g</u>		h	Total. Add lines 1a-1f			57,511,762.			
					Business Code				
e S	2	а							_
e Ķ		b							
S		С							
an eve		d							
Program Service Revenue		е							
P		f All other program service revenue							
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide						
						1,028,128.			1028128.
	4		Income from investment of tax-exem						
	5		Royalties	-					
			[[(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
				Securities	(ii) Other				
	•	а	()	581,629.	()				
		h	Less: cost or other basis	,					
Φ		D		376 423					
ğ		_	and sales expenses	205,206.					
her Revenue						205,206.			205,206.
Ä			Net gain or (loss)			203,200.			203,200.
	8	а	Gross income from fundraising events (r						
Ò			including \$ 297,309.	- 1					
			contributions reported on line 1c). S		6 967				
		_	Part IV, line 18		6,867.				
			Less: direct expenses		127,457.	100 500			100 500
			Net income or (loss) from fundraising	_		<120,590.>			<120,590.
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less return	s					
			and allowances	10a	3,781.				
		b	Less: cost of goods sold	10b	10,568.				
\Box		С	Net income or (loss) from sales of in	ventory		<6,787.>			<6,787.>
(0					Business Code				
Miscellaneous Revenue	11	а							
ane Dut		b							
eve		С							
lisc B		d	All other revenue						
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			58,617,719.	0.	0.	1105957.

Part IX | Statement of Functional Expenses

Pai	t IX Statement of Functional Expens	es			<u> </u>
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor	se or note to any line in			
	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				
	and domestic governments. See Part IV, line 21	210,000.	210,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	33,181,131.	33,181,131.		
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,	1,112,880.	657,277.	383,013.	72,590.
6	trustees, and key employees	1,112,000.	031,211•	303,013.	12,390•
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	4050(-)(0)(D)				
7	Other salaries and wages	14,184,873.	11,363,380.	1,832,620.	988,873.
8	Pension plan accruals and contributions (include	11/101/0/30	11/303/3001	1,032,0201	30070731
Ü	section 401(k) and 403(b) employer contributions)	276,359.	216,799.	40,200.	19,360.
9	Other employee benefits	1,565,256.	1,230,291.	228,562.	106,403.
10	Payroll taxes	1,205,406.	944,681.	176,475.	84,250.
11	Fees for services (nonemployees):	, , , , , ,	,	,	,
а	Management				
b	Legal				
С	Accounting	64,710.		64,710.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	92,838.		92,838.	_
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,469,375.	943,292.	364,237.	161,846.
12	Advertising and promotion	00 650	T0 006	10.610	
13	Office expenses	90,678.	70,836.	12,649.	7,193.
14	Information technology	335,151.	208,893.	100,717.	25,541.
15	Royalties	264,508.	233,138.	22,478.	8,892.
16	Occupancy	1,060,678.	961,563.	51,649.	47,466.
17	Payments of travel or entertainment expenses	1,000,070.	JU1, JU3.	JI,047•	47,400•
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	161,623.	120,589.	30,243.	10,791.
23	Insurance	146,154.	114,709.	22,149.	9,296.
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 O.)				
а	POSTAGE & SHIPPING	810,870.	700,411.	47,162.	63,297.
b	EDUCATIONAL/PROMOTIONAL	706,076.	547,814.	6,910.	151,352.
С	OTHER OPERATING EXPENSE	155,679.	74,093.	41,524.	40,062.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	57,094,245.	51,778,897.	3,518,136.	1,797,212.
26	$\ensuremath{\textbf{Joint costs}}.$ Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	470 020	246 100	106 001	C 010
	Check here X if following SOP 98-2 (ASC 958-720)	479,938.	346,197.	126,831.	6,910.

