*** PUBLIC INSPECTION COPY ***

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

For calendar year 2025 or tax year beginning JUL 1, 2025 **, and ending** JUN 30, 2026

Name of foundation

EVERGREEN FOUNDATION

A Employer identification number

56-1351883

Number and street (or P.O. box number if mail is not delivered to street address) | Room/suite

28 A OAK STREET

B Telephone number

828-456-8005

City or town	State or province	Country	ZIP or foreign postal code
WAYNESVILLE	NC		28786

C If exemption application is pending, check here ... ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ..... ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ..... ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ... ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) $ 42,657,102.

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d), must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... ☐

Part I **Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

		(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 ☒ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	44.	44.		STATEMENT 1
	4 Dividends and interest from securities	634,212.	634,212.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	860,092.			
	b Gross sales price for all assets on line 6a 1,502,849.				
	7 Capital gain net income (from Part IV, line 2)		860,092.		
	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	559,277.	8,108.	551,169.	STATEMENT 3
	12 **Total.** Add lines 1 through 11	2,053,625.	1,502,456.	551,169.	
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	125.	0.	119.	6.
	b Accounting fees STMT 5	55,101.	0.	11,242.	2,810.
	c Other professional fees STMT 6	182,612.	0.	94,299.	65,362.
	17 Interest	4.	0.	0.	0.
	18 Taxes STMT 7	20,730.	0.	624.	0.
	19 Depreciation and depletion	358,118.	0.	356,876.	
	20 Occupancy	91,518.	0.	88,009.	0.
	21 Travel, conferences, and meetings	4,883.	0.	0.	0.
	22 Printing and publications				
	23 Other expenses STMT 8	126,632.	55,964.	0.	59,568.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	839,723.	55,964.	551,169.	127,746.
	25 Contributions, gifts, grants paid	800,170.			800,170.
	26 **Total expenses and disbursements.** Add lines 24 and 25	1,639,893.	55,964.	551,169.	927,916.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	413,732.			
	b **Net investment income** (if negative, enter -0-)		1,446,492.		
	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	552,938.	230,644.	230,644.
	2 Savings and temporary cash investments	5,140.	5,141.	5,141.
	3 Accounts receivable 2,367.			
	Less: allowance for doubtful accounts	1,849.	2,367.	2,367.
	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 89,902.			
	Less: allowance for doubtful accounts 0.	100,238.	89,902.	89,902.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	5,510.	82,195.	82,195.
	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 9	21,556,064.	24,528,145.	24,528,145.
	14 Land, buildings, and equipment: basis 11,091,021.			
	Less: accumulated depreciation STMT 10 8,650,580.	2,518,270.	2,440,441.	17,700,438.
	15 Other assets (describe STATEMENT 11)	251.	18,270.	18,270.
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	24,740,260.	27,397,105.	42,657,102.
Liabilities	17 Accounts payable and accrued expenses	10,688.	1,289.	
	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)	23,910.	24,057.	
	23 **Total liabilities** (add lines 17 through 22)	34,598.	25,346.	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here** [X] **and complete lines 24, 25, 29, and 30.**			
	24 Net assets without donor restrictions	24,705,662.	27,371,759.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here [ ] **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**	24,705,662.	27,371,759.	
	30 **Total liabilities and net assets/fund balances**	24,740,260.	27,397,105.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, line 29, column (a) (must agree with end-of-year figure reported on prior year's return)	1	24,705,662.
2	Enter amount from Part I, line 27a	2	413,732.
3	Other increases not included on line 2 (itemize) NET UNREALIZED GAINS ON INVESTMENTS	3	2,252,365.
4	Add lines 1, 2, and 3	4	27,371,759.
5	Decreases not included on line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, line 29, column (b)	6	27,371,759.

