

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2019 or tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**

Name of foundation EVERGREEN FOUNDATION		A Employer identification number 56-1351883
Number and street (or P.O. box number if mail is not delivered to street address) 28 A OAK STREET	Room/suite	B Telephone number 828-456-8005
City or town, state or province, country, and ZIP or foreign postal code WAYNESVILLE, NC 28786		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 32,610,578.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	34.	34.		STATEMENT 1
	4 Dividends and interest from securities	449,788.	449,788.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	305,132.			
	b Gross sales price for all assets on line 6a	4,286,083.			
	7 Capital gain net income (from Part IV, line 2)		305,132.		
	8 Net short-term capital gain				
	9 Income modifications			613.	
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	632,764.	10,226.	622,538.	STATEMENT 3	
12 Total. Add lines 1 through 11	1,387,718.	765,180.	623,151.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 4	720.	0.	0.	0.
	b Accounting fees STMT 5	42,835.	0.	0.	0.
	c Other professional fees STMT 6	134,547.	0.	0.	44,945.
	17 Interest	57.	0.	0.	0.
	18 Taxes STMT 7	16,122.	0.	0.	0.
	19 Depreciation and depletion	337,112.	0.	0.	
	20 Occupancy	75,613.	0.	0.	0.
	21 Travel, conferences, and meetings	4,418.	0.	0.	0.
	22 Printing and publications				
	23 Other expenses STMT 8	100,725.	30,811.	0.	0.
	24 Total operating and administrative expenses. Add lines 13 through 23	712,149.	30,811.	0.	44,945.
	25 Contributions, gifts, grants paid	724,008.			724,621.
26 Total expenses and disbursements. Add lines 24 and 25	1,436,157.	30,811.	0.	769,566.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-48,439.				
b Net investment income (if negative, enter -0-)		734,369.			
c Adjusted net income (if negative, enter -0-)			623,151.		

Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	268,483.	215,523.	215,523.
	2 Savings and temporary cash investments	5,127.	5,129.	5,129.
	3 Accounts receivable ▶ 3,659.			
	Less: allowance for doubtful accounts ▶	2,468.	3,659.	3,659.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶ 142,358.			
	Less: allowance for doubtful accounts ▶ 0.	149,158.	142,358.	142,358.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other	STMT 11 17,702,779.	18,072,125.	18,072,125.	
14 Land, buildings, and equipment: basis ▶ 10,379,097.				
Less: accumulated depreciation STMT 10 ▶ 6,876,300.	3,735,674.	3,502,797.	14,170,935.	
15 Other assets (describe ▶ DEPOSIT)	8,089.	849.	849.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	21,871,778.	21,942,440.	32,610,578.	
Liabilities	17 Accounts payable and accrued expenses	39,853.	13,073.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ STATEMENT 12)	18,713.	19,356.	
23 Total liabilities (add lines 17 through 22)	58,566.	32,429.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	21,813,212.	21,910,011.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances	21,813,212.	21,910,011.		
30 Total liabilities and net assets/fund balances	21,871,778.	21,942,440.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	21,813,212.
2 Enter amount from Part I, line 27a	2	-48,439.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 9	3	145,238.
4 Add lines 1, 2, and 3	4	21,910,011.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	21,910,011.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 4,286,083.		3,980,951.	305,132.	
b				
c				
d				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a			305,132.	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2 305,132.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		{ }		3 N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	712,531.	17,003,302.	.041905
2017	673,980.	17,159,634.	.039277
2016	675,773.	15,730,212.	.042960
2015	816,694.	15,080,656.	.054155
2014	741,587.	15,812,193.	.046900
2 Total of line 1, column (d)			2 .225197
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			3 .045039
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			4 17,665,263.
5 Multiply line 4 by line 3			5 795,626.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 7,344.
7 Add lines 5 and 6			7 802,970.
8 Enter qualifying distributions from Part XII, line 4			8 769,566.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.
 See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	14,687.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	14,687.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	14,687.
6 Credits/Payments:			
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	10,800.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	10,800.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	3,887.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <u>NC</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, and interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business holdings.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b		X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
DENISE COLEMAN 28A OAK STREET, WAYNESVILLE, NC 28786	MANAGEMENT	92,736.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	17,669,140.
b	Average of monthly cash balances	1b	265,137.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	17,934,277.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	17,934,277.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	269,014.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	17,665,263.
6	Minimum investment return. Enter 5% of line 5	6	883,263.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	883,263.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	14,687.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	14,687.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	868,576.
4	Recoveries of amounts treated as qualifying distributions	4	613.
5	Add lines 3 and 4	5	869,189.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	869,189.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	769,566.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	769,566.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	769,566.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				869,189.
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			356,652.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 769,566.				
a Applied to 2018, but not more than line 2a			356,652.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2019 distributable amount				412,914.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				456,275.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
 Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 14