Form **990** (2023)

Form 990 (2023)
Part X | Balance Sheet

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,777,244.	1	745,458
	2	Savings and temporary cash investments			5,685,814.	2	6,290,705
	3	Pledges and grants receivable, net	7,420,000.	3	7,250,000		
	4	Accounts receivable, net	136,562.	4	267,449		
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			1,860,327.	9	1,491,057
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	377,568.			
	b	Less: accumulated depreciation		222,804.	183,954.	10c	154,764
	11	Investments - publicly traded securities			19,855,428.	11	25,275,880
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	110 101	13			
	14	Intangible assets	113,124.	14	75,416		
	15	Other assets. See Part IV, line 11	22 222 452	15	44 550 500		
	16	Total assets. Add lines 1 through 15 (must equ			38,032,453.	16	41,550,729
	17	Accounts payable and accrued expenses	1,298,791.	17	1,988,600		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
펄		controlled entity or family member of any of the				22	
- ∣	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate		Г		24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	-	·		۰-	
	06	of Schedule D			1,298,791.	25 26	1,988,600
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			1,200,701.	20	1,500,000
န္မ		and complete lines 27, 28, 32, and 33.	CK HEIE				
ğ	27	Net assets without donor restrictions			22,098,041.	27	25,234,688
<u> </u>	28	Net assets with donor restrictions			14,635,621.	28	14,327,441
틸	20	Organizations that do not follow FASB ASC 9					
ᆵᅵ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ea				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			36,733,662.	32	39,562,129
	-	. J.aor accord of faria balariood			38,032,453.	33	41,550,729

Form **990** (2023)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2			4,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			3,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36	,73	3,6	62.
5	Net unrealized gains (losses) on investments	5	1	,30	4,9	93.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	39	, 56	2,1	29.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			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	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization SEMPER FI & AMERICA'S FUND

Employer identification number

				ERICA'S FUND					6-0086305
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	S.	
The	orga	anization is not a private found							
1		A church, convention of chu	urches, or association	on of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative		•		(b)(1)(A)(ii	i).		
4		A medical research organiza					•	(iii). Enter	the hospital's name,
		city, and state:	·	,			· · · · · · · ·	` ,	,
5		An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental ur	it describe	ed in
_		section 170(b)(1)(A)(iv). (C		,	•	, 0			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v)		
	X	_	-					e general r	oublic described in
•		section 170(b)(1)(A)(vi). (Co	•	iniai part of ito oapport ii	om a gove	, i i i i i i i i i i i i i i i i i i i	arm or morn ar	o goriorai i	
8		A community trust describe	•	(1)(A)(vi) (Complete Par	+ 11 \				
9		An agricultural research org				ed in coni	inction with a	and-grant	college
3		or university or a non-land-g	-			-		-	-
		university:	grant conege or agric	altare (see mistractions).	Litter the i	iarric, city	, and state or i	ine conege	, 01
10		An organization that normal	ully receives (1) more	than 33 1/30% of its supr	ort from o	ontribution	ne momborchi	n foos and	d gross rosoints from
10		activities related to its exem							
			•	•					-
		income and unrelated busin		(less section 511 tax) irc	om busines	sses acqui	rea by the orga	anization a	inter June 30, 1975.
44		See section 509(a)(2). (Cor			f-4 O	ti F(20/-)/4)		
11		An organization organized a							numacos of one or
12		An organization organized a	•	•	•			•	
		more publicly supported org	-						Sheck the box on
		lines 12a through 12d that o	* *					-	at the c
а		Type I. A supporting orga	•		•	_			
		the supported organization			majority o	tne airec	tors or trustee	s of the su	apporting
		organization. You must complete Part IV, Sections A and B.							
b		Type II. A supporting orga	•				-		-
		control or management of			ame perso	ns that co	ntrol or manag	e the supp	ported
		organization(s). You mus							
С		Type III functionally inte						y integrate	ed with,
		its supported organization		•					
d		Type III non-functionally						-	
		that is not functionally into	-		-		-	an attentiv	/eness
		requirement (see instructi	•	·					
е		Check this box if the orga					Type I, Type I	i, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
		iter the number of supported o ovide the following information	•	d organization(s)					
9	FIC	(i) Name of supported	(ii) EIN	(iii) Type of organization		ınization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your governi	·	support (see in	•	support (see instructions)
				above (see instructions))	Yes	No			
Tota	1								