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Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	PUBLICLY TRADED SECURITIES	P		
b	SALE OF 205 HAZELWOOD AVE, WAYNESVILLE, NC	P	11/01/99	08/25/25
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	1,242,849.		601,381.	641,468.
b	260,000.	116,102.	157,478.	218,624.
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				641,468.
b				218,624.
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter on Part I, line 7 / If (loss), enter -0- on Part I, line 7 }	2	860,092.
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- on 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 ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	20,106.
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, column (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	20,106.
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	20,106.
6	Credits/Payments:			
a	2025 estimated tax payments and 2024 overpayment credited to 2025	6a 17,600.		
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	17,600.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached		8	0.
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed**		9	2,506.
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**		10	
11	Enter the amount of line 10 to be: **Credited to 2026 estimated tax** _____ **Refunded**		11	
	For Refunded amount, also complete and attach Form 8050. See instructions.			

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?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	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.			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. $ 0. **(2)** On foundation managers. $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. $ 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.	2		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	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T.*	5		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?	6	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	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. NC			
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	8b	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 2025 or the tax year beginning in 2025? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		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	11		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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address EVERGREENFOUNDATIONNC.ORG

14 The books are in care of DENISE COLEMAN Telephone no. (828)456-8005

Located at 28 A OAK STREET, WAYNESVILLE, NC ZIP+4 28786

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - check here ☐

and enter the amount of tax-exempt interest received or accrued during the year 15 N/A

			Yes	No
16	At any time during calendar year 2025, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	16		X

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

		Yes	No
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
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 N/A	1b		
c Organizations relying on a current notice regarding disaster assistance, check here ☐			
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 2025?	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 2025, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2025?	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.) N/A	2b		
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 2025 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 2025.) N/A	3b		
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 2025?	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))?	5a(1)		X
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		X
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		X
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5a(4)		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?	5a(5)		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	5b		
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? N/A	5d		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a		X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		X
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		X
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	8		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 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

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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	91,805.
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	
All other program-related investments. See instructions. 3	
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	23,027,094.
b	Average of monthly cash balances	1b	365,876.
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, 1b, and 1c)	1d	23,392,970.
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	23,392,970.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	350,895.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3	5	23,042,075.
6	**Minimum investment return.** Enter 5% (0.05) of line 5	6	1,152,104.

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	1,152,104.
2a	Tax on investment income for 2025 from Part V, line 5	2a	20,106.		
b	Income tax for 2025. (This does not include the tax from Part V.)	2b			
c	Add lines 2a and 2b			2c	20,106.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	1,131,998.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	1,131,998.
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	1,131,998.

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, line 26, column (d)	1a	927,916.
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	927,916.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2024	(c) 2024	(d) 2025
1 Distributable amount for 2025 from Part X, line 7				1,131,998.
2 Undistributed income, if any, as of the end of 2025:				
a Enter amount for 2024 only			800,170.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2025:				
a From 2020				
b From 2021				
c From 2022				
d From 2023				
e From 2024				
f **Total** of lines 3a through 3e	0.			
4 Qualifying distributions for 2025 from Part XI, line 4: $ 927,916.				
a Applied to 2024, but not more than line 2a			800,170.	
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 2025 distributable amount				127,746.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2025 (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 2024. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2025. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2026				1,004,252.
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 2020 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2026.** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2021				
b Excess from 2022				
c Excess from 2023				
d Excess from 2024				
e Excess from 2025				

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 2025, enter the date of the ruling .....

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

	Tax year	Prior 3 years			
	(a) 2025	(b) 2024	(c) 2023	(d) 2022	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included on line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, 3b, or 3c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) ...					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown on Part IX, line 6, for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part 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, 2b, 2c, and 2d.