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution * *	Amount
a Paid during the year				
30TH JUDICIAL DISTRICT DV/SA ALLIANCE P.O. BOX 554 WAYNESVILLE, NC 28786	NONE	PC	A PARTIAL MATCH FOR A GOVERNOR'S CRIME COMMISSION GRANT WHICH SUPPORTS VETERANS AND OTHER INDIVIDUALS WITH	10,000.
30TH JUDICIAL DISTRICT DV/SA ALLIANCE P.O. BOX 554 WAYNESVILLE, NC 28786	NONE	PC	FUNDING TO ASSIST WITH SETTING UP AN MDMA ASSISTED THERAPY CLINIC TO HELP PEOPLE WHO HAVE PTSD.	14,155.
ASHEVILLE-BUNCOMBE COMMUNITY CHRISTIAN MINISTRY, INC. 20 TWENTIETH ST. ASHEVILLE, NC 28806	NONE	PC	CONTINUATION FUNDING FOR THE NC SERVES VETERANS PROGRAM IN CHEROKEE, CLAY, GRAHAM AND SWAIN COUNTIES.	30,000.
AWAKE P.O. BOX 755 SYLVA, NC 28779	NONE	PC	EMERGENCY FUNDS TO ADDRESS NEEDS OF THE ORGANIZATION AND CLIENTS DURING THE COVID 19 PANDEMIC.	3,000.
AWAKE P.O. BOX 755 SYLVA, NC 28779	NONE	PC	SPONSORSHIP FOR THE POP A CORK FUNDRAISING EVENT WHICH SUPPORTS THE OPERATION OF THE CHILD ADVOCACY CENTER.	1,000.
Total SEE CONTINUATION SHEET(S) ▶ 3a				724,621.
b Approved for future payment				
NONE				
Total ▶ 3b				0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a EXEMPT PURPOSE RENTAL					
b INCOME					622,538.
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	34.	
4 Dividends and interest from securities			14	449,788.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	10,226.	
8 Gain or (loss) from sales of assets other than inventory			18	305,132.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e)		0.		765,180.	622,538.
13 Total. Add line 12, columns (b), (d), and (e)					13 1,387,718.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
1A	FACILITY AND HOUSING PROVIDED AT LOW RENT TO MENTAL HEALTH COMMUNITY

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Rows include: 1 Did the organization directly or indirectly engage in any of the following...; a Transfers from the reporting foundation...; b Other transactions...; c Sharing of facilities...; d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content: N/A

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content: N/A

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

May the IRS discuss this return with the preparer shown below? See instr. X Yes No

Table with 5 columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN. Content: APRIL WESTMORELAND, APRIL WESTMORELAN, 10/27/20, P01245071, JOHNSON PRICE SPRINKLE PA, 56-1169449, 500 NORTH MAIN STREET, SUITE 16, MARION, NC 28752, (828) 652-7044