332021 12-21-23

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	,			
	membership fees received. (Do not						
	include any "unusual grants.")	39268820.	46633342.	51867420.	49472793.	57511762.	244754137
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	39268820.	46633342.	51867420.	49472793.	57511762.	244754137
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)						50389779.
6	Public support. Subtract line 5 from line 4.						194364358
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	39268820.	46633342.	51867420.	49472793.	57511762.	244754137
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	560,086.	493,436.	670,413.	773,205.	1028128.	3525268.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				1,655.	0.	1,655.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						248281060
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and sto	p here					
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2023 (line 6, column (f), d	ivided by line 11, o	column (f))		14	78.28 <u>%</u>
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	76.42 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2023. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organization	n qualifies as a pu	ıblicly supported o	organization		
b	10% -facts-and-circumstances test	t - 2022. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	/ supported organia	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	nd see instruction	s
_						Cabadula A	(Form 990) 2023

332022 12-21-23

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	50		
	6		
	3		
	7		
	8		
	0-		
	9a		
	9b		
	9c		
	10a		
	401-		
lulo	10b	n 000)	2022

Par	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		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*32025 12-21-23

320 Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	inization (see

Schedule A (Form 990) 2023

instructions).

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

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
THE BOB & RENEE PARSONS FOUNDATION	51,637,500.	46,671,879.
THE SKIP VIRAGH FOUNDATION	7,750,000.	2,784,379.
ESTATE OF SUE POYNTZ WILLIAMS	5,167,444.	201,823.
ESTATE OF EDWARD ZAPSKI	5,697,319.	731,698.
Total Excess Contributions to Schedule A, Part II, Line 5		50,389,779.

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

SEMPER FI & AMERICA'S FUND

26-0086305

Organiza	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Note: Or	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \$
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

SEMPER FI & AMERICA'S FUND

26-0086305

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>10,000,000</u> .	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		\$ 5,697,319.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$2,876,477.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 5,000,000.	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
5		\$ <u>1,642,683</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SEMPER FI & AMERICA'S FUND

26-0086305

(a) No. from Part I (a) No. (b) FMV (or estimate) (See instructions.) (b) Compared the second of t	eceived
(a) No. from Part I Description of noncash property given \$ (c) FMV (or estimate) (See instructions.) Date re	
No. from Part I Description of noncash property given See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date re	
(a)	
(a)	
No. (b) (c) FMV (or estimate) (c) FMV (or estimate) (See instructions.)	
(a) No. from Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)	
(a) No. from Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)	
(a) No. from Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)	

Page **4**

Name of organization **Employer identification number** SEMPER FI & AMERICA'S FUND 26-0086305 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2023)

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

SEMPER FI & AMERICA'S FUND

Employer identification number 26-0086305

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

	t III Organizations Maintaining Co	ollections of Art		asures, or	Other		Assets			ge Z
3	Using the organization's acquisition, accessio							(COITIII)	ueu)	
Ū	collection items (check all that apply).	in, una other records	, or con any or the n	onowing that i	nano sig	i iii oan c	100 01 110			
а	Public exhibition	d	I oan or exch	nange prograr	n					
b	Scholarly research	e	Other	iango prograi						
c	Preservation for future generations	J								
4	Provide a description of the organization's col	llections and explain	how they further th	e organization	ı's exemi	nt nurnos	se in Part `	XIII		
5	During the year, did the organization solicit or						oc iiii ait i	· Cilli.		
Ū	to be sold to raise funds rather than to be mai							Yes		No
Par	t IV Escrow and Custodial Arrang									110
	reported an amount on Form 990, Part		o					,		
1a	Is the organization an agent, trustee, custodia	n. or other intermedi	ary for contribution	s or other ass	ets not ir	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a							_		
	3	ļ,	3					Amount		
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year					1e				
	Ending balance					1f				
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.							_		
Par										
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	years b	ack
1a	Beginning of year balance	4,565,925.	4,190,533.	4,961	,465.	3,6	31,125.	3,	771,3	321.
	Contributions	50,000.	105,250.	7	,441.	-	90,000.			
	Net investment earnings, gains, and losses	868,358.	471,842.	<565,7	788.>	1,4	40,355.		61,0	947.
d	Grants or scholarships	207,000.	201,700.	212	,585.		00,015.		201,2	243.
е	Other expenditures for facilities		-				-			
	and programs									
f	Administrative expenses									
g	End of year balance	5,277,283.	4,565,925.	4,190	,533.	4,9	61,465.	3,	631,1	25.
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1g. column (a)			•				
	Board designated or quasi-endowment	,	%							
b	Permanent endowment 66.8000	%	_^-							
С	Term endowment 33.2000 9	<u></u> -								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organizat	ion that are held an	d administere	d for the	,				
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		Х
	(ii) Related organizations?							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat							3b		
4	Describe in Part XIII the intended uses of the	organization's endow						,		
Par	t VI Land, Buildings, and Equipme	ent								
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. So	ee Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or ot basis (investm	` '			cumulate reciation	ed	(d) Book	value	
	Land	<u> </u>	Dasis (outiet)	uep	CUALIUIT				
	Land									
	Buildings									
	Leasehold improvements		27	7,568.	2	22,80	14	1 🗆 1	76	. 1
	Equipment		37	1,300.		44,00	74.	154	.,76	4.
	Other		<u> </u>					1 🗆 1	,76	1
ı otal	. Add lines 1a through 1e. (Column (d) must ed	aual Form 990. Part X	Line 10c. column i	(B))			<u> </u>	T 2 4	: , / O	4.

Schedule D (Form 990) 2023

	AMERICA'S FU	ND	26-0086305 Page
Part VII Investments - Other Securities Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-vear market value
(1)	(b) Book value	(e) meniod er valdatierni eest e	Toria or your market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(1) D
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			•
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	e 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

(9)

	dule D (Form 990) 2023 SEMPER FI & AMERICA'S FUN				0086305 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Staten		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		Ι.	E0 040 270
1				1	59,849,378.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 _ 1	1 204 002		
a	Net unrealized gains (losses) on investments		1,304,993. 19,504.		
b	Donated services and use of facilities		19,504.		
С.	Recoveries of prior year grants	1 1			
d	Other (Describe in Part XIII.)				1 224 407
e	Add lines 2a through 2d			2e	1,324,497. 58,524,881.
3	Subtract line 2e from line 1			3	30,324,001.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	02 020		
а	Investment expenses not included on Form 990, Part VIII, line 7b		92,838.	-	
р	Other (Describe in Part XIII.)			_	92,838.
_C	Add lines 4a and 4b			4c	58,617,719.
Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) † XII Reconciliation of Expenses per Audited Financial State	monte Wit	h Evnansas nar E	5 Potur	
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		ii Expenses per i	ictui	••
1	Total expenses and losses per audited financial statements			1	57,020,911.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				3.,020,3220
a	Donated services and use of facilities	2a	19,504.		
b	Prior year adjustments		13,3011	-	
	Other losses			-	
d	Other (Describe in Part XIII.)			-	
e	Add lines 2a through 2d			2e	19,504.
3	Subtract line 2e from line 1			3	57,001,407.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				37,002,107
т а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	92,838.		
h	Other (Describe in Part XIII.)		32,0001	-	
	Add lines 4a and 4b	·		4c	92,838.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	57,094,245.
	T XIII Supplemental Information				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			; Part	X, line 2; Part XI,
PAI	RT V, LINE 4:				
THE	E ENDOWMENT CONSISTS OF DONOR-RESTRICT	ED FUN	IDS ESTABLI	SHE	D TO
SUI	PPORT THE ORGANIZATION'S OPERATIONS AND M	ISSION.			
PAI	RT X, LINE 2:				

