

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 2018 or tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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) \$ 31,913,299. | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ | 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 | 37. | 37. | | STATEMENT 1 |
| | 4 Dividends and interest from securities | 439,052. | 439,052. | | STATEMENT 2 |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 112,933. | | | |
| | b Gross sales price for all assets on line 6a | 715,365. | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 112,933. | | |
| | 8 Net short-term capital gain | | | | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| b Less: Cost of goods sold | | | | | |
| c Gross profit or (loss) | | | | | |
| 11 Other income | 594,627. | 10,684. | 583,943. | STATEMENT 3 | |
| 12 Total. Add lines 1 through 11 | 1,146,649. | 562,706. | 583,943. | | |
| 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 | 331,408. | 0. | 0. | 0. |
| | 16a Legal fees STMT 4 | 4,840. | 0. | 0. | 0. |
| | b Accounting fees STMT 5 | 44,145. | 0. | 0. | 0. |
| | c Other professional fees STMT 6 | 134,334. | 0. | 0. | 46,542. |
| | 17 Interest | | | | |
| | 18 Taxes STMT 7 | 13,401. | 0. | 0. | 0. |
| | 19 Depreciation and depletion | | | | |
| | 20 Occupancy | 83,621. | 0. | 0. | 0. |
| | 21 Travel, conferences, and meetings | 5,195. | 0. | 0. | 0. |
| | 22 Printing and publications | | | | |
| | 23 Other expenses STMT 8 | 107,456. | 30,365. | 0. | 0. |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 724,400. | 30,365. | 0. | 46,542. |
| | 25 Contributions, gifts, grants paid | 691,989. | | | 665,989. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 1,416,389. | 30,365. | 0. | 712,531. | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | -269,740. | | | | |
| b Net investment income (if negative, enter -0-) | | 532,341. | | | |
| c Adjusted net income (if negative, enter -0-) | | | 583,943. | | |

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only. | | Beginning of year | End of year | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------|-----------------------|-------------|----------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| Assets | 1 | Cash - non-interest-bearing | | 337,637. | 268,483. | 268,483. |
| | 2 | Savings and temporary cash investments | | 5,125. | 5,127. | 5,127. |
| | 3 | Accounts receivable | 2,468. | | | |
| | | Less: allowance for doubtful accounts | | 923. | 2,468. | 2,468. |
| | 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 | 149,158. | | | |
| | | Less: allowance for doubtful accounts | 0. | 155,499. | 149,158. | 149,158. |
| | 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 10 | 17,119,816. | 17,702,779. | 17,702,779. | |
| 14 | Land, buildings, and equipment: basis | 10,274,862. | | | | |
| | Less: accumulated depreciation | STMT 11 | 3,937,124. | 3,735,674. | 13,777,195. | |
| 15 | Other assets (describe DEPOSIT) | | 289. | 8,089. | 8,089. | |
| 16 | Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | | 21,556,413. | 21,871,778. | 31,913,299. | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 13,128. | 39,853. | |
| | 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) | | 17,905. | 18,713. | |
| 23 | Total liabilities (add lines 17 through 22) | | 31,033. | 58,566. | | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31. | | | | | |
| | 24 | Unrestricted | | 21,525,380. | 21,813,212. | |
| | 25 | Temporarily restricted | | | | |
| | 26 | Permanently restricted | | | | |
| | Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31. | | | | | |
| | 27 | Capital stock, trust principal, or current funds | | | | |
| | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | | | | |
| 30 | Total net assets or fund balances | | 21,525,380. | 21,813,212. | | |
| 31 | Total liabilities and net assets/fund balances | | 21,556,413. | 21,871,778. | | |

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 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 21,525,380. |
| 2 | Enter amount from Part I, line 27a | 2 | -269,740. |
| 3 | Other increases not included in line 2 (itemize) SEE STATEMENT 9 | 3 | 557,572. |
| 4 | Add lines 1, 2, and 3 | 4 | 21,813,212. |
| 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 30 | 6 | 21,813,212. |

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 SALE OF FALLS CIRCLE PROPERTY | P | 09/01/04 | 04/18/19 |
| 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 530,365. | | 413,662. | 116,703. |
| b 185,000. | 150,500. | 339,270. | -3,770. |
| c | | | |
| d | | | |
| e | | | |

| (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 | | | 116,703. |
| b | | | -3,770. |
| c | | | |
| d | | | |
| e | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---|----------|
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. | | | |
| 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 | 112,933. |
| 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)) |
|-------------------------------------------------------------------|---------------------------------------|-------------------------------------------|----------------------------------------------------------|
| 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 |
| 2013 | 809,833. | 16,413,338. | .049340 |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------|
| 2 Total of line 1, column (d) | 2 | .232632 |
| 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 | .046526 |
| 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 | 4 | 17,003,302. |
| 5 Multiply line 4 by line 3 | 5 | 791,096. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 5,323. |
| 7 Add lines 5 and 6 | 7 | 796,419. |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 712,531. |

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 | 10,647. |
| 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 | 10,647. |
| 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 | 10,647. |
| 6 Credits/Payments: | | | |
| a 2018 estimated tax payments and 2017 overpayment credited to 2018 | 6a | 8,988. | |
| 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 | 8,988. | |
| 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 | 1,659. | |
| 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 2019 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 2018 or the tax year beginning in 2018? 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, website address, books in care, and foreign country interests.

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 enterprise interests.

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 | 90,912. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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 | 16,972,150. |
| b | Average of monthly cash balances | 1b | 290,086. |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 17,262,236. |
| 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 | 17,262,236. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 258,934. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 17,003,302. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 850,165. |

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 | 850,165. |
| 2a | Tax on investment income for 2018 from Part VI, line 5 | 2a | 10,647. |
| b | Income tax for 2018. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 10,647. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 839,518. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 839,518. |
| 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 | 839,518. |

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 | 712,531. |
| 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 | 712,531. |
| 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 | 712,531. |

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 2017 | (c) 2017 | (d) 2018 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2018 from Part XI, line 7 | | | | 839,518. |
| 2 Undistributed income, if any, as of the end of 2018: | | | | |
| a Enter amount for 2017 only | | | 229,665. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2018: | | | | |
| a From 2013 | | | | |
| b From 2014 | | | | |
| c From 2015 | | | | |
| d From 2016 | | | | |
| e From 2017 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ 712,531. | | | | |
| a Applied to 2017, but not more than line 2a | | | 229,665. | |
| 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 2018 distributable amount | | | | 482,866. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2018 (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 2017. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 | | | | 356,652. |
| 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 2013 not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2014 | | | | |
| b Excess from 2015 | | | | |
| c Excess from 2016 | | | | |
| d Excess from 2017 | | | | |
| e Excess from 2018 | | | | |

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 2018, 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)

Table with 5 columns: (a) 2018, (b) 2017, (c) 2016, (d) 2015, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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.

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 28785 | NONE | PC | FUNDING TO ASSIST WITH THE TRAINING COSTS FOR TWO STAFF TO BE TRAINED IN A NEW FDA TREATMENT PROGRAM FOR | 9,000. |
| APPALACHIAN ACCESS P.O. BOX 444 MURPHY, NC 28906 | NONE | PC | CONTINUED FUNDING FOR THE JAIL TREATMENT PROGRAMS IN CHEROKEE, CLAY, AND GRAHAM COUNTIES. | 16,500. |
| APPALACHIAN ACCESS P.O. BOX 444 MURPHY, NC 28906 | NONE | PC | CONTINUATION FUNDING FOR THE TRANSPORTATION OF INDIVIDUALS SEEKING VOLUNTARY HOSPITAL COMMITMENTS. | 20,000. |
| APPALACHIAN ACCESS P.O. BOX 444 MURPHY, NC 28906 | NONE | PC | CONTINUATION FUNDING FOR COMMUNITY SUPPORT SERVICES (CASE MANAGEMENT). | 39,366. |
| ASHEVILLE-BUNCOMBE COMMUNITY CHRISTIAN MINISTRY 20 TWENTIETH ST. ASHEVILLE, NC 28806 | NONE | PC | FUNDING TO EXPAND THE NC SERVES PROGRAM INTO THE FAR WEST. A PART-TIME CASE COORDINATOR WILL BE | 36,000. |
| Total | SEE CONTINUATION SHEET(S) | | | 665,989. |
| b Approved for future payment | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| Total | | | | 0. |

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 |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------|
| AWAKE P.O. BOX 755 SYLVA, NC 28779 | NONE | PC | FUNDING TO CONTRACT FOR A DEDICATED THERAPIST IN THE CHILD ADVOCACY CENTER AND TO PROVIDE MORE IMMEDIATE | 15,000. |
| CENTER FOR DOMESTIC PEACE P.O. BOX 134 WEBSTER, NC 28788 | NONE | PC | FUNDING TO ASSIST WITH THE SALARY FOR A FULL-TIME DOMESTIC VIOLENCE/SEXUAL ASSAULT VICTIM | 17,555. |
| CENTER FOR DOMESTIC PEACE P.O. BOX 134 WEBSTER, NC 28788 | NONE | PC | FUNDING IS FOR A SCHOLARSHIP TO ATTEND THE NON-PROFIT PATHWAYS TRAINING "SUSTAINABLE STRATEGIC | 59. |
| CHILDREN'S HOPE ALLIANCE P.O. BOX 1 BARIUM SPRINGS, NC 28010 | NONE | PC | FUNDING TOWARD THE SALARY OF A FULL-TIME IMPLEMENTATION SPECIALIST TO SUPPORT THE FOSTER CARE AND | 11,000. |
| CHILDREN'S HOPE ALLIANCE P.O. BOX 1 BARIUM SPRINGS, NC 28010 | NONE | PC | FUNDING FOR EXTERIOR RENOVATIONS AT THE HAWTHORNE HEIGHTS YOUTH SHELTER. | 15,000. |
| CHURCH MOUSE MINISTRIES, INC. P.O. BOX 986 ROBBINSVILLE, NC 28771 | NONE | PC | FUNDING TO PROVIDE A PARKING PAD FOR A LIFT VAN, RAISED BEDS, AND PAVED PATHWAYS AT THE GREATER GOOD COMMUNITY | 7,716. |
| CLEAN SLATE COALITION P.O. BOX 455 WEBSTER, NC 28788 | NONE | PC | FUNDING TO ASSIST WITH GENERAL OPERATING FUNDS. | 12,000. |
| CLEAN SLATE COALITION P.O. BOX 455 WEBSTER, NC 28788 | NONE | PC | FUNDRAISING SUPPORT FOR THE ANNUAL SPRING FLING. | 1,000. |
| COMMUNITY SERVICES OF SWAIN COUNTY P.O. BOX 812 BRYSON CITY, NC 28713 | NONE | PC | FUNDING FOR CONTINUATION OF CIRCLES OF PARENTS IN GRAHAM CO. AND IMPLEMENTATION OF | 15,000. |
| HAYWOOD PATHWAYS CENTER 179 HEMLOCK ST. WAYNESVILLE, NC 28786 | NONE | PC | FUNDING FOR LOCKERS AND LADDERS IN THE WOMEN AND CHILDREN'S SHELTER AT THE CURRENT CAMPUS. | 8,500. |
| Total from continuation sheets | | | | 545,123. |

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 |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------|---------|
| HAYWOOD PATHWAYS CENTER 179 HEMLOCK ST. WAYNESVILLE, NC 28786 | NONE | PC | FUNDING TO RESURFACE THE PARKING LOT IN THE HOMELESS CENTER CAMPUS. | 7,500. |
| HAYWOOD VOCATIONAL OPPORTUNITIES P.O. BOX 7 WAYNESVILLE, NC 28786 | NONE | PC | FUNDING TO OFFSET THE COST TO HOST "A NIGHT TO SHINE" FOR INDIVIDUALS WITH IDD. | 1,000. |
| HAYWOOD VOCATIONAL OPPORTUNITIES P.O. BOX 7 WAYNESVILLE, NC 28786 | NONE | PC | FUNDING TO CREATE A FOOD SERVICE TRAINING PROGRAM TO ENABLE PARTICIPANTS TO RECEIVE THE TRAINING | 20,000. |
| HIGHTS INC. P.O. BOX 2543 CULLOWHEE, NC 28723 | NONE | PC | CASH MATCH FOR ANNC CRIME COMMISSION GRANT TO PROVIDE CRISIS RESPITE AND ASSESS THE IMPACT ON THE YOUTH | 10,235. |
| HIGHTS INC. P.O. BOX 2543 CULLOWHEE, NC 28723 | NONE | PC | FUNDING TO IMPLEMENT A BEEKEEPING PROGRAM WITH MACON CO. SCHOOLS TO ENGAGE STUDENTS IN OUT OF SCHOOL | 4,000. |
| HINTON RURAL LIFE CENTER, INC. P.O. BOX 27 HAYESVILLE, NC 28904 | NONE | PC | FUNDING FOR ADDITIONAL TRAINING FOR STAFF IN MENTAL HEALTH FIRST AID TO INCLUDE THE RURAL, OPIOID AND | 17,660. |
| HURLBERT-JOHNSON FRIENDSHIP FOUNDATION INC. 73 BLUMENTHAL ST MURPHY, NC 28906 | NONE | PC | FUNDING FOR ADDITIONAL CAMERAS AND AN INTERCOM FOR THEIR 27 BED HOMELESS SHELTER. | 2,070. |
| LIFE CHALLENGE OF WNC P.O. BOX 2553 CULLOWHEE, NC 28723 | NONE | PC | FUNDING TO ASSIST WITH THE PURCHASE OF A 7 PASSENGER MINI-VAN TO SUPPORT INCLUSION IN EDUCATIONAL TRAINING | 10,000. |
| LIFE SPAN SERVICES 2143 ASHEVILLE RD WAYNESVILLE, NC 28786 | NONE | PC | FUNDING FOR CONSTRUCTION COSTS TO DOUBLE THE SIZE OF THE THERAPEUTIC ART ROOM, PURCHASE ADAPTIVE ART | 11,000. |
| MACON CO HEALTH DEPT 1830 LAKESIDE DR FRANKLIN, NC 28734 | NONE | GOV | FUNDING TO EXPAND TELE-PSYCHIATRY IN COLLABORATION WITH ECU AND A PILOT "NAVIGATOR MODEL" TO PROMOTE | 43,110. |
| 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 |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------|
| MACON NEW BEGINNINGS 131 FRANKLIN PLAZA DR FRANKLIN, NC 28734 | NONE | PC | FUNDING TO IMPLEMENT THE STRATEGIC PLAN FOCUSING ON ENGAGEMENT AND TRAINING FOR INDIVIDUALS IN MACON | 10,000. |
| MERIDAIN BEHAVIORAL HEALTH 154 MEDICAL PARK LOOP SYLVA, NC 28779 | NONE | PC | FUNDING FOR CLINICAL SERVICES IN THE CHEROKEE HEALTH DEPARTMENT TO PROVIDE INTEGRATED BEHAVIORAL | 43,000. |
| MERIDAIN BEHAVIORAL HEALTH 154 MEDICAL PARK LOOP SYLVA, NC 28779 | NONE | PC | CONTINUATION FUNDING FOR THE PATIENT ASSISTANCE PROGRAM TO ASSIST PATIENTS WITH SECURING FREE | 37,000. |
| MERIDAIN BEHAVIORAL HEALTH 154 MEDICAL PARK LOOP SYLVA, NC 28779 | NONE | PC | FUNDING TO CONTINUE PROVIDING SERVICES OUTSIDE OF THE OFFICE SETTING, INCLUDING COMMUNITY, JAIL, | 125,000. |
| MERIDAIN BEHAVIORAL HEALTH 154 MEDICAL PARK LOOP SYLVA, NC 28779 | NONE | PC | FUNDING FOR TRAINING FOR STAFF TO ENABLE THEM TO BUILD THEIR OWN TRAINER BASE AND A RESOURCE LIBRARY, | 6,094. |
| MERIDAIN BEHAVIORAL HEALTH 154 MEDICAL PARK LOOP SYLVA, NC 28779 | NONE | PC | FUNDING TO UPGRADE THE LIGHTING AT AREA OFFICE TO SAVE MONEY ON UTILITIES SO MORE CAN BE INVESTED IN | 18,500. |
| RENEW BRYSON CITY P.O. BOX 2372 BRYSON CITY, NC 28713 | NONE | PC | FUNDING TO PURCHASE EDUCATIONAL MATERIALS, TOO GOOD FOR DRUGS AND GUIDING GOOD CHOICES,. FUNDING WILL BE USED | 2,124. |
| SOUTHWESTERN CHILD DEVELOPMENT P.O. BOX 250 WEBSTER, NC 28788 | NONE | PC | FUNDING TO SUPPORT THE NURSE FAMILY PARTNERSHIP PROGRAM FOR A 5TH YEAR. THIS IS AN EARLY | 37,500. |
| SOUTHWESTERN CHILD DEVELOPMENT P.O. BOX 250 WEBSTER, NC 28788 | NONE | PC | FUNDING TO SUPPORT THE HOMELESS PROGRAM IN JACKSON COUNTY. | 20,000. |
| THE ARC OF HAYWOOD CO. 407 WELCH ST. WAYNESVILLE, NC 28786 | NONE | PC | FUNDRAISING SUPPORT FOR THE 30TH ANNUAL SMOKY MOUNTAIN 9-BALL SHOOTOUT. | 1,000. |
| 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

FUNDING TO ASSIST WITH THE TRAINING COSTS FOR TWO STAFF TO BE TRAINED IN A NEW FDA TREATMENT PROGRAM FOR PTSD THAT THEY ARE HOPING TO PROVIDE AS A RURAL DEMONSTRATION MODEL IN WESTERN NC.

NAME OF RECIPIENT - ASHEVILLE-BUNCOMBE COMMUNITY CHRISTIAN MINISTRY

FUNDING TO EXPAND THE NC SERVES PROGRAM INTO THE FAR WEST. A PART-TIME CASE COORDINATOR WILL BE ADDED TO HELP VETERANS NAVIGATE SERVICES AND THE PROGRAM WILL DOCUMENT SERVICES AND SERVICE GAPS IN THE FAR WESTERN COUNTIES.

NAME OF RECIPIENT - AWAKE

FUNDING TO CONTRACT FOR A DEDICATED THERAPIST IN THE CHILD ADVOCACY CENTER AND TO PROVIDE MORE IMMEDIATE ACCESS TO THESE SERVICES. THE AGENCY NORMALLY REFERS THEM OUT AND GIVE THE PARENT AN APPOINTMENT AT THE MENTAL HEALTH CENTER.

NAME OF RECIPIENT - CENTER FOR DOMESTIC PEACE

FUNDING TO ASSIST WITH THE SALARY FOR A FULL-TIME DOMESTIC VIOLENCE/SEXUAL ASSAULT VICTIM ADVOCATE IN JACKSON COUNTY.

NAME OF RECIPIENT - CENTER FOR DOMESTIC PEACE

FUNDING IS FOR A SCHOLARSHIP TO ATTEND THE NON-PROFIT PATHWAYS TRAINING "SUSTAINABLE STRATEGIC PLANNING."

NAME OF RECIPIENT - CHILDREN'S HOPE ALLIANCE

FUNDING TOWARD THE SALARY OF A FULL-TIME IMPLEMENTATION SPECIALIST TO SUPPORT THE FOSTER CARE AND ADOPTION PROGRAM IN IMPLEMENTING "TEACHING

Part XV | **Supplementary Information**

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

FAMILY MODEL" IN THE 77 COUNTY AREA.

NAME OF RECIPIENT - CHURCH MOUSE MINISTRIES, INC.

FUNDING TO PROVIDE A PARKING PAD FOR A LIFT VAN, RAISED BEDS, AND PAVED PATHWAYS AT THE GREATER GOOD COMMUNITY GARDEN FOR HANDICAPPED ACCESS.

NAME OF RECIPIENT - COMMUNITY SERVICES OF SWAIN COUNTY

FUNDING FOR CONTINUATION OF CIRCLES OF PARENTS IN GRAHAM CO. AND IMPLEMENTATION OF INCREDIBLE YEARS TO FAMILIES IN GRAHAM AND SWAIN.

TARGETS ARE PARENTS WITH SU, MH, DV, AND OTHER TRAUMA. DATA WILL BE COLLECTED OF DATA TO SUPPORT A GRANT FOR THESE SERVICES IN UNDERSERVED COUNTIES.

NAME OF RECIPIENT - HAYWOOD VOCATIONAL OPPORTUNITIES

FUNDING TO CREATE A FOOD SERVICE TRAINING PROGRAM TO ENABLE PARTICIPANTS TO RECEIVE THE TRAINING NECESSARY TO BECOME EMPLOYED IN LOCAL RESTAURANTS.

NAME OF RECIPIENT - HIGHTS INC.

CASH MATCH FOR ANNC CRIME COMMISSION GRANT TO PROVIDE CRISIS RESPITE AND ASSESS THE IMPACT ON THE YOUTH SERVED. CASH MATCH CAN BE WAIVED AFTER A SUCCESSFUL FIRST YEAR.

NAME OF RECIPIENT - HIGHTS INC.

FUNDING TO IMPLEMENT A BEEKEEPING PROGRAM WITH MACON CO. SCHOOLS TO ENGAGE STUDENTS IN OUT OF SCHOOL SUSPENSION. PROGRAM IS SUCCESSFUL IN JACKSON WHERE THEY ALSO HAVE THE SAWMILL PROGRAM.

Part XV | **Supplementary Information**

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

NAME OF RECIPIENT - HINTON RURAL LIFE CENTER, INC.

FUNDING FOR ADDITIONAL TRAINING FOR STAFF IN MENTAL HEALTH FIRST AID TO INCLUDE THE RURAL, OPIOID AND YOUTH COMPONENTS, AND TO PURCHASE TRAINING MATERIALS AND CONDUCT TRAINING THROUGHOUT THE FAR WESTERN COUNTIES.

NAME OF RECIPIENT - LIFE CHALLENGE OF WNC

FUNDING TO ASSIST WITH THE PURCHASE OF A 7 PASSENGER MINI-VAN TO SUPPORT INCLUSION IN EDUCATIONAL TRAINING AND OTHER CLASSES FOR WOMEN WITH SUBSTANCE USE ISSUES IN THEIR RESIDENTIAL PROGRAM.

NAME OF RECIPIENT - LIFE SPAN SERVICES

FUNDING FOR CONSTRUCTION COSTS TO DOUBLE THE SIZE OF THE THERAPEUTIC ART ROOM, PURCHASE ADAPTIVE ART EQUIPMENT AND SUPPLIES AND DEVELOP AN ART GALLERY FOR INDIVIDUALS WITH I/DD.

NAME OF RECIPIENT - MACON CO HEALTH DEPT

FUNDING TO EXPAND TELE-PSYCHIATRY IN COLLABORATION WITH ECU AND A PILOT "NAVIGATOR MODEL" TO PROMOTE EARLY ENGAGEMENT, LINKAGE AND COORDINATION OF MH AND SA SERVICES.

NAME OF RECIPIENT - MACON NEW BEGINNINGS

FUNDING TO IMPLEMENT THE STRATEGIC PLAN FOCUSING ON ENGAGEMENT AND TRAINING FOR INDIVIDUALS IN MACON CO. WHO ARE HOMELESS OR ARE AT RISK FOR BECOMING HOMELESS.

NAME OF RECIPIENT - MERIDAIN BEHAVIORAL HEALTH

FUNDING FOR CLINICAL SERVICES IN THE CHEROKEE HEALTH DEPARTMENT TO

Part XV Supplementary Information

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

PROVIDE INTEGRATED BEHAVIORAL HEALTH CARE SERVICES.

NAME OF RECIPIENT - MERIDAIN BEHAVIORAL HEALTH

CONTINUATION FUNDING FOR THE PATIENT ASSISTANCE PROGRAM TO ASSIST PATIENTS WITH SECURING FREE MEDICATIONS. COVERS PRESCRIBER AND OTHER SERVICES FOR THE PROGRAM.

NAME OF RECIPIENT - MERIDAIN BEHAVIORAL HEALTH

FUNDING TO CONTINUE PROVIDING SERVICES OUTSIDE OF THE OFFICE SETTING, INCLUDING COMMUNITY, JAIL, HOSPITAL, ETC. SERVICES WILL WORK WITH THE LE DIVERSION PROGRAM FOR SA. PROGRAM BUILDS ON THE EARLY RECOVERY TEAM CONCEPT. SERVICES WILL SUPPORT CONTINUED ENGAGEMENT OF UNINSURED AND UNDER INSURED IN THE RECOVERY PROCESS.

NAME OF RECIPIENT - MERIDAIN BEHAVIORAL HEALTH

FUNDING FOR TRAINING FOR STAFF TO ENABLE THEM TO BUILD THEIR OWN TRAINER BASE AND A RESOURCE LIBRARY, MATRIX TRAINING, CIRCLES OF SECURITY, & RECONNECT FOR RESILIENCE.

NAME OF RECIPIENT - MERIDAIN BEHAVIORAL HEALTH

FUNDING TO UPGRADE THE LIGHTING AT AREA OFFICE TO SAVE MONEY ON UTILITIES SO MORE CAN BE INVESTED IN PROGRAM SERVICES.

NAME OF RECIPIENT - RENEW BRYSON CITY

FUNDING TO PURCHASE EDUCATIONAL MATERIALS, TOO GOOD FOR DRUGS AND GUIDING GOOD CHOICES,. FUNDING WILL BE USED IN BRYSON CITY AND SWAIN CO. SCHOOLS TO TEACH DRUG PREVENTION CLASSES.

Part XV | **Supplementary Information**

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

NAME OF RECIPIENT - SOUTHWESTERN CHILD DEVELOPMENT

FUNDING TO SUPPORT THE NURSE FAMILY PARTNERSHIP PROGRAM FOR A 5TH YEAR.

THIS IS AN EARLY INTERVENTION PROGRAM TO WORK WITH FIRST TIME MOTHERS

WHO HAVE HIGH RISK FACTORS.

NAME OF RECIPIENT - WESTERN CAROLINA PACE SETTERS

FUNDING TO INCREASE A POSITION FROM PART-TIME TO FULL-TIME TO CREATE A

VETERAN MENTORING PROGRAM FOR AT RISK YOUTH. FUNDS WILL BE USED TO PUT

GUTTERS AND REPAIR A ROOF ON THEIR FORMER OFFICE THAT WILL NOW BE USED

FOR TRANSITIONAL HOUSING FOR VETS.

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

| SOURCE | AMOUNT |
|------------------------------------------------|--------|
| INTEREST INCOME - BANK | 37. |
| TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A | 37. |

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | COLUMN (A) AMOUNT |
|----------------------------------|--------------|----------------------------|----------------------|
| VANGUARD | 439,052. | 0. | 439,052. |
| TOTAL TO FM 990-PF, PART I, LN 4 | 439,052. | 0. | 439,052. |

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 | 3,677. | 3,677. | 0. |
| INTEREST INCOME HAMPTON | 7,007. | 7,007. | 0. |
| EXEMPT PURPOSE RENTAL INCOME | 583,943. | 0. | 583,943. |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 594,627. | 10,684. | 583,943. |

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 | 4,840. | 0. | 0. | 0. |
| TO FM 990-PF, PG 1, LN 16A | 4,840. | 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 | 44,145. | 0. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 44,145. | 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 | 90,912. | 0. | 0. | 46,542. |
| PROPERTY MAINTENANCE | 43,422. | 0. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 134,334. | 0. | 0. | 46,542. |

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 | 2,754. | 0. | 0. | 0. |
| EXCISE TAX | 10,647. | 0. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 13,401. | 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 | 73,775. | 0. | 0. | 0. |
| OFFICE EXPENSE | 2,029. | 0. | 0. | 0. |
| INVESTMENT FEES | 30,365. | 30,365. | 0. | 0. |
| DUES | 353. | 0. | 0. | 0. |
| MISCELLANEOUS EXPENSE | 934. | 0. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 107,456. | 30,365. | 0. | 0. |

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

| DESCRIPTION | AMOUNT |
|----------------------------------------|----------|
| NET UNREALIZED GAINS ON INVESTMENTS | 557,572. |
| | |
| TOTAL TO FORM 990-PF, PART III, LINE 3 | 557,572. |

| | | |
|-------------|-------------------|--------------|
| FORM 990-PF | OTHER INVESTMENTS | STATEMENT 10 |
|-------------|-------------------|--------------|

| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
|----------------------------------------|---------------------|-------------|----------------------|
| MUTUAL FUNDS | FMV | 17,702,779. | 17,702,779. |
| | | | |
| TOTAL TO FORM 990-PF, PART II, LINE 13 | | 17,702,779. | 17,702,779. |

| | | |
|-------------|------------------------------------------------|--------------|
| FORM 990-PF | DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT | STATEMENT 11 |
|-------------|------------------------------------------------|--------------|

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|------------------------------------|------------------------|-----------------------------|------------|
| BUILDINGS | 8,994,688. | 6,270,578. | 2,724,110. |
| EQUIPMENT | 322,227. | 199,032. | 123,195. |
| OTHER FIXED ASSETS | 336,334. | 69,578. | 266,756. |
| LAND | 621,613. | 0. | 621,613. |
| | | | |
| TOTAL TO FM 990-PF, PART II, LN 14 | 10,274,862. | 6,539,188. | 3,735,674. |

| | | |
|-------------|-------------------|--------------|
| FORM 990-PF | OTHER LIABILITIES | STATEMENT 12 |
|-------------|-------------------|--------------|

| DESCRIPTION | BOY AMOUNT | EOY AMOUNT |
|----------------------------------------|------------|------------|
| LEASE DEPOSIT | 16,354. | 17,054. |
| EXCISE TAX PAYABLE | 1,551. | 1,659. |
| | | |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | 17,905. | 18,713. |

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 2.00 | 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. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | | 0. | 0. | 0. |

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.

Electronic Filing PDF Attachment

Evergreen Foundation
EIN 56-1351883
Part II line 14 of Form 990-PF - Fixed Assets Schedule
7/1/18 - 6/30/19

| Land, Buildings, and Equipment | Original Cost | Accumulated Depreciation 6/30/2019 | Ending Book Value 6/30/2019 |
|-------------------------------------------|-----------------------|---------------------------------------------------|--------------------------------------------|
| Buildings | | | |
| Buildings - 2183 Airport Road | \$618,292.11 | \$547,565.84 | \$70,726.27 |
| Buildings - 1254 Church Street | 427,487.09 | 427,487.09 | 0.00 |
| Buildings - 131 Walnut Street | 265,330.00 | 265,330.00 | 0.00 |
| Buildings - 154 Medical Park Loop | 1,479,089.23 | 1,121,642.42 | 357,446.81 |
| Buildings - 100 Thomas Heights Road | 447,283.03 | 441,456.61 | 5,826.42 |
| Buildings - 44 Bonnie Lane | 2,134,119.17 | 1,464,355.61 | 669,763.56 |
| Buildings - 35 Aquifer Brae Lane | 113,676.00 | 81,976.73 | 31,699.27 |
| Buildings - 5696 Old Clyde Road | 98,816.00 | 70,818.35 | 27,997.65 |
| Buildings - 33 Sharon Lynn Way | 149,427.38 | 104,600.91 | 44,826.47 |
| Buildings - 211 Nellie John Drive | 137,941.50 | 96,558.89 | 41,382.61 |
| Buildings - 244 South Painter Road | 149,136.50 | 104,395.93 | 44,740.57 |
| Buildings - 28 A&B Oak Street | 74,508.85 | 53,384.73 | 21,124.12 |
| Buildings - 30 Arlington Extension | 136,147.97 | 95,303.82 | 40,844.15 |
| Buildings - 38, 40 & 42 Oak Street | 99,291.00 | 66,470.12 | 32,820.88 |
| Buildings - 205 Hazelwood Avenue | 129,119.37 | 84,645.56 | 44,473.81 |
| Buildings - 7 Gabriel Lane | 106,050.19 | 64,218.57 | 41,831.62 |
| Renovation - 33 Sharon Lynn Way | 77,966.65 | 43,747.20 | 34,219.45 |
| Buildings - 27 Aquifer Brae Road | 93,123.55 | 47,855.77 | 45,267.78 |
| Buildings - 91 Timberlane Road | 1,073,054.09 | 570,805.94 | 502,248.15 |
| Renov - 33 Sharon Lynn Way | 75,476.00 | 37,738.78 | 37,737.22 |
| Renov - 91 Timberlane Road | 447,089.82 | 203,053.89 | 244,035.93 |
| Renov - 91 Timberlane Road | 183,742.01 | 74,006.55 | 109,735.46 |
| Sprinkler - 91 Timberlane Road | 395,957.70 | 191,379.70 | 204,578.00 |
| Renov - 1254 Church Street | 53,450.00 | 9,822.11 | 43,627.89 |
| Roof - 2183 Airport Road | 15,844.50 | 1,064.75 | 14,779.75 |
| Roof - 1254 Church Street | 13,268.50 | 891.75 | 12,376.75 |
| Total Buildings | \$8,994,688.21 | \$6,270,577.62 | \$2,724,110.59 |
| Equipment | | | |
| Telephones | 1,900.00 | 1,900.00 | 0.00 |
| Telephone System - Cherokee Center | 25,812.00 | 25,812.00 | 0.00 |
| Telephone System - Clay Center | 22,985.00 | 22,985.00 | 0.00 |
| Telephone System - Haywood Center | 28,308.75 | 28,308.75 | 0.00 |
| Telephone System - Macon Center | 24,507.33 | 24,507.33 | 0.00 |
| Telephone System - Swain Center | 21,510.96 | 21,510.96 | 0.00 |
| Telephone System - Haywood Child & Family | 27,868.00 | 27,868.00 | 0.00 |
| HVAC-Bonnie Lane Computer Room | 6,000.00 | 6,000.00 | 0.00 |
| Commerecail Washer - Balsam Center | 6,050.00 | 4,537.26 | 1,512.74 |
| Heat Pump - Walnut Street | 6,000.00 | 4,714.38 | 1,285.62 |
| 4 Ton Heat Pump - Jackson | 6,796.00 | 5,016.42 | 1,779.58 |
| HVAC - Jackson Medical Park Loop | 8,300.00 | 3,359.54 | 4,940.46 |
| HVAC Gas Furnance - Meridan in Sylva | 8,300.00 | 2,569.06 | 5,730.94 |
| 50 lb Gas Dryer - Balsam | 4,003.00 | 1,096.18 | 2,906.82 |
| HVAC 27 Bona Visa Lane | 7,716.00 | 2,112.78 | 5,603.22 |
| HVAC 154 Medical Park Loop | 8,000.00 | 2,190.52 | 5,809.48 |
| Gas Furnace - Balsam Center | 3,500.00 | 708.39 | 2,791.61 |
| 5 ton 14 seer HP - Franklin/Macon | 6,443.00 | 1,150.65 | 5,292.35 |
| Fire Sprinkler System - Balsam Center | 69,285.00 | 9,897.96 | 59,387.04 |
| HVAC - Medical Park Loop | 8,800.00 | 1,257.24 | 7,542.76 |
| HVAC - Franklin/Macon | 6,443.00 | 843.81 | 5,599.19 |
| HVAC 5 units - Walnut St | 9,355.38 | 556.90 | 8,798.48 |
| HVAC - Medical Park Loop | 4,343.96 | 129.30 | 4,214.66 |
| Total Equipment | \$322,227.38 | \$199,032.43 | \$123,194.95 |

Evergreen Foundation
EIN 56-1351883
Part II line 14 of Form 990-PF - Fixed Assets Schedule
7/1/18 - 6/30/19

| Land, Buildings, and Equipment | Original Cost | Accumulated Depreciation 6/30/2019 | Ending Book Value 6/30/2019 |
|-------------------------------------------------------|------------------------|---------------------------------------------------|--------------------------------------------|
| Other Fixed Assets | | | |
| Parking Lot | \$16,381.00 | \$16,381.00 | \$0.00 |
| Additions - 1997 | 7,550.18 | 7,550.18 | 0.00 |
| Leasehold Improvements - Jackson | 10,850.00 | 10,850.00 | 0.00 |
| Parking Lot - 33 Sharon Lynn Way | 13,837.00 | 13,837.14 | -0.14 |
| Parking Lot - Balsam Center | 10,000.00 | 1,000.08 | 8,999.92 |
| Carpet - 44 Bonnie Lane | 81,280.00 | 6,773.40 | 74,506.60 |
| Parking Lot - Walnut St | 6,950.00 | 579.20 | 6,370.80 |
| Improvements - Bonnie Lane | 49,248.00 | 4,104.00 | 45,144.00 |
| Improvements - Bonnie Lane | 80,655.00 | 4,704.91 | 75,950.09 |
| Floor - Bonnie Lane | 2,343.30 | 136.71 | 2,206.59 |
| Carpet - 44 Bonnie Lane | 51,062.03 | 3,404.16 | 47,657.87 |
| Carpet - Medical Park Loop | 6,176.89 | 257.45 | 5,919.44 |
| Total Other Fixed Assets | \$336,333.40 | \$69,578.23 | \$266,755.17 |
| Land | | | |
| Land - 7 Gabriel Heights | \$6,755.40 | \$0.00 | \$6,755.40 |
| Land - 91 Timberlane Road | 50,000.00 | 0.00 | 50,000.00 |
| Land - 2183 Airport Road | 8,006.36 | 0.00 | 8,006.36 |
| Land - 1254 Church Street | 31,442.58 | 0.00 | 31,442.58 |
| Land - 131 Walnut Street | 110,239.21 | 0.00 | 110,239.21 |
| Land - 100 Thomas Heights Road | 48,866.37 | 0.00 | 48,866.37 |
| Land - 44 Bonnie Lane | 36,994.88 | 0.00 | 36,994.88 |
| Land - 35 Aquifer Brae Lane | 6,135.14 | 0.00 | 6,135.14 |
| Land - 5696 Old Clyde Road | 5,852.31 | 0.00 | 5,852.31 |
| Land - 33 Sharon Lynn Way (Stamey) | 14,496.10 | 0.00 | 14,496.10 |
| Land - 211 Nellie John Drive | 9,953.95 | 0.00 | 9,953.95 |
| Land - 244 South Painter Road | 5,368.24 | 0.00 | 5,368.24 |
| Land - 28 A & B Oak Street | 2,484.73 | 0.00 | 2,484.73 |
| Land - 30 Arlington Extension | 5,368.24 | 0.00 | 5,368.24 |
| Land - 25,38, 40 Oak Street | 4,244.90 | 0.00 | 4,244.90 |
| Land - 205 Hazelwood Avenue | 6,253.55 | 0.00 | 6,253.55 |
| Land - 27 Aquifer Brae Raod | 6,651.41 | 0.00 | 6,651.41 |
| Land - 154 Medical Park Loop | 262,500.00 | 0.00 | 262,500.00 |
| Total Land | \$621,613.37 | \$0.00 | \$621,613.37 |
| Amount reported Part II line 14 of Form 990-PF | \$10,274,862.36 | \$6,539,188.28 | \$3,735,674.08 |