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 XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
a *Paid during the year*				
AWAKE 20 COLONIAL SQUARE SYLVA, NC 28779		PC	FUNDING TO SUPPORT THE POP A CORK FUNDRAISING EVENT.	1,000.
BEST BUDDIES 10020 MONROE RD SUITE 210 MATTHEWS, NC 28105		PC	FUNDING TO PROVIDE FRIENDSHIP AND LEADERSHIP DEVELOPMENT PROGRAMS TO INDIVIDUALS WITH IDD	5,000.
BLUERIDGE HEALTH 220 5TH AVE EAST HENDERSONVILLE, NC 28792		PC	FUNDING FOR NON-BILLABLE HOURS TO RESUME CHILD THERAPY IN 3 SWAIN COUNTY SCHOOLS AND TO EXPAND	60,000.
BRAIN INJURY ASSOCIATION OF NORTH CAROLINA 3733 NATIONAL DRIVE SUITE 115 RALEIGH, NC 27612		PC	FUNDING TO RECRUIT AND TRAIN LOCAL FACILITATORS FOR NEW SUPPORT GROUPS. INCLUDES TRAINING FOR	10,000.
CENTER FOR DOMESTIC PEACE 154 MEDICAL PARK LOOP SYLVA, NC 28779		PC	FUNDING TO SUPPORT THE OPEN YOUR HEART FOR PEACE FUNDRAISING EVENT.	1,000.
Total SEE CONTINUATION SHEET(S)			**3a**	800,170.
b *Approved for future payment*				
NONE				
Total			**3b**	0.

** SEE PURPOSE OF GRANT CONTINUATIONS

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a EXEMPT PURPOSE RENTAL					
b INCOME					551,169.
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	44.	
4 Dividends and interest from securities			14	634,212.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	8,108.	
8 Gain or (loss) from sales of assets other than inventory			14	860,092.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		1,502,456.	551,169.
13 **Total.** Add line 12, columns (b), (d), and (e)				13	2,053,625.

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

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

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

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

			Yes	No
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	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

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. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

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

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

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

Signature of officer or trustee | Date | TREASURER Title

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
APRIL WESTMORELAND, CPA	APRIL WESTMORELAN	10/28/26		P01245071

Firm's name DMJPS PLLC | Firm's EIN 56-0570567

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
CHILDREN'S HOPE ALLIANCE 46 COLONIAL SQUARE SYLVA, NC 28779		PC	FUNDING TO SUSTAIN 18 FOSTER CARE PLACEMENTS AND CREATE 20 ADDITIONAL PLACEMENTS DURING THE YEAR.	30,000.
COMMUNITY CARE CLINIC OF FRANKLIN 1830 LAKESIDE DRIVE FRANKLIN, NC 28774		PC	FUNDING TO ADD MENTAL HEALTH SERVICES TO RURAL HEALTH CLINIC.	30,000.
CORNBREAD AND ROSES COUNSELING 1294 SAVANNAH DR SYLVA, NC 28779		PC	FUNDING FOR THERAPY SERVICES, TO SUPERVISE MEDICATIONS, AND A MEDICATION SAFE.	39,996.
FIRST UNITED METHODIST CHURCH 566 S HAYWOOD ST WAYNESVILLE, NC 28786		PC	FUNDING TO HIRE A PART-TIME OUTREACH WORKER AND PROVIDE FOOD AND COLD WEATHER SUPPLIES.	18,000.
FIVE POINT CENTER 300 FIVE POINT RD ROBBINSVILLE, NC 28771		PC	FUNDING FOR A HARM REDUCTION VENDING MACHINE, WASHER/DRYER, VENDING SUPPLIES, LAUNDRY SUPPLIES AND A	30,000.
HAWTHORNE HEIGHTS 656 BLACK HILL RD BRYSON CITY, NC 28713		PC	FUNDING TO SUPPORT CHRISTMAS FUNDRAISING EVENT TO PROVIDE CHRISTMAS GIFTS TO YOUTH.	1,000.
HAYWOOD PATHWAYS CENTER 179 HEMLOCK ST WAYNESVILLE, NC 28786		PC	FUNDING FOR HALF OF THE COST OF A ROOF ON THE MEN'S SHELTER AND TO REPLACE 4 HVAC UNITS IN THE WOMEN'S	55,669.
HERE IN JACKSON COUNTY 563 W MAIN ST SUITE 2 SYLVA, NC 28779		PC	FUNDING TO COVER MOTEL NIGHTS FOR THE ORGANIZATION'S COLD WEATHER SHELTER PROGRAM.	35,000.
HERE IN JACKSON COUNTY 563 W MAIN ST SUITE 2 SYLVA, NC 28779		PC	FUNDING FOR AN SSI/SSDI OUTREACH AND AN ACCESS AND BENEFITS CASE MANAGER TO ASSIST AT RISK INDIVIDUALS IN	45,000.
HIGHTS INC PO BOX 865 CULLOWHEE, NC 28723		PC	FUNDING TO INITIATE A MEDICAID SERVICE FOR TRANSITIONAL YOUTH AGES 16 TO 21 TO PROVIDE A GREATER	51,355.
Total from continuation sheets				723,170.