THE FUND FOLLOWS US GAAP RELATED TO THE RECOGNITION OF UNCERTAIN TAX

POSITIONS. THE FUND RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED

WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENT OF ACTIVITIES WHEN

APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE FUND HAS NO UNCERTAIN TAX

POSITIONS AT JUNE 30, 2024 AND JUNE 30, 2023 AND THEREFORE NO AMOUNTS HAVE

BEEN ACCRUED.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 SEMPER FI & AMERICA'S FUND	26-0086305 Page 5
Schedule D (Form 990) 2023 SEMPER F1 & AMERICA'S FUND Part XIII Supplemental Information (continued)	
1 (35)(6)(4)(5)	
<u> </u>	

SCHEDULE G (Form 990)

Department of the Treasury 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

2023

Open to Public Inspection

Name of the organization Employer identification number SEMPER FI & AMERICA'S FUND 26-0086305 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

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 gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1 MARINE CORPS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			MARATHON (event type)	(event type)	(total number)	col. (c))
ne			(overne type)	(overn type)	(total Hamber)	
Revenue	1	Gross receipts	304,176.			304,176.
	2	Less: Contributions	297,309.			297,309.
	3	Gross income (line 1 minus line 2)	6,867.			6,867.
	4	Cash prizes				
v		Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages	59,819.			59,819.
		Entertainment				
	9	Other direct expenses	67,638.			67,638.
	10		. ,			127,457.
Da	11 1 rt l	Net income summary. Subtract line 10 from li		000 Dat N/ Eas 40		<120,590.>
ГС		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		ψ10,000 0111 01111 000 <u>LL</u> , iiilo σα.	() 5:	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve.						
	1	Gross revenue				
		Oash asiasa				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a				Yes No
		No," explain:				
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	-		Yes No
D) IT "	Yes," explain:				

Schedule G (Form 990) 2023 332082 09-13-23

Sch	edule G (Form 990) 2023 SEMPER FI & AMERICA S FUND 26-0	7000303	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	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	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			_

Schedule G	G (Form 990)	SEMPER FI &	AMERICA'S	FUND	26-0086	305 Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)				
		(continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
SEMPER FI		A'S FUND					26-0086305
Part I General Information on Grants a							
1 Does the organization maintain records t		-			-		
criteria used to award the grants or assis	stance?						Yes X No
2 Describe in Part IV the organization's properties. Part II Grants and Other Assistance to I					anization analysed "V	You!! on Form 000 Dort	IV line 01 for any
recipient that received more than \$					ariization ariswered if	es on Form 990, Part	TV, III le 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
wa.							
USO							USO EXPERIENCE 2024 AND
PO BOX 96860 WASHINGTON, DC 20077	13-1610451	501/01/31	110,000.	0.			USO EUROPE PROGRAM IN A BOX
WASHINGTON, DC 20077	13-1010431	501(0)(3)	110,000.	0.			BOX
FISHER HOUSE FOUNDATION 12300 TWINBROOK PKWY. ROCKVILLE MD 20852	11-3158401	501(C)(3)	100,000.	0.			WARRIOR GAMES 2024
			, ,	-			
2 Enter total number of section 501(c)(3) ar	nd government or	ganizations listed in th	e line 1 table				
3 Enter total number of other organizations	s listed in the line	1 table					0.

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

Schedule I (Form 990) 2023

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					COMPUTERS AND OTHER ELECTRONIC
FAMILY SUPPORT PROGRAM	13197	24,101,345.	21,834.	VENDOR INVOICES	EQUIPMENT
INTEGRATIVE WELLNESS PROGRAM	2638	4,322,007.	1 146 637	VENDOR INVOICES	ELECTRONIC DEVICES FOR PTSD/TBI
INIBORITY HAMMADO INCORRE	2030	1,322,007.	1,110,037.	VINDOR INVOICED	1100/101
TRANSITION PROGRAM	1234	3,519,600.	69,708.	VENDOR INVOICES	COMPUTERS
Part IV Supplemental Information. Provide the informat	ion required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
		, ,			

SCHEDULE J (Form 990)