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CAMP ABILITY OF WNC 28 VILLA COURT WAYNESVILLE, NC 28786	NONE	PC	FUNDING TO PROVIDE STAFF AND EQUIPMENT FOR A TWO WEEK SUMMER CAMP PROGRAM FOR INDIVIDUALS WITH	4,133.
CENTER FOR DOMESTIC PEACE 26 RIDGEWAY ST. SYLVA, NC 28723	NONE	PC	FUNDING TO COVER THE CRISIS HOTLINE FOR DOMESTIC VIOLENCE AND SEXUAL ASSAULT VICTIMS.	17,670.
CHILDREN'S HOPE ALLIANCE P.O. BOX 1 BARIUM SPRINGS, NC 28010	NONE	PC	FUNDING TO HELP SUPPORT A POST ADOPTION CONFERENCE AND ALSO COVER FOSTER CARE TRAINING.	15,000.
DISABILITY PARTNERS 2775 US 74 EAST SYLVA, NC 28779	NONE	PC	FUNDING TOWARD AN ELECTRONIC MEDICAL RECORD PROGRAM WHICH IS BEING REQUIRED BY PROVIDERS OF STATE AND	10,000.
HAVEN CHILD ADVOCACY CENTER 4297 E US 64 ALT MURPHY, NC 28906	NONE	PC	EMERGENCY FUNDS TO ADDRESS NEEDS OF THE ORGANIZATION AND CLIENTS DURING THE COVID 19 PANDEMIC.	3,000.
HAYWOOD COMMUNITY COLLEGE-CAREER COLLEGE 1660 TOW STRING RD. CHEROKEE, NC 28719	NONE	GOV	FUNDING TO PURCHASE IPADS FOR THE CAREER COLLEGE PROGRAM WHICH SERVES INDIVIDUALS WITH INTELLECTUAL AND	7,290.
HERE IN JACKSON CO. P.O. BOX 403 SYLVA, NC 28723	NONE	PC	FUNDING TO PROVIDE WINTER SHELTER FOR INDIVIDUALS WITH SEVERE MENTAL ILLNESS.	45,000.
HERE IN JACKSON CO. P.O. BOX 403 SYLVA, NC 28723	NONE	PC	EMERGENCY FUNDS TO ADDRESS NEEDS OF THE ORGANIZATION AND CLIENTS DURING THE COVID 19 PANDEMIC.	7,000.
HIGHTS INC. P.O. BOX 2543 CULLOWHEE, NC 28723	NONE	PC	FUNDING TO COVER A YOUTH SPECIALIST POSITION IN ORDER TO HAVE THE PROPER RATIOS IN THE PROGRAM SERVING	50,830.
HIGHTS INC. P.O. BOX 2543 CULLOWHEE, NC 28723	NONE	PC	EMERGENCY FUNDS TO ADDRESS NEEDS OF THE ORGANIZATION AND CLIENTS DURING THE COVID 19 PANDEMIC.	10,000.
Total from continuation sheets				666,466.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HINTON RURAL LIFE CENTER, INC. 2330 HINTON CENTER RD. HAYESVILLE, NC 28904	NONE	PC	FUNDING TO INCORPORATE SUBSTANCE USE AWARENESS AND PREVENTION IN THE SAFE AND HEALTHY HOME	12,500.
HINTON RURAL LIFE CENTER, INC. 2330 HINTON CENTER RD. HAYESVILLE, NC 28904	NONE	PC	FUNDING TO SUPPORT FUND-RAISING EVENT TO SUPPORT THE SANCTUARY GARDENS AT THE CENTER.	1,000.
KARE, INC. 1159 N. MAIN ST. WAYNESVILLE, NC 28786	NONE	PC	FUNDING TO ASSIST WITH THERAPY SERVICES FOR CHILD VICTIMS OF ABUSE.	12,265.
KARE, INC. 1159 N. MAIN ST. WAYNESVILLE, NC 28786	NONE	PC	EMERGENCY FUNDS TO ADDRESS NEEDS OF THE ORGANIZATION AND CLIENTS DURING THE COVID 19 PANDEMIC.	3,000.
LIBERTY CORNER ENTERPRISES, INC. 119 TUNNEL ROAD, SUITE 120 ASHEVILLE, NC 28805	NONE	PC	EMERGENCY FUNDS TO ADDRESS NEEDS OF THE ORGANIZATION AND CLIENTS DURING THE COVID 19 PANDEMIC.	2,700.
MACON TRACS P.O. BOX 101 OTTO, NC 28763	NONE	PC	SPONSORSHIP FOR THE BLUE JEAN BALL WHICH SUPPORTS THE THERAPEUTIC HORSEBACK RIDING PROGRAM FOR	1,000.
MERIDAIN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779	NONE	PC	FUNDING FOR CONTINUED SUPPORT OF AN INTEGRATED CARE PILOT PROGRAM AT THE CHEROKEE HEALTH	29,783.
MERIDAIN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779	NONE	PC	FUNDING FOR CONTINUED SUPPORT OF THE PATIENT ASSISTANCE PROGRAM WHICH PROVIDES OVER ONE MILLION DOLLARS IN	52,200.