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 PO BOX 865 CULLOWHEE, NC 28723		PC	FUNDING SUPPORT FOR THE NIGHT AT THE CASTLE FUNDRAISING EVENT.	1,000.
JACKSON COUNTY DSS 15 GRIFFEN ST SYLVA, NC 28779		GOVT	FUNDING TO PURCHASE FURNISHINGS FOR NEW CHILD AND YOUTH SHELTER IN JACKSON COUNTY.	3,521.
KARE 1159 N MAIN ST WAYNESVILLE, NC 28786		PC	FUNDING TO SUPPORT AN ADDITIONAL MENTAL HEALTH THERAPIST AND VICTIM ADVOCATE.	45,000.
KARE 1159 N MAIN ST WAYNESVILLE, NC 28786		PC	FUNDING TO SUPPORT THE ANNUAL FESTIVAL OF TREES FUNDRAISER.	1,000.
KIDS PLACE CAC PO BOX 693 FRANKLIN, NC 28744		PC	FUNDING TO PURCHASE CHILD MEDICAL EVALUATIONS FOR MACON AND GRAHAM COUNTIES FOR CHILDREN WHO HAVE	30,000.
KIDS PLACE CAC PO BOX 693 FRANKLIN, NC 28744		PC	FUNDING TO SUPPORT THE ANNUAL 828 CHALLENGE FUNDRAISER.	1,000.
LIFESPAN SERVICES 1511 SHOPTON RD SUITE A CHARLOTTE, NC 28217		PC	FUNDING TO PROVIDE A SECURITY SYSTEM FOR THE MARBLE IDD DAY PROGRAM CENTER.	9,047.
NAMI 309 W MILLBROOK DR SUITE 121 RALEIGH, NC 27609		PC	FUNDING TO PARTIALLY FUND A FULL-TIME SOUTH MOUNTAIN OUTREACH COORDINATOR WHO WILL WORK WITH ALL COUNTIES	30,000.
PEARL INSTITUTE PO BOX 1016 WAYNESVILLE, NC 28786		PC	FUNDING TO SUPPORT THE ANNUAL GATHERING OF THE PEARL EVENT.	1,000.
PEARL INSTITUTE PO BOX 1016 WAYNESVILLE, NC 28786		PC	FUNDING FOR A NEW ONLINE INTEGRATION PROGRAM, SPRAVATO EXPANSION, TO OFFSET SALARY AND RENT, KAT	68,987.
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 HAYWOOD PO BOX 206 WAYNESVILLE, NC 28786		PC	FUNDING TO PURCHASE ADDITIONAL THERAPY SERVICES FOR SURVIVORS OF DOMESTIC ABUSE AND SEXUAL ASSAULT.	20,000.
RESTORATION HOUSE PO BOX 154 BRYSON CITY, NC 28713		PC	FUNDING FOR OPERATIONAL SUPPORT AFTER AN ADMINISTRATIVE CHANGE.	65,000.
SWAIN COUNTY SHERIFF'S OFFICE 98 BRENDLE STREET BRYSON CITY, NC 28713		GOVT	FUNDING TO PURCHASE MATERIALS AND PROVIDE COMMUNITY EDUCATION RELATED TO SUBSTANCE USE.	595.
THE ARC OF HAYWOOD 407 WELCH ST WAYNESVILLE, NC 28786		PC	FUNDING TO HELP WITH THE COST FOR A NEW SECURITY SYSTEM FOR THE OFFICE AND 4 IDD GROUP HOMES.	30,000.
THIRTIETH JUDICIAL DISTRICT DVSA ALLIANCE PO BOX 554 WAYNESVILLE, NC 28786		PC	FUNDING FOR 3 MONTHS TO COVER A FUNDING GAP FOR THERAPY SERVICES FOR CHILDREN EXPOSED TO DOMESTIC VIOLENCE	30,000.
WESTERN CAROLINA RESCUE MINISTRIES PO BOX 909 ASHEVILLE, NC 28802		PC	FUNDING TO SUPPORT THE SA SHELTER FOR WOMEN AND THEIR CHILDREN, PROVIDING DEDICATED FUNDING TO SERVE	20,000.
YOUTH VILLAGES 8604 CLIFF CAMERON DR SUITE 152 CHARLOTTE, NC 28269		PC	FUNDING TO PROVIDE POST FOSTER CARE SERVICES FOR YOUTH AGING OUT OF THE PROGRAM.	30,000.
YOUTH VILLAGES 8604 CLIFF CAMERON DR SUITE 152 CHARLOTTE, NC 28269		PC	FUNDING SUPPORT FOR THE SOARING HIGHER BREAKFAST FUNDRAISING EVENT.	1,000.
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 - BEST BUDDIES