Department of the Treasury

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.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

SEMPER FI & AMERICA'S FUND

Employer identification number 26-0086305

			Yes	No
1 a	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 Written employment contract			
	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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	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		<u>X</u>
b	Any related organization?	5b		X
	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:			7.7
	The organization?	6a		_ <u>X</u> _
b	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			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KAREN GUENTHER	(i)	266,798.	3,000.	0.	6,175.	2,044.	278,017.	0.	
PRESIDENT & FOUNDER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) SONDRIA SAYLOR	(i)	196,239.	3,000.	0.	3,478.	8,977.	211,694.	0.	
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) SUSAN ROCCO	(i)	195,978.	3,000.	0.	3,147.	8,383.	210,508.	0.	
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) TOM BENOIT	(i)	181,651.	3,000.	0.	4,329.	18,561.	207,541.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) SAMUEL JACKSON	(i)	149,106.	3,000.	0.	2,933.	762.	155,801.	0.	
SECRETARY AND CHIEF LEGAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) DR. LARITTA PAOLINI	(i)	138,588.	1,500.	0.	3,978.	8,545.	152,611.	0.	
DIRECTOR, WELLNESS PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide 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.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

SEMPER FI & AMERICA'S FUND

Employer identification number
26-0086305

	TI & AMERICA D FOND	[20 0000	505	
Part I Excess Benefit Tran	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) organizations only)		
Complete if the organization	on answered "Yes" on Form 990, Part IV, I	ine 25a or 25b; or Form 990-EZ, Part V, line 40b.		
1 (-) N	(b) Relationship between disqualified	(a) December of the control	(d) Cor	rected?
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
2 Enter the amount of tax incurred b	y the organization managers or disqualifie	d persons during the year under		
section 4958	· · · · · ·	\$		
3 Enter the amount of tax. if anv. on	line 2, above, reimbursed by the organization	tion \$		
, , , , , , , , , , , , , , , , , , ,	, ,			

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa		(h) Ap by bo comm	ard or	(i) W agreer	ritten ment?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													<u> </u>
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Tota	1		·			\$	·						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Schedule L (Form 990) 2023 SEMPER FI & AMERICA '

Part IV Dusiness Transactions involve	ing interes	sted Persons						
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.								
(a) Name of interested person		ship between interested and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?			
					Yes	No		
(1)CHARO BATES	FAMILY	RELATIONSHIP		EMPLOYEE CO		X		
(2)CICELY KENT-WARREN	FAMILY	RELATIONSHIP	83,618.	EMPLOYEE CO		Х		
(3)MATTHEW ROCCO	FAMILY	RELATIONSHIP	83,736.	EMPLOYEE CO		Х		
(4)CHRISTOPHER SAYLOR	FAMILY	RELATIONSHIP	93,498.	EMPLOYEE CO		Х		
(5)								
(6)								
(7)								
(8)								
(9)								
<u>(10)</u>								
Part V Supplemental Information								
Provide additional information for response	nses to ques	tions on Schedule L. See	instructions.					
SCH L, PART IV, BUSINESS T	RANSACT	'IONS INVOLVIN	G INTERESTE	D PERSONS:				
(A) NAME OF PERSON: CHARO BATES								
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:								
FAMILY RELATIONSHIP WITH A DIRECTOR								

- (C) AMOUNT OF TRANSACTION \$ 82,638.
- (D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION
- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: CICELY KENT-WARREN
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY RELATIONSHIP WITH A DIRECTOR

- (C) AMOUNT OF TRANSACTION \$ 83,618.
- (D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION
- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: MATTHEW ROCCO
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY RELATIONSHIP WITH A KEY EMPLOYEE

- (C) AMOUNT OF TRANSACTION \$ 83,736.
- (D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

Schedule L (Form 990) 2023

Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).	
(E) SHARING OF ORGANIZATION REVENUES? = NO	
(A) NAME OF PERSON: CHRISTOPHER SAYLOR	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:	
FAMILY RELATIONSHIP WITH A KEY EMPLOYEE	
(C) AMOUNT OF TRANSACTION \$ 93,498.	
(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION	
(E) SHARING OF ORGANIZATION REVENUES? = NO	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

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.