MERIDAIN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779	NONE	PC	FUNDING TO UPGRADE COMPUTERS AND TECHNOLOGY FOR THE AGENCY IN THE SEVEN WNC COUNTIES.	55,308.
MERIDAIN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779	NONE	PC	FUNDING TO DEVELOP AND TEST A PILOT MODEL SERVICE CALLED COMPREHENSIVE COMMUNITY SUPPORT	125,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MERIDAIN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779	NONE	PC	EMERGENCY FUNDS TO ADDRESS NEEDS OF THE ORGANIZATION AND CLIENTS DURING THE COVID 19 PANDEMIC.	10,000.
MOUNTAIN PROJECTS 2177 ASHEVILLE RD. WAYNESVILLE, NC 28786	NONE	PC	FUNDING TO PURCHASE COMPUTERS AND OTHER TECHNOLOGY FOR THE CIRCLES OF HOPE PROGRAM IN JACKSON	5,119.
MOUNTAIN PROJECTS 2177 ASHEVILLE RD. WAYNESVILLE, NC 28786	NONE	PC	FUNDING TO ASSIST WITH THE RESILIENCE MODEL TRAINING IN CHEROKEE, CLAY, SWAIN AND GRAHAM COUNTIES.	50,000.
NO WRONG DOOR 177 SLOAN RD. FRANKLIN, NC 28734	NONE	PC	EMERGENCY FUNDS TO ADDRESS NEEDS OF THE ORGANIZATION AND CLIENTS DURING THE COVID 19 PANDEMIC.	3,000.
RENEWED HOPE P.O. BOX 1340 MURPHY, NC 28906	NONE	PC	FUNDING TO ASSIST WITH UPGRADES TO STORAGE AND ADDITIONAL EQUIPMENT FOR THE SAW MILL PROGRAM WHICH	4,884.
SOUTHWESTERN CHILD DEVELOPMENT P.O. BOX 250 WEBSTER, NC 28788	NONE	PC	FUNDING FOR THE EXPANSION OF THE FAMILY NURSE PARTNERSHIP PROGRAM INTO CHEROKEE, CLAY	50,000.
SOUTHWESTERN CHILD DEVELOPMENT P.O. BOX 250 WEBSTER, NC 28788	NONE	PC	EMERGENCY FUNDING TO SUPPORT TECHNOLOGY NEEDS DURING THE COVID 19 PANDEMIC.	3,000.
THE ARC OF HAYWOOD CO. 407 WELCH ST. WAYNESVILLE, NC 28786	NONE	PC	FUNDING TOWARD THE PURCHASE OF A VAN FOR THE GROUP HOME FOR INDIVIDUALS WITH INTELLECTUAL AND	18,584.
THE ARC OF HAYWOOD CO. 407 WELCH ST. WAYNESVILLE, NC 28786	NONE	PC	EMERGENCY FUNDS TO ADDRESS NEEDS OF THE CLIENTS DURING THE COVID 19 PANDEMIC.	2,700.
UMAR SERVICES 5350 77 CENTER DR., STE. 201 CHARLOTTE, NC 28217	NONE	PC	EMERGENCY FUNDS TO ADDRESS NEEDS OF THE ORGANIZATION AND CLIENTS DURING THE COVID 19 PANDEMIC.	1,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UMAR SERVICES 5350 77 CENTER DR., STE. 201 CHARLOTTE, NC 28217	NONE	PC	FUNDING TO UPGRADE THE WIRING IN THE HAYESVILLE GROUP HOME TO BE ABLE TO BILL ELECTRONICALLY.	2,500.
WCU FOUNDATION 1 UNIVERSITY DRIVE CULLOWHEE, NC 28723	NONE	PC	SCHOLARSHIP FOR A YOUNG MAN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO ATTEND	5,000.
WEBSTER ENTERPRISES 140 LITTLE SAVANNAH RD. SYLVA, NC 28779	NONE	PC	FUNDING TO COVER SOME OF THE COSTS OF A NEW HVAC SYSTEM IN THE VOCATIONAL TRAINING FACILITY FOR	8,000.
WESTERN CAROLINA PACE SETTERS P.O. BOX 88 BRASTOWN, NC 28902	NONE	PC	EMERGENCY FUNDS TO ADDRESS NEEDS OF THE ORGANIZATION AND CLIENTS DURING THE COVID 19 PANDEMIC.	10,000.
YOUTH VILLAGES 367 DELLWOOD RD. WAYNESVILLE, NC 28786	NONE	PC	MATCH FUNDING TO PROVIDE CASE MANAGEMENT FOR YOUTH AS THEY EXIT FOSTER CARE AND LOOK AT	20,000.
YOUTH VILLAGES 367 DELLWOOD RD. WAYNESVILLE, NC 28786	NONE	PC	EMERGENCY FUNDS TO ADDRESS NEEDS OF THE ORGANIZATION AND CLIENTS DURING THE COVID 19 PANDEMIC.	8,000.
Total from continuation sheets				

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - 30TH JUDICIAL DISTRICT DV/SA ALLIANCE

A PARTIAL MATCH FOR A GOVERNOR'S CRIME COMMISSION GRANT WHICH SUPPORTS VETERANS AND OTHER INDIVIDUALS WITH DISABILITIES.

NAME OF RECIPIENT - CAMP ABILITY OF WNC

FUNDING TO PROVIDE STAFF AND EQUIPMENT FOR A TWO WEEK SUMMER CAMP PROGRAM FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

NAME OF RECIPIENT - DISABILITY PARTNERS

FUNDING TOWARD AN ELECTRONIC MEDICAL RECORD PROGRAM WHICH IS BEING REQUIRED BY PROVIDERS OF STATE AND MEDICAID SERVICES.

NAME OF RECIPIENT - HAYWOOD COMMUNITY COLLEGE-CAREER COLLEGE

FUNDING TO PURCHASE IPADS FOR THE CAREER COLLEGE PROGRAM WHICH SERVES INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

NAME OF RECIPIENT - HIGHTS INC.

FUNDING TO COVER A YOUTH SPECIALIST POSITION IN ORDER TO HAVE THE PROPER RATIOS IN THE PROGRAM SERVING VULNERABLE YOUTH.

NAME OF RECIPIENT - HINTON RURAL LIFE CENTER, INC.

FUNDING TO INCORPORATE SUBSTANCE USE AWARENESS AND PREVENTION IN THE SAFE AND HEALTHY HOME INITIATIVE.

NAME OF RECIPIENT - MACON TRACS

SPONSORSHIP FOR THE BLUE JEAN BALL WHICH SUPPORTS THE THERAPEUTIC HORSEBACK RIDING PROGRAM FOR INDIVIDUALS WITH INTELLECTUAL AND

Part XV | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

DEVELOPMENTAL DISABILITIES.

NAME OF RECIPIENT - MERIDAIN BEHAVIORAL HEALTH

FUNDING FOR CONTINUED SUPPORT OF AN INTEGRATED CARE PILOT PROGRAM AT THE CHEROKEE HEALTH DEPARTMENT.

NAME OF RECIPIENT - MERIDAIN BEHAVIORAL HEALTH

FUNDING FOR CONTINUED SUPPORT OF THE PATIENT ASSISTANCE PROGRAM WHICH PROVIDES OVER ONE MILLION DOLLARS IN FREE MEDICATION TO INDIVIDUALS IN THE SEVEN-COUNTY AREA EACH YEAR.

NAME OF RECIPIENT - MERIDAIN BEHAVIORAL HEALTH

FUNDING TO DEVELOP AND TEST A PILOT MODEL SERVICE CALLED COMPREHENSIVE COMMUNITY SUPPORT SERVICES FOR INDIVIDUALS WITH MENTAL HEALTH AND SUBSTANCE USE ISSUES IN CHEROKEE, HAYWOOD, JACKSON, AND MACON COUNTIES.

NAME OF RECIPIENT - MOUNTAIN PROJECTS

FUNDING TO PURCHASE COMPUTERS AND OTHER TECHNOLOGY FOR THE CIRCLES OF HOPE PROGRAM IN JACKSON COUNTY.

NAME OF RECIPIENT - RENEWED HOPE

FUNDING TO ASSIST WITH UPGRADES TO STORAGE AND ADDITIONAL EQUIPMENT FOR THE SAW MILL PROGRAM WHICH ASSISTS MEN RECOVERING FROM SUBSTANCE USE ISSUES IN WNC.

NAME OF RECIPIENT - SOUTHWESTERN CHILD DEVELOPMENT

FUNDING FOR THE EXPANSION OF THE FAMILY NURSE PARTNERSHIP PROGRAM INTO CHEROKEE, CLAY AND GRAHAM COUNTIES TO ASSIST HIGH RISK, FIRST TIME

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

MOTHERS.

NAME OF RECIPIENT - THE ARC OF HAYWOOD CO.

FUNDING TOWARD THE PURCHASE OF A VAN FOR THE GROUP HOME FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

NAME OF RECIPIENT - WCU FOUNDATION

SCHOLARSHIP FOR A YOUNG MAN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO ATTEND THE UNIVERSITY PARTICIPANT PROGRAM AT WCU.

NAME OF RECIPIENT - WEBSTER ENTERPRISES

FUNDING TO COVER SOME OF THE COSTS OF A NEW HVAC SYSTEM IN THE VOCATIONAL TRAINING FACILITY FOR INDIVIDUALS WITH DISABILITIES AND OTHER BARRIERS TO EMPLOYMENT.

NAME OF RECIPIENT - YOUTH VILLAGES

MATCH FUNDING TO PROVIDE CASE MANAGEMENT FOR YOUTH AS THEY EXIT FOSTER CARE AND LOOK AT HOUSING, EMPLOYMENT, AND HIGHER EDUCATION.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
INTEREST INCOME	34.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	34.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
VANGUARD	449,788.	0.	449,788.
TOTAL TO FM 990-PF, PART I, LN 4	449,788.	0.	449,788.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME BRITTAN TRACE	3,526.	3,526.	0.
INTEREST INCOME HAMPTON	6,700.	6,700.	0.
EXEMPT PURPOSE RENTAL INCOME	622,538.	0.	622,538.
TOTAL TO FORM 990-PF, PART I, LINE 11	632,764.	10,226.	622,538.

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	720.	0.	0.	0.
TO FM 990-PF, PG 1, LN 16A	720.	0.	0.	0.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	42,835.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	42,835.	0.	0.	0.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADMINISTRATION CONTRACT	92,736.	0.	0.	44,945.
PROPERTY MAINTENANCE	41,811.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	134,547.	0.	0.	44,945.

FORM 990-PF

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROPERTY TAX	1,435.	0.	0.	0.
EXCISE TAX	14,687.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	16,122.	0.	0.	0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
REPAIRS	67,182.	0.	0.	0.
OFFICE EXPENSE	2,363.	0.	0.	0.
INVESTMENT FEES	30,811.	30,811.	0.	0.
DUES	353.	0.	0.	0.
MISCELLANEOUS EXPENSE	16.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	100,725.	30,811.	0.	0.

