

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

For calendar year 2022 or tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

Name of foundation EVERGREEN FOUNDATION		A Employer identification number ** - ***1883
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) \$ 34,361,238.	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	280.	280.		STATEMENT 1
	4 Dividends and interest from securities	435,629.	435,629.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	82,556.			
	b Gross sales price for all assets on line 6a	1,044,633.			
	7 Capital gain net income (from Part IV, line 2)		82,556.		
	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	537,263.	8,642.	528,621.	STATEMENT 3	
12 Total. Add lines 1 through 11	1,055,728.	527,107.	528,621.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 4	680.	0.	272.	408.
	b Accounting fees STMT 5	45,172.	0.	9,194.	2,299.
	c Other professional fees STMT 6	128,302.	0.	57,822.	50,106.
	17 Interest				
	18 Taxes STMT 7	8,522.	0.	1,814.	0.
	19 Depreciation and depletion	328,070.	0.	326,828.	
	20 Occupancy	79,921.	0.	75,719.	0.
	21 Travel, conferences, and meetings	4,324.	0.	0.	0.
	22 Printing and publications				
	23 Other expenses STMT 8	122,023.	44,528.	56,972.	16,760.
	24 Total operating and administrative expenses. Add lines 13 through 23	717,014.	44,528.	528,621.	69,573.
	25 Contributions, gifts, grants paid	1,000,000.			1,000,000.
26 Total expenses and disbursements. Add lines 24 and 25	1,717,014.	44,528.	528,621.	1,069,573.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-661,286.				
b Net investment income (if negative, enter -0-)		482,579.			
c Adjusted net income (if negative, enter -0-)			0.		

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		215,158.	261,289.	261,289.	
	2	Savings and temporary cash investments		5,130.	5,135.	5,135.	
	3	Accounts receivable	4,120.				
		Less: allowance for doubtful accounts		725.	4,120.	4,120.	
	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	118,866.				
		Less: allowance for doubtful accounts	0.	127,249.	118,866.	118,866.	
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges			40,292.	40,292.	
	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	18,228,960.	18,887,457.	18,887,457.		
14	Land, buildings, and equipment: basis	10,713,890.					
	Less: accumulated depreciation	STMT 9 7,855,134.	3,118,788.	2,858,756.	15,012,895.		
15	Other assets (describe DEPOSIT)		949.	31,184.	31,184.		
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		21,696,959.	22,207,099.	34,361,238.		
Liabilities	17	Accounts payable and accrued expenses		3,135.	649.		
	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 11)		30,352.	19,319.		
23	Total liabilities (add lines 17 through 22)		33,487.	19,968.			
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		21,663,472.	22,187,131.		
	25	Net assets with donor restrictions					
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.						
	26	Capital stock, trust principal, or current funds					
	27	Paid-in or capital surplus, or land, bldg., and equipment fund					
	28	Retained earnings, accumulated income, endowment, or other funds					
29	Total net assets or fund balances		21,663,472.	22,187,131.			
30	Total liabilities and net assets/fund balances		21,696,959.	22,207,099.			

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	21,663,472.
2	Enter amount from Part I, line 27a	2	-661,286.
3	Other increases not included in line 2 (itemize) NET UNREALIZED GAINS ON INVESTMENTS	3	1,184,945.
4	Add lines 1, 2, and 3	4	22,187,131.
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	22,187,131.

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 PUBLICALLY TRADED SECURITIES - LONG-TERM		P		
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 1,044,633.		962,077.	82,556.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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		
a			82,556.	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	82,556.	
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). See instructions. If (loss), enter -0- in Part I, line 8.		3	N/A	

Part V 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)		1	6,708.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	6,708.
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	6,708.
6 Credits/Payments:			
a 2022 estimated tax payments and 2021 overpayment credited to 2022	6a 12,000.		
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	12,000.
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 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	5,292.
11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 5,292. Refunded		11	0.

Part VI-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. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
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?		X
If "Yes," attach the statement required by General Instruction T.		
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 XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <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 General Instruction G? 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 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <u>EVERGREENFOUNDATIONNC.ORG</u>		
14 The books are in care of <u>DENISE COLEMAN</u> Telephone no. <u>(828) 456-8005</u> Located at <u>28 A OAK STREET, WAYNESVILLE, NC</u> ZIP+4 <u>28786</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15 <u>N/A</u>		
16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Part VI-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.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	N/A
c Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022?	1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?	2a	X
If "Yes," list the years _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?	4b	X

Part VI-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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
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	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here		
d 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? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
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?		X

Part VII 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 12		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 VII 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	99,372.
Total number of others receiving over \$50,000 for professional services		0

Part VIII-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 VIII-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 IX 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	18,234,200.
b	Average of monthly cash balances	1b	336,427.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	18,570,627.
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	18,570,627.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	278,559.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	18,292,068.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	914,603.

Part X 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 IX, line 6	1	914,603.
2a	Tax on investment income for 2022 from Part V, line 5	2a	6,708.
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	6,708.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	907,895.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	907,895.
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 XII, line 1	7	907,895.

Part XI 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	1,069,573.
b	Program-related investments - total from Part VIII-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 XII, line 4	4	1,069,573.

Form 990-PF (2022)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				907,895.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			1,024,287.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$ <u>1,069,573.</u>				
a Applied to 2021, but not more than line 2a ...			1,024,287.	
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 2022 distributable amount				45,286.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2022 (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 2021. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				862,609.
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 2017 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2018 ...				
b Excess from 2019 ...				
c Excess from 2020 ...				
d Excess from 2021 ...				
e Excess from 2022 ...				

Part XIII Private Operating Foundations (see instructions and Part VI-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 2022, 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) 2022, (b) 2021, (c) 2020, (d) 2019, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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

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

NONE

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

NONE

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

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

SEE STATEMENT 13

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 XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a Paid during the year				
AWAKE P.O. BOX 755 SYLVA, NC 28779		PC	FUNDRAISING SUPPORT FOR THE POP-A-CORK FUNDRAISER.	1,000.
AWAKE P.O. BOX 755 SYLVA, NC 28779		PC	FUNDING TO SUPPORT THE CME PROGRAM IN JACKSON AND SWAIN COUNTIES AND \$25,000 FOR A CORTEX FLO CAMERA SYSTEM.	75,000.
AWAKE P.O. BOX 755 SYLVA, NC 28779		PC	FUNDING FOR CHILD MEDICAL EXAMS FOR ABUSE VICTIMS.	40,000.
BLUE RIDGE HEALTH 220 5TH AVENUE E. HENDERSONVILLE, NC 28792		PC	FUNDING FOR THE MEDICAID ASSISTED THERAPY PROGRAM.	8,000.
CENTER FOR DOMESTIC PEACE 26 RIDGEWAY ST. SYLVA, NC 28779		PC	FUNDRAISING SUPPORT FOR DOMESTIC VIOLENCE SERVICES FOR OPEN YOUR HEART FOR PEACE EVENT.	1,000.
Total	SEE CONTINUATION SHEET(S)			3a 1,000,000.
b Approved for future payment				
NONE				
Total				
				3b 0.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on investments, Dividends, Net rental income, and Subtotal.

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

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

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes.

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

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

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

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

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee: APRIL WESTMORELAND, CPA. Title: TREASURER. Date: 11/08/23.

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

Paid Preparer Use Only: Print/Type preparer's name: APRIL WESTMORELAND, CPA. Preparer's signature: APRIL WESTMORELAN. Date: 11/08/23. Check [] if self-employed. PTIN: P01245071. Firm's name: DMJPS PLLC. Firm's EIN: ** - ***0567. Firm's address: 451 N MAIN STREET, SUITE 105, MARION, NC 28752. Phone no.: 828-652-7044.

Part XIV 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
CHILD MEDICAL COLLABORATIVE P.O. BOX 332 SYLVA, NC 28779		PC	FUNDING TO HIRE ANOTHER PART-TIME FNP TO PROVIDE CHILD MEDICAL EXAMS FOR THE CHILD ADVOCACY	50,000.
ELIADA HOMES 2 COMPTON DR. ASHEVILLE, NC 28806		PC	FUNDRAISING SUPPORT FOR FOSTER CARE AND ADOPTION SERVICES IN WNC.	1,000.
GRAHAM CO. SCHOOLS 52 MOOSE BRANCH ROBBINSVILLE, NC 28771		GOVT	FUNDING TO CREATE A MORE WELCOMING THERAPY SPACE IN AN ELEMENTARY SCHOOL AS WELL AS THE MIDDLE SCHOOL/HIGH	3,064.
HAYWOOD PATHWAYS CENTER 179 HEMLOCK ST. WAYNESVILLE, NC 28786		PC	FUNDING TO REPLACE BROKEN BUNK BEDS, LOCKERS AND PRIVACY SCREENS AND TO ADD BEDS IN THE FAMILY	21,180.
HAYWOOD VOCATIONAL P.O. BOX 755 HAZELWOOD, NC 28738		PC	FUNDING TO MAKE SAFETY UPGRADES TO THE BUILDING WHERE PROGRAMMING FOR INDIVIDUALS WITH	20,000.
HELPING HANDS OF HAYWOOD 258 N. MAIN ST. SUITE B WAYNESVILLE, NC 28786		PC	FUNDING FOR THE EMERGENCY SHELTER AND TO PURCHASE CLOTHING, SHOES, HYGIENE ITEMS, ETC. FOR THE UNHOUSED.	22,500.
HERE IN JACKSON P.O. BOX 403 SYLVA, NC 28779		PC	FUNDING FOR THE EMERGENCY SHELTER FOR INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS.	35,000.
HERE IN JACKSON P.O. BOX 403 SYLVA, NC 28779		PC	FUNDING FOR THE COLD WEATHER SHELTER PROGRAM FOR JACKSON COUNTY.	35,000.
HIGHTS INC. P.O. BOX 865 CULLOWHEE, NC 28723		PC	FUNDING FOR YEAR THREE OF THE SUPERVISION AND TRAINING PROGRAM FOR CLINICIANS.	30,000.
HIGHTS INC. P.O. BOX 865 CULLOWHEE, NC 28723		PC	FUNDING TO SUPPORT THE HIRING OF A PREVENTION SPECIALIST TO WORK WITH JUVENILE JUSTICE, SCHOOLS, HAWTHORNE	49,000.
Total from continuation sheets				875,000.

Part XIV 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
HIGHTS INC. P.O. BOX 865 CULLOWHEE, NC 28723		PC	FUNDRAISING SUPPORT FOR THE MAY DAY. FUNDS WILL BE USED IN THE SUMMER ADVENTURE PROGRAM.	1,000.
HOPE SPRINGS ETERNAL P.O. BOX 801 BRYSON CITY, NC 28713		PC	FUNDING TO PURCHASE FURNITURE FOR THE MEN'S TRANSITIONAL HOME AND EDUCATIONAL MATERIALS TO USE IN	10,600.
KARE, INC. 1159 N. MAIN ST, WAYNESVILLE, NC 28786		PC	FUNDRAISING SUPPORT FOR THE FESTIVAL OF TREES.	1,000.
KARE, INC. 1159 N. MAIN ST, WAYNESVILLE, NC 28786		PC	FUNDING TO COVER MENTAL HEALTH SERVICES FOR CHILDREN SERVED THAT WERE FORMERLY FUNDED THROUGH VOCA.	40,000.
KIDS PLACE P.O. BOX 693 FRANKLIN, NC 28744		PC	FUNDING TO REPLACE VOCA FUNDING THAT WAS CUT FOR CHILD ABUSE SERVICES IN MACON COUNTY.	25,000.
KIDS PLACE P.O. BOX 693 FRANKLIN, NC 28744		PC	FUNDING FOR CHILD MEDICAL EXAMS IN MACON AND GRAHAM COUNTIES THAT ARE NOT COVERED BY CURRENT VOCA	40,000.
LIFE CHALLENGE OF WNC P.O. BOX 2553 CULLOWHEE, NC 28723		PC	FUNDING TOWARD THE \$17,300 ROOF REPLACEMENT FOR THE FACILITY SERVING YOUNG WOMEN WITH SUBSTANCE	10,000.
MERIDIAN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779		PC	FUNDING TO MAKE UP A SHORTFALL FROM VAYA IN ACCOUNT SERVICES FUNDING.	50,000.
MERIDIAN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779		PC	FUNDING TO SECURE AN ADDITIONAL PSYCHIATRIST FOR WNC. THIS INCLUDES A HIRING BONUS OF \$20,000,	35,000.
MERIDIAN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779		PC	FUNDING FOR AN ADDITIONAL YEAR OF THE PATIENT ASSISTANCE PROGRAM, FOR MEDICATION ASSISTANCE.	47,656.
Total from continuation sheets				

Part XIV 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
MERIDIAN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779		PC	FUNDING TO SUPPLEMENT THE PSR PROGRAM FOOD BUDGET, TO INCLUDE TRIPS INTO THE COMMUNITY TO THE	2,500.
MERIDIAN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779		PC	FUNDING FOR YEAR TWO, TO DEVELOP A GREATER CAPACITY TO DO PSYCHOLOGICAL TESTING, AND TRAIN INTERNS TO	50,000.
MERIDIAN BEHAVIORAL HEALTH 44 BONNIE LANE SYLVA, NC 28779		PC	FUNDING TO PROVIDE A TRAINING RETREAT AND ENHANCED WELLNESS PROGRAM FOR PEER SUPPORTS.	2,500.
NEW HOPE P.O. BOX 631 SYLVA, NC 28779		PC	FUNDING FOR A PART-TIME PROJECT MANAGER TO OVERSEE HOUSE RENOVATIONS, PROVIDE COMMUNITY	5,200.
NO WRONG DOOR P.O. BOX 1594 FRANKLIN, NC 28744		PC	FUNDING TO PROVIDE RECOVERY COACH TRAINING, TO TRAIN VETERANS TO WORK AS SUPPORT COACHES FOR	10,000.
PEARL PSYCHEDELIC INSTITUTE P.O. BOX 1016 WAYNESVILLE, NC 28786		PC	FUNDING TO PURCHASE A LASER PRINTER, EMR SYSTEMS TRAINING, DONOR DATABASE PLATFORM ASSISTANCE,	4,885.
PEARL PSYCHEDELIC INSTITUTE P.O. BOX 1016 WAYNESVILLE, NC 28786		PC	FUNDING TO FURNISH A THERAPY AND TRAINING AREA AT THE NEW OFFICE AT WAYNESVILLE.	5,030.
PEARL PSYCHEDELIC INSTITUTE P.O. BOX 1016 WAYNESVILLE, NC 28786		PC	FUNDING FOR THERAPIST TRAINING AND COMMUNITY EDUCATION FOR LOCAL THERAPIST, INCLUDING PURCHASE OF TRAINING	10,000.
PERSON FIRST SERVICES 2775 US 74 E. SYLVA, NC 28779		PC	FUNDING TO PUT ON A NEW ROOF AT THE FACILITY SERVING INDIVIDUALS WITH INTELLECTUAL AND	26,000.
PISGAH LEGAL P.O. BOX 2276 ASHEVILLE, NC 28802		PC	FUNDING TO PROVIDE CIVIL LEGAL SERVICES TO VETERANS AND INDIVIDUALS WITH DISABILITIES.	20,000.
Total from continuation sheets				

Part XIV 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
REACH OF MACON COUNTY P.O. BOX 228 FRANKLIN, NC 28744		PC	FUNDING CONTINUATION FOR THE BASIC SERVICES FOR YEAR THREE THAT WERE IMPACTED BY THE VOCA CUTS.	23,000.
RENEWED HOPE 150 PENNY LANE MURPHY, NC 28906		PC	FUNDING TO BUILD A CHICKEN COOP TO RAISE MEAT CHICKENS, FOR TRAINING AND SUSTAINABILITY FOR	4,885.
RESTORATION HOUSE P.O. BOX 154 BRYSON CITY, NC 28779		PC	FUNDING TO COVER ONE YEAR OF OPERATING EXPENSES FOR THE SWEET DREAMS SHELTER FOR 7 INDIVIDUALS. THIS	35,000.
SEEK HEALING 116 DEPOT ST. WAYNESVILLE, NC 28786		PC	FUNDING TO INCREASE TRAINING AND PROGRAM AVAILABILITY ON NIGHTS AND WEEKENDS AT THE DEPOT ST. OFFICE.	40,000.
SEEK HEALING 50 S. FRENCH BROAD AVE. #300 ASHEVILLE, NC 28801		PC	FUNDING TO COVER FACILITY COSTS FOR A SECOND YEAR TO EXPAND THE PROGRAM AND STAFF, WITH DONATED AND OTHER	20,000.
THE ARC OF HAYWOOD CO. 407 WELCH ST. WAYNESVILLE, NC 28786		PC	FUNDING TOWARD THE COST OF A NEW VEHICLE TO BE USED IN THE COMMUNITY LIVING PROGRAM.	17,000.
WESTERN CAROLINA PACESETTERS P.O. BOX 88 BRASSTOWN, NC 28902		PC	FUNDING TO PROVIDE SUMMER ADVENTURE PROGRAMS FOR YOUTH IN THE FAR WEST IN CONJUNCTION WITH OTHER	42,000.
YOUTH VILLAGES 8604 CLIFF CAMERON DR. CHARLOTTE, NC 28269		PC	FUNDING FOR A PORTION OF THE FUNDING MATCH FOR THE DEPARTMENT OF SOCIAL SERVICES GRANT IN WNC TO PROVIDE	30,000.
Total from continuation sheets				

Part XIV Supplementary Information

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

NAME OF RECIPIENT - CHILD MEDICAL COLLABORATIVE

FUNDING TO HIRE ANOTHER PART-TIME FNP TO PROVIDE CHILD MEDICAL EXAMS FOR THE CHILD ADVOCACY PROGRAMS IN WNC.

NAME OF RECIPIENT - GRAHAM CO. SCHOOLS

FUNDING TO CREATE A MORE WELCOMING THERAPY SPACE IN AN ELEMENTARY SCHOOL AS WELL AS THE MIDDLE SCHOOL/HIGH SCHOOL.

NAME OF RECIPIENT - HAYWOOD PATHWAYS CENTER

FUNDING TO REPLACE BROKEN BUNK BEDS, LOCKERS AND PRIVACY SCREENS AND TO ADD BEDS IN THE FAMILY DORMITORY AT THE HOMELESS SHELTER.

NAME OF RECIPIENT - HAYWOOD VOCATIONAL

FUNDING TO MAKE SAFETY UPGRADES TO THE BUILDING WHERE PROGRAMMING FOR INDIVIDUALS WITH DISABILITIES ARE PROVIDED.

NAME OF RECIPIENT - HIGHTS INC.

FUNDING TO SUPPORT THE HIRING OF A PREVENTION SPECIALIST TO WORK WITH JUVENILE JUSTICE, SCHOOLS, HAWTHORNE HEIGHTS, FAMILIES, ETC. THE POSITION WILL TIE SERVICES TOGETHER TO BETTER MEET THE NEEDS OF YOUTH.

NAME OF RECIPIENT - HOPE SPRINGS ETERNAL

FUNDING TO PURCHASE FURNITURE FOR THE MEN'S TRANSITIONAL HOME AND EDUCATIONAL MATERIALS TO USE IN THE PROGRAM.

NAME OF RECIPIENT - KIDS PLACE

FUNDING FOR CHILD MEDICAL EXAMS IN MACON AND GRAHAM COUNTIES THAT ARE NOT COVERED BY CURRENT VOCA FUNDING.

Part XIV Supplementary Information

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

NAME OF RECIPIENT - LIFE CHALLENGE OF WNC

FUNDING TOWARD THE \$17,300 ROOF REPLACEMENT FOR THE FACILITY SERVING YOUNG WOMEN WITH SUBSTANCE ABUSE.

NAME OF RECIPIENT - MERIDIAN BEHAVIORAL HEALTH

FUNDING TO SECURE AN ADDITIONAL PSYCHIATRIST FOR WNC. THIS INCLUDES A HIRING BONUS OF \$20,000, \$7,500 FOR MOVING EXPENSES AND \$7,500 FOR CONTINUING MEDICAL EDUCATION.

NAME OF RECIPIENT - MERIDIAN BEHAVIORAL HEALTH

FUNDING TO SUPPLEMENT THE PSR PROGRAM FOOD BUDGET, TO INCLUDE TRIPS INTO THE COMMUNITY TO THE FARMERS MARKET, ETC. AND PROVIDE MORE HEALTHY MEALS.

NAME OF RECIPIENT - MERIDIAN BEHAVIORAL HEALTH

FUNDING FOR YEAR TWO, TO DEVELOP A GREATER CAPACITY TO DO PSYCHOLOGICAL TESTING, AND TRAIN INTERNS TO HAVE A GREATER CAPACITY IN THE REGION.

NAME OF RECIPIENT - NEW HOPE

FUNDING FOR A PART-TIME PROJECT MANAGER TO OVERSEE HOUSE RENOVATIONS, PROVIDE COMMUNITY OUTREACH AND FURNISH THE HOME.

NAME OF RECIPIENT - NO WRONG DOOR

FUNDING TO PROVIDE RECOVERY COACH TRAINING, TO TRAIN VETERANS TO WORK AS SUPPORT COACHES FOR OTHER VETERANS, TO HELP COMBAT THE HIGH VETERAN SUICIDE RATE IN MACON COUNTY.

Part XIV Supplementary Information

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

NAME OF RECIPIENT - PEARL PSYCHEDELIC INSTITUTE

FUNDING TO PURCHASE A LASER PRINTER, EMR SYSTEMS TRAINING, DONOR DATABASE PLATFORM ASSISTANCE, TRAINING MANUALS, ROOM DIVIDER, SOUND MITIGATION SYSTEM AND WORKSTATION FOR THE NEW OFFICE.

NAME OF RECIPIENT - PEARL PSYCHEDELIC INSTITUTE

FUNDING FOR THERAPIST TRAINING AND COMMUNITY EDUCATION FOR LOCAL THERAPIST, INCLUDING PURCHASE OF TRAINING EQUIPMENT, PROVIDE CEUS AND CONDUCT THE TRAINING.

NAME OF RECIPIENT - PERSON FIRST SERVICES

FUNDING TO PUT ON A NEW ROOF AT THE FACILITY SERVING INDIVIDUALS WITH INTELECTUAL AND DEVELOPMENTAL DISABILITIES.

NAME OF RECIPIENT - PISGAH LEGAL

FUNDING TO PROVIDE CIVIL LEGAL SERVICES TO VETERANS AND INDIVIDUALS WITH DISABILITIES. SERVICES INCLUDE ASSISTANCE WITH HOUSING, DV, SSI, SSDI, MEDICAID, MEDICARE, AND NAVIGATION OF COMPLICATED LEGAL SITUATIONS THAT WILL NOT FURTHER IMPACT THE LIMITED RESOURCES.

NAME OF RECIPIENT - RENEWED HOPE

FUNDING TO BUILD A CHICKEN COOP TO RAISE MEAT CHICKENS, FOR TRAINING AND SUSTAINABILITY FOR MEN'S SUBSTANCE ABUSE PROGRAM.

NAME OF RECIPIENT - RESTORATION HOUSE

FUNDING TO COVER ONE YEAR OF OPERATING EXPENSES FOR THE SWEET DREAMS SHELTER FOR 7 INDIVIDUALS. THIS WILL ENABLE THEM TO BE A YEAR-ROUND SHELTER.

Part XIV Supplementary Information

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

NAME OF RECIPIENT - SEEK HEALING

FUNDING TO COVER FACILITY COSTS FOR A SECOND YEAR TO EXPAND THE PROGRAM AND STAFF, WITH DONATED AND OTHER GRANT FUNDS.

NAME OF RECIPIENT - WESTERN CAROLINA PACESETTERS

FUNDING TO PROVIDE SUMMER ADVENTURE PROGRAMS FOR YOUTH IN THE FAR WEST IN CONJUNCTION WITH OTHER DOGWOOD FOUNDATION FUNDING.

NAME OF RECIPIENT - YOUTH VILLAGES

FUNDING FOR A PORTION OF THE FUNDING MATCH FOR THE DEPARTMENT OF SOCIAL SERVICES GRANT IN WNC TO PROVIDE HOUSING, EMPLOYMENT, CASE MANAGEMENT, EDUCATION SUPPORT, ETC. FOR YOUTH AGING OUT OF THE FOSTER CARE SYSTEM.

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

SOURCE	AMOUNT
INTEREST INCOME	280.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	280.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
VANGUARD	435,629.	0.	435,629.
TOTAL TO FM 990-PF, PART I, LN 4	435,629.	0.	435,629.

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	3,004.	3,004.	0.
INTEREST INCOME HAMPTON	5,638.	5,638.	0.
EXEMPT PURPOSE RENTAL INCOME	528,500.	0.	528,500.
MISCELLANEOUS INCOME	121.	0.	121.
TOTAL TO FORM 990-PF, PART I, LINE 11	537,263.	8,642.	528,621.

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	680.	0.	272.	408.
TO FM 990-PF, PG 1, LN 16A	680.	0.	272.	408.

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	45,172.	0.	9,194.	2,299.
TO FORM 990-PF, PG 1, LN 16B	45,172.	0.	9,194.	2,299.

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	109,502.	0.	39,022.	50,106.
PROPERTY MAINTENANCE	18,800.	0.	18,800.	0.
TO FORM 990-PF, PG 1, LN 16C	128,302.	0.	57,822.	50,106.

FORM 990-PF

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	6,708.	0.	0.	0.
PROPERTY TAX	1,814.	0.	1,814.	0.
TO FORM 990-PF, PG 1, LN 18	8,522.	0.	1,814.	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	73,732.	0.	56,972.	16,760.
OFFICE EXPENSE	2,938.	0.	0.	0.
INVESTMENT FEES	44,528.	44,528.	0.	0.
DUES	428.	0.	0.	0.
PENALTIES	397.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	122,023.	44,528.	56,972.	16,760.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
BUILDINGS	9,098,801.	7,329,053.	1,769,748.	11,332,820.
EQUIPMENT	455,664.	296,514.	159,150.	159,151.
OTHER FIXED ASSETS	537,812.	229,567.	308,245.	517,044.
LAND	621,613.	0.	621,613.	3,003,880.
TO 990-PF, PART II, LN 14	10,713,890.	7,855,134.	2,858,756.	15,012,895.

FORM 990-PF OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	FMV	18,887,457.	18,887,457.
TOTAL TO FORM 990-PF, PART II, LINE 13		18,887,457.	18,887,457.

FORM 990-PF OTHER LIABILITIES STATEMENT 11

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
LEASE DEPOSIT	18,469.	19,319.
EXCISE TAX PAYABLE	11,883.	0.
TOTAL TO FORM 990-PF, PART II, LINE 22	30,352.	19,319.

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
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.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XIV, LINES 2A THROUGH 2D

STATEMENT 13

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.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EVERGREEN FOUNDATION

EIN or SSN

**** - *** 1883**

Name and title of officer or person subject to tax **VICKI GORDON
TREASURER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b <u>6,708.</u>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize DMJPS PLLC to enter my PIN 60969
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56229445071

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature APRIL WESTMORELAND, CPA Date 11/08/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **990-W**
(Worksheet)

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

2023

(and on Investment Income for Private Foundations) FORM 990-PF

Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1
2	Tax on the amount on line 1	2
3	Alternative minimum tax for trusts	3
4	Total. Add lines 2 and 3	4
5	Estimated tax credits	5
6	Subtract line 5 from line 4	6
7	Other taxes	7
8	Total. Add lines 6 and 7	8
9	Credit for federal tax paid on fuels	9
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	
b	Enter the tax shown on the 2022 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b 6,708.
c	2023 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c 6,800.

		(a)	(b)	(c)	(d)
11	Installment due dates	11 11/15/23	12/15/23	03/15/24	06/17/24
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12 1,700.	1,700.	1,700.	1,700.
13	2022 Overpayment	13 1,700.	1,700.	1,700.	192.
14	Payment due (Subtract line 13 from line 12)	14			1,508.

Form **990-W**

ESTIMATED TAX	6,800.
OVERPAYMENT APPLIED	5,292.
AMOUNT DUE	1,508.