FUNDING TO PROVIDE FRIENDSHIP AND LEADERSHIP DEVELOPMENT PROGRAMS TO INDIVIDUALS WITH IDD IN THE REGION.

NAME OF RECIPIENT - BLUERIDGE HEALTH

FUNDING FOR NON-BILLABLE HOURS TO RESUME CHILD THERAPY IN 3 SWAIN COUNTY SCHOOLS AND TO EXPAND THERAPY IN JACKSON COUNTY SCHOOLS.

NAME OF RECIPIENT - BRAIN INJURY ASSOCIATION OF NORTH CAROLINA

FUNDING TO RECRUIT AND TRAIN LOCAL FACILITATORS FOR NEW SUPPORT GROUPS. INCLUDES TRAINING FOR LAW ENFORCEMENT AND HEALTH CARE IN BRAIN INJURY FUNDAMENTALS AND CRISIS INTERVENTION TRAINING FOR LAW ENFORCEMENT AND EMERGENCY MEDICAL SERVICES.

NAME OF RECIPIENT - FIVE POINT CENTER

FUNDING FOR A HARM REDUCTION VENDING MACHINE, WASHER/DRYER, VENDING SUPPLIES, LAUNDRY SUPPLIES AND A PARTIAL PEER SUPPORT STAFF SALARY FOR THE RECOVERY CENTER.

NAME OF RECIPIENT - HAYWOOD PATHWAYS CENTER

FUNDING FOR HALF OF THE COST OF A ROOF ON THE MEN'S SHELTER AND TO REPLACE 4 HVAC UNITS IN THE WOMEN'S AND CHILDREN'S SHELTER.

NAME OF RECIPIENT - HERE IN JACKSON COUNTY

FUNDING FOR AN SSI/SSDI OUTREACH AND AN ACCESS AND BENEFITS CASE MANAGER TO ASSIST AT RISK INDIVIDUALS IN COMPLETING PAPERWORK FOR BENEFITS.

Part XIV Supplementary Information

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

NAME OF RECIPