Schedule B (Form 990, 990-EZ or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

EVERGREEN PROJECT

Schedule of Contributors

► Attach to Form 990, Form 990-EZ or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

83-1064700

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Name of organization

Employer identification number

EVERGRE	EEN PROJECT	83-1064700		
Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	

of Part II Page

Employer identification number Name of organization

EVERGREEN PROJECT 83-1064700 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number

EVERGRE	EN PROJECT		83-1064700					
Part III	Exclusively religious, charitable, e							
	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through							
	the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, e							
	contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$							
(a) No	Use duplicate copies of Part III if additional space is needed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	(d) Description of how gift is held			
								
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
	Transfered 3 name, address, and En + + Trenationship of transferor to transferee							
(a) No. from	(b) Purpose of gift	(a) Uaa	of wife	(d) Doo	evintion of how wift in hold			
Part I	(b) Purpose of gift	(c) Use	(c) Use of gift		(d) Description of how gift is held			
		X						
	(e) Transfer of gift							
	Transferoo's name address a	. (74)		onehin of tran	referer to transferee			
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from	(h) Down a see of with	(2) 1122	-6 -: 61	(-I) D				
from Part I	(b) Purpose of gift	(c) Use	or gift	(a) Des	cription of how gift is held			
		7						
		,						
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
_	ransteree's name, address, a	ind ZIP + 4	Relatio	onsnip of trar	isteror to transferee			
(a) No. from	(L) D			(.n. n	autuation of to our wife to the			
from Part I	(b) Purpose of gift	(c) Use	от діпт	(d) Des	cription of how gift is held			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee