

**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](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2020 or tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**

Name of foundation <b>EVERGREEN FOUNDATION</b>		<b>A Employer identification number</b> 56-1351883
Number and street (or P.O. box number if mail is not delivered to street address) <b>28 A OAK STREET</b>	Room/suite	<b>B Telephone number</b> 828-456-8005
City or town, state or province, country, and ZIP or foreign postal code <b>WAYNESVILLE, NC 28786</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> 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		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>36,652,158.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <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)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....	31.	31.		<b>STATEMENT 1</b>
	<b>4</b> Dividends and interest from securities .....	427,012.	427,012.		<b>STATEMENT 2</b>
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	775,500.			
	<b>b</b> Gross sales price for all assets on line 6a <b>2,977,063.</b>				
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		775,500.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....	552,440.	9,734.	542,706.	<b>STATEMENT 3</b>	
<b>12 Total.</b> Add lines 1 through 11 .....	1,754,983.	1,212,277.	542,706.		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	0.	0.	0.	0.
	<b>14</b> Other employee salaries and wages .....				
	<b>15</b> Pension plans, employee benefits .....				
	<b>16a</b> Legal fees ..... <b>STMT 4</b>	226.	0.	0.	0.
	<b>b</b> Accounting fees ..... <b>STMT 5</b>	44,551.	0.	0.	0.
	<b>c</b> Other professional fees ..... <b>STMT 6</b>	139,928.	0.	0.	45,985.
	<b>17</b> Interest .....				
	<b>18</b> Taxes ..... <b>STMT 7</b>	17,807.	0.	0.	0.
	<b>19</b> Depreciation and depletion .....	322,784.	0.	0.	
	<b>20</b> Occupancy .....	77,041.	0.	0.	0.
	<b>21</b> Travel, conferences, and meetings .....	4,511.	0.	0.	0.
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses ..... <b>STMT 8</b>	99,333.	34,448.	0.	0.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	706,181.	34,448.	0.	45,985.
	<b>25</b> Contributions, gifts, grants paid .....	500,000.			500,000.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	1,206,181.	34,448.	0.	545,985.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements ...	548,802.				
<b>b Net investment income</b> (if negative, enter -0-) .....		1,177,829.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			542,706.		

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		215,523.	289,689.	289,689.
	2	Savings and temporary cash investments		5,129.	5,130.	5,130.
	3	Accounts receivable	800.			
		Less: allowance for doubtful accounts		3,659.	800.	800.
	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	135,067.			
		Less: allowance for doubtful accounts	0.	142,358.	135,067.	135,067.
	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	18,072,125.	22,000,628.	22,000,628.	
14	Land, buildings, and equipment: basis	10,433,981.				
	Less: accumulated depreciation	STMT 10	7,199,084.	3,502,797.	3,234,897.	
15	Other assets (describe DEPOSIT)		849.	949.	949.	
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		21,942,440.	25,667,160.	36,652,158.	
Liabilities	17	Accounts payable and accrued expenses		13,073.	5,963.	
	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)		19,356.	19,444.	
23	<b>Total liabilities</b> (add lines 17 through 22)		32,429.	25,407.		
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		21,910,011.	25,641,753.	
	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	<b>Total net assets or fund balances</b>		21,910,011.	25,641,753.		
30	<b>Total liabilities and net assets/fund balances</b>		21,942,440.	25,667,160.		

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	21,910,011.
2	Enter amount from Part I, line 27a	2	548,802.
3	Other increases not included in line 2 (itemize) SEE STATEMENT 9	3	3,182,940.
4	Add lines 1, 2, and 3	4	25,641,753.
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	25,641,753.



**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 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 Reserved		1	16,372.
c All other domestic foundations enter 1.39% 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	16,372.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	16,372.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		14,800.
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	14,800.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	0.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	1,572.
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <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 <b>Form 1120-POL</b> 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 <b>Form 990-T</b> 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 2020 or the tax year beginning in 2020? 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
<b>5a</b> 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>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> 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	5b		
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
<b>c</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d). <span style="float:right">N/A</span>			
<b>6a</b> 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>b</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.			
<b>7a</b> 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>b</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	7b		
<b>8</b> 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	95,520.

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	20,116,891.
b	Average of monthly cash balances .....	1b	302,530.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	20,419,421.
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	20,419,421.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	306,291.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	20,113,130.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	1,005,657.

**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	1,005,657.
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	16,372.
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	16,372.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	989,285.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	989,285.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	989,285.

**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	545,985.
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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	545,985.
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	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	545,985.