Inspection Employer identification number

	SEMPER FI & AMERICA'S FUND						26-0086305				
Pai	rt I Types of Property										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contrib	determini	_	S			
1	Art - Works of art										
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications	X		286,320.	ESTIMATED 1	FMV					
5	Clothing and household goods										
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities - Publicly traded	X	58	577,030.	STOCK EXCH	ANGE	VAI	JUE			
10	Securities - Closely held stock										
11	Securities - Partnership, LLC, or										
	trust interests										
12	Securities - Miscellaneous										
13	Qualified conservation contribution - Historic structures										
14	Historic structures 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 (GIFT CARDS)	Х	2	360.000.	ACTUAL VALU	UE					
26	Other (CEMETERY PLOTS)	X	1		INVOICE VA						
27	Other (SUPPLIES)	X	10		ESTIMATED 1						
28	Other (AUCTION ITEM)	X	1		ESTIMATED 1						
29	Number of Forms 8283 received by the organization		1	·							
	for which the organization completed Form 82	_	•								
		, , -					Yes	No			
30a	During the year, did the organization receive by	v contributio	n anv property rep	orted in Part I. lines 1 throug	ah 28. that it						
	must hold for at least 3 years from the date of	•		,	•						
	exempt purposes for the entire holding period?					30a		Х			
b	If "Yes," describe the arrangement in Part II.										
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribut	tions?	31	х				
	Does the organization hire or use third parties										
	contributions?		•	• •		32a		Х			
b	If "Yes," describe in Part II.										
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is chec	cked,						
	described in Deut II	()), i i)	, , , , , , , , , , , , , , , , , , , ,	•						

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Name of the organization

SEMPER FI & AMERICA'S FUND

Employer identification number 26-0086305

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

THE FORM 990 IS INITIALLY REVIEWED BY THE AUDIT COMMITTEE AND SENIOR

MANAGEMENT. AFTER CHANGES, IF ANY, ARE MADE, THE FORM 990 IS THEN PROVIDED

TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW PRIOR TO BEING FILED. THE FORM

990 IS FILED ONCE IT IS APPROVED BY THE ENTIRE BOARD.

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

SF&AF REQUIRES AN ANNUAL STATEMENT FROM EACH BOARD MEMBER DISCLOSING ALL

CONFLICTS OF INTEREST. PERIODIC REVIEWS OF THESE ANNUAL STATEMENTS ARE MADE

BY VARIOUS MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF TOP MANAGEMENT IS INITIALLY REVIEWED BY THE

COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE IS MADE UP OF

INDEPENDENT MEMBERS OF THE BOARD. THE COMMITTEE DISCUSSES COMPARABLE

COMPENSATION IN OTHER ORGANIZATIONS, REVIEWS NON-PROFIT COMPENSATION

SURVEYS AND KEEPS CONFIDENTIAL RECORDS OF THE COMMITTEE'S DELIBERATIONS.

THE COMMITTEE THEN PRESENTS ITS FINDINGS AND RECOMMENDATIONS TO THE FULL

BOARD WHO DETERMINES AND APPROVES THE COMPENSATION AMOUNTS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,AK,AL,AR,CO,CT,DC,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NM,NY
OH,OK,OR,PA,RI,SC,TN,TX,UT,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 18:

ANY PERSON CALLING OR E-MAILING THE ORGANIZATION IS PROVIDED A COPY OF

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization SEMPER FI & AMERICA'S FUND	Employer identification number 26-0086305
THESE DOCUMENTS.	
FORM 990, PART VI, SECTION C, LINE 19:	
SF&AF'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST. THE AUDITED FINANC	IAL STATEMENTS,
FORM 990 AND PRIVACY POLICY ARE ALSO AVAILABLE ON SF&AF'S	WEBSITE.