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 9

DESCRIPTION	AMOUNT
NET UNREALIZED GAINS ON INVESTMENTS	145,238.
TOTAL TO FORM 990-PF, PART III, LINE 3	145,238.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
BUILDINGS	9,006,690.	6,550,206.	2,456,484.	10,923,200.
EQUIPMENT	332,687.	223,551.	109,136.	119,596.
OTHER FIXED ASSETS	418,107.	102,543.	315,564.	397,339.
LAND	621,613.	0.	621,613.	2,730,800.
TO 990-PF, PART II, LN 14	10,379,097.	6,876,300.	3,502,797.	14,170,935.

FORM 990-PF OTHER INVESTMENTS STATEMENT 11

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	FMV	18,072,125.	18,072,125.
TOTAL TO FORM 990-PF, PART II, LINE 13		18,072,125.	18,072,125.

FORM 990-PF OTHER LIABILITIES STATEMENT 12

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
LEASE DEPOSIT	17,054.	15,469.
EXCISE TAX PAYABLE	1,659.	3,887.
TOTAL TO FORM 990-PF, PART II, LINE 22	18,713.	19,356.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN BAUKNIGHT 175 HIDEAWAY TRAIL HIGHLANDS, NC 28741	BOARD MEMBER 2.00	0.	0.	0.
JOHN FEIL 765 GOLDMINE ROAD ROBBINSVILLE, NC 28771	SECRETARY 4.00	0.	0.	0.
VICKI GORDON 52 DEER GLADE LANE WAYNESVILLE, NC 28786	TREASURER 4.00	0.	0.	0.
MARTY HYDAKER 300 JITTERBUG LANE CULLOWHEE, NC 28723	PRESIDENT 4.00	0.	0.	0.
RALPH MURPHY 2757 COOPER'S CREEK ROAD BRYSON CITY, NC 28713	VICE PRESIDENT 2.00	0.	0.	0.
GLENN JONES P. O. BOX 87 BRYSON CITY, NC 28713	BOARD MEMBER 2.00	0.	0.	0.
DAVID BADGER 228 HILTON ST MURPHY, NC 28906	BOARD MEMBER 2.00	0.	0.	0.
JANICE WRIGHT P. O. BOX 1203 CULLOWHEE, NC 28723	BOARD MEMBER 2.00	0.	0.	0.
CHARLES PENLAND 386 OAK FOREST ROAD HAYESVILLE, NC 28904	BOARD MEMBER 2.00	0.	0.	0.
TAMMY KEEZER P. O. BOX 1718 FRANKLIN, NC 28744	BOARD MEMBER 2.00	0.	0.	0.

EVERGREEN FOUNDATION

56-1351883

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>0.</u>	<u>0.</u>	<u>0.</u>

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DENISE COLEMAN
28 A OAK STREET
WAYNESVILLE, NC 28786

TELEPHONE NUMBER

828-456-8005

NAME OF GRANT PROGRAM

SUPPORT MENTAL HEALTH, SUBSTANCE ABUSE OR
DEVELOPMENTALLY DISABLED PEOPLE

EMAIL ADDRESS

DCOLEMAN@EVERGREENNC.ORG

FORM AND CONTENT OF APPLICATIONS

THEY SHOULD FILL OUT THE GRANT APPLICATION PACKAGE AND SUBMIT TO THE ORGANIZATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED NOR RETURNED TO THE APPLICANT. APPROPRIATELY COMPLETED GRANT APPLICATIONS WILL BE PRESENTED TO THE BOARD FOR REVIEW AND CONSIDERATION AT REGULARLY SCHEDULED BOARD MEETINGS.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FUNDING WILL BE USED TO DIRECTLY SUPPORT THE MENTAL HEALTH, SUBSTANCE ABUSE OR DEVELOPMENTALLY DISABLED POPULATIONS. THE FUNDING WILL BE UTILIZED IN ONE OR MORE OF THE FOLLOWING COUNTIES: CHEROKEE, CLAY, GRAHAM, HAYWOOD, JACKSON, MACON OR SWAIN.