**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 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				989,285.
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only			456,275.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015				
<b>b</b> From 2016				
<b>c</b> From 2017				
<b>d</b> From 2018				
<b>e</b> From 2019				
<b>f</b> Total of lines 3a through e	0.			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 545,985.				
<b>a</b> Applied to 2019, but not more than line 2a			456,275.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2020 distributable amount				89,710.
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				899,575.
<b>7</b> 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.			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016				
<b>b</b> Excess from 2017				
<b>c</b> Excess from 2018				
<b>d</b> Excess from 2019				
<b>e</b> Excess from 2020				

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 2020, 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) 2020, (b) 2019, (c) 2018, (d) 2017, (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)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
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
<b>a Paid during the year</b>				
30TH JUDICIAL DISTRICT ALLIANCE P.O. BOX 554 WAYNESVILLE, NC 28786		PC	FUNDING TO ASSIST WITH SAFETY TRAINING AND THE PURCHASE OF A MEDICATION SAFE FOR AN MDMA ASSISTED THERAPY	1,200.
AWAKE P.O. BOX 755 SYLVA, NC 28779		PC	FUNDING TOWARD THE CAPITAL CAMPAIGN AND OPERATIONAL DEFICITS DURING THE YEAR.	1,601.
BLUE RIDGE FIRST IN FAMILIES 406B WEST MAIN ST. WILKSBORO, NC 28697		PC	FUNDING TO HELP COVER THE UNMET NEEDS OF INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL	5,000.
CENTER FOR DOMESTIC PEACE 26 RIDGEWAY ST. SYLVA, NC 28723		PC	FUNDING FOR VICTIM ADVOCATE POSITION FOR DOMESTIC VIOLENCE AND SEXUAL ASSAULT VICTIMS.	10,000.
ELIADA HOMES P.O. BOX 16708 ASHEVILLE, NC 28816		PC	FUNDING TO EXPAND THERAPEUTIC FOSTER CARE AND FOSTER CARE IN WESTERN NORTH CAROLINA.	56,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>500,000.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>





**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
HAVEN CHILD ADVOCACY CENTER 4297 E US 64 ALT MURPHY, NC 28906		PC	FUNDING TO PROVIDE ADDITIONAL THERAPY FOR CHILD VICTIMS OF ABUSE AND FOR EMERGENCY ITEMS FOR THE CHILDREN	1,600.
HAWTHORNE HEIGHTS 656 BLACK HILL RD. BRYSON CITY, NC 28713		PC	MATCHING FUNDS FOR THE JCPC GRANT TO FUND THE YOUTH SHELTER SERVICES.	79,551.
HAWTHORNE HEIGHTS 656 BLACK HILL RD. BRYSON CITY, NC 28713		PC	FUNDING TO PURCHASE RECREATION SUPPLIES FOR THE YOUTH BEING SHELTERED.	1,600.
HAYWOOD PATHWAYS CENTER 179 HEMLOCK ST. WAYNESVILLE, NC 28786		PC	FUNDING FOR THE CASE MANAGEMENT AND PEER SUPPORT POSITIONS AT THE HOMELESS SHELTER.	15,000.
HAYWOOD PATHWAYS CENTER 179 HEMLOCK ST. WAYNESVILLE, NC 28786		PC	FUNDING TO PURCHASE AN ICE MAKER, WASHABLE HVAC FILTERS AND TO REPLACE THE WINDOWS IN THE HOMELESS SHELTER.	12,165.
HIGHTS INC. P.O. BOX 865 CULLOWHEE, NC 28723		PC	FUNDING TO PURCHASE NEEDED BEE KEEPING SUPPLIES FOR THE YOUTH PROGRAM.	1,601.
HINTON RURAL LIFE CENTER, INC. 2330 HINTON CENTER RD. HAYESVILLE, NC 28904		PC	FUNDING TO PROVIDE THE FINAL AMOUNT NEEDED FOR THE MATCHING GRANT THROUGH THE NANTAHALA HEALTH FOUNDATION.	115.
KARE, INC. 1159 N. MAIN ST. WAYNESVILLE, NC 28786		PC	FUNDING TO PURCHASE SUPPLIES NEEDED TO CONDUCT FORENSIC INTERVIEWS FOR CHILD VICTIMS OF ABUSE.	1,601.
LIFE CHALLENGE P.O. BOX 2553 CULLOWHEE, NC 28779		PC	FUNDING TO HELP FUND UPGRADES FOR THE WATER AND SEWER SYSTEM AT THE FACILITY FOR WOMEN WITH SUBSTANCE USE	10,000.
LIFESPAN SERVICES 1511 SHOPTON RD. CHARLOTTE, NC 28217		PC	FUNDING TO CREATE A PAVED PATHWAY, INSTALL AUTOMATIC DOOR OPENERS AND CREATE A WELCOMING OUTDOOR SPACE AT THE	13,326.
<b>Total from continuation sheets</b>				<b>426,199.</b>

**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 CITIZENS HABILITIES P.O. BOX 698 FRANKLIN, NC 28744		PC	FUNDING TO REPAIR THE ROOF AND SKYLIGHTS AT THE DAY PROGRAM FOR INDIVIDUALS WITH IDD.	15,115.
MERIDIAN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779		PC	FUNDING TO PURCHASE EVIDENCE-BASED TESTING MATERIALS.	5,000.
MERIDIAN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779		PC	CONTINUATION FUNDING TO SUPPORT AN INTEGRATED CARE PILOT PROGRAM AT THE CHEROKEE HEALTH	50,000.
MERIDIAN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779		PC	CONTINUED FUNDING OF THE PATIENT ASSISTANCE PROGRAM WHICH PROVIDES OVER ONE MILLION DOLLARS IN FREE	39,000.
MERIDIAN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779		PC	FUNDING TO DEVELOP AND IMPLEMENT CRISIS WRAP-AROUND SERVICES FOR CHILDREN AND YOUTH WITH MENTAL HEALTH	87,000.
MERIDIAN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779		PC	TO BRIDGE THE FUNDING GAP IN THE PROGRAM TREATING DOMESTIC VIOLENCE OFFENDERS.	15,000.
MERIDIAN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779		PC	FUNDING TO PROVIDE THE FINAL AMOUNT NEEDED FOR THE MATCHING GRANT THROUGH THE NANTAHALA HEALTH FOUNDATION.	750.
NO WRONG DOOR 177 SLOAN RD. FRANKLIN, NC 28734		PC	FUNDING TO COVER ONE HALF OF THE COST OF A VEHICLE FOR THE COMMUNITY BASED MENTAL HEALTH AND SU PROGRAM.	13,174.
RESTORATION HOUSE P.O. BOX 154 BRYSON CITY, NC 28713		PC	FUNDING TO HELP COVER ADDITIONAL TREATMENT HOURS AND TRANSPORTATION FOR CLIENTS WITH SU	4,500.
TEEN CHALLENGE OF THE SMOKIES 336 AG CAMP RD. FRANKLIN, NC 28734		PC	FUNDING TO HELP FUND THE INTERNSHIP PROGRAM WHICH SUPPORTS TEENS WITH VARIOUS CHALLENGES.	3,500.
<b>Total from continuation sheets</b>				





**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 ALLIANCE

FUNDING TO ASSIST WITH SAFETY TRAINING AND THE PURCHASE OF A MEDICATION SAFE FOR AN MDMA ASSISTED THERAPY CLINIC TO HELP INDIVIDUALS WHO HAVE PTSD.

NAME OF RECIPIENT - BLUE RIDGE FIRST IN FAMILIES

FUNDING TO HELP COVER THE UNMET NEEDS OF INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) AND THEIR FAMILIES.

NAME OF RECIPIENT - HAVEN CHILD ADVOCACY CENTER

FUNDING TO PROVIDE ADDITIONAL THERAPY FOR CHILD VICTIMS OF ABUSE AND FOR EMERGENCY ITEMS FOR THE CHILDREN AND THEIR FAMILIES.

NAME OF RECIPIENT - LIFE CHALLENGE

FUNDING TO HELP FUND UPGRADES FOR THE WATER AND SEWER SYSTEM AT THE FACILITY FOR WOMEN WITH SUBSTANCE USE (SU) ISSUES.

NAME OF RECIPIENT - LIFESPAN SERVICES

FUNDING TO CREATE A PAVED PATHWAY, INSTALL AUTOMATIC DOOR OPENERS AND CREATE A WELCOMING OUTDOOR SPACE AT THE NEW FACILITY FOR INDIVIDUALS WITH IDD.

NAME OF RECIPIENT - MERIDIAN BEHAVIORAL HEALTH

CONTINUATION FUNDING TO SUPPORT AN INTEGRATED CARE PILOT PROGRAM AT THE CHEROKEE HEALTH DEPARTMENT.

NAME OF RECIPIENT - MERIDIAN BEHAVIORAL HEALTH

CONTINUED FUNDING OF THE PATIENT ASSISTANCE PROGRAM WHICH PROVIDES OVER

Part XV Supplementary Information

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

ONE MILLION DOLLARS IN FREE MEDICATION TO INDIVIDUALS IN THE SEVEN-COUNTY AREA EACH YEAR.

NAME OF RECIPIENT - MERIDIAN BEHAVIORAL HEALTH FUNDING TO DEVELOP AND IMPLEMENT CRISIS WRAP-AROUND SERVICES FOR CHILDREN AND YOUTH WITH MENTAL HEALTH ISSUES IN THE SCHOOL SYSTEM.

NAME OF RECIPIENT - RESTORATION HOUSE FUNDING TO HELP COVER ADDITIONAL TREATMENT HOURS AND TRANSPORTATION FOR CLIENTS WITH SU ISSUES.

NAME OF RECIPIENT - THE ARC OF HAYWOOD CO. FUNDING FOR THE THE REPLACEMENT OF CLOSED-CIRCUIT CAMERAS IN THE GROUP HOMES FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

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	31.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	31.

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
VANGUARD	427,012.	0.	427,012.
TOTAL TO FM 990-PF, PART I, LN 4	427,012.	0.	427,012.

## 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	3,364.	3,364.	0.
INTEREST INCOME HAMPTON	6,370.	6,370.	0.
EXEMPT PURPOSE RENTAL INCOME	542,706.	0.	542,706.
TOTAL TO FORM 990-PF, PART I, LINE 11	552,440.	9,734.	542,706.

## 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	226.	0.	0.	0.
TO FM 990-PF, PG 1, LN 16A	226.	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	44,551.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	44,551.	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	95,520.	0.	0.	45,985.
PROPERTY MAINTENANCE	44,408.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	139,928.	0.	0.	45,985.

## 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	16,372.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	17,807.	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	61,753.	0.	0.	0.
OFFICE EXPENSE	801.	0.	0.	0.
INVESTMENT FEES	34,448.	34,448.	0.	0.
DUES	2,315.	0.	0.	0.
MISCELLANEOUS EXPENSE	16.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	99,333.	34,448.	0.	0.

---



---

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


---

DESCRIPTION	AMOUNT
NET UNREALIZED GAINS ON INVESTMENTS	3,160,440.
LAND COST BASIS DIFFERENCE BETWEEN BOOK AND TAX	22,500.
<b>TOTAL TO FORM 990-PF, PART III, LINE 3</b>	<b>3,182,940.</b>

---



---

**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	9,012,613.	6,805,954.	2,206,659.	10,650,120.
EQUIPMENT	357,733.	249,238.	108,495.	144,642.
OTHER FIXED ASSETS	442,022.	143,892.	298,130.	421,253.
LAND	621,613.	0.	621,613.	3,003,880.
<b>TO 990-PF, PART II, LN 14</b>	<b>10,433,981.</b>	<b>7,199,084.</b>	<b>3,234,897.</b>	<b>14,219,895.</b>

---



---

**FORM 990-PF      OTHER INVESTMENTS      STATEMENT 11**


---

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	FMV	22,000,628.	22,000,628.
<b>TOTAL TO FORM 990-PF, PART II, LINE 13</b>		<b>22,000,628.</b>	<b>22,000,628.</b>

---



---

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


---

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
LEASE DEPOSIT	15,469.	17,872.
EXCISE TAX PAYABLE	3,887.	1,572.
<b>TOTAL TO FORM 990-PF, PART II, LINE 22</b>	<b>19,356.</b>	<b>19,444.</b>

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 28A OAK STREET WAYNESVILLE, NC 28786	BOARD MEMBER 2.00	0.	0.	0.
JOHN FEIL 28A OAK STREET WAYNESVILLE, NC 28786	SECRETARY 4.00	0.	0.	0.
VICKI GORDON 28A OAK STREET WAYNESVILLE, NC 28786	TREASURER 4.00	0.	0.	0.
MARTY HYDAKER 28A OAK STREET WAYNESVILLE, NC 28786	PRESIDENT 4.00	0.	0.	0.
RALPH MURPHY 28A OAK STREET WAYNESVILLE, NC 28786	VICE PRESIDENT 4.00	0.	0.	0.
GLENN JONES 28A OAK STREET WAYNESVILLE, NC 28786	BOARD MEMBER 2.00	0.	0.	0.
DAVID BADGER 28A OAK STREET WAYNESVILLE, NC 28786	BOARD MEMBER 2.00	0.	0.	0.
JANICE WRIGHT 28A OAK STREET WAYNESVILLE, NC 28786	BOARD MEMBER 2.00	0.	0.	0.
CHARLES PENLAND 28A OAK STREET WAYNESVILLE, NC 28786	BOARD MEMBER 2.00	0.	0.	0.
TAMMY KEEZER 28A OAK STREET WAYNESVILLE, NC 28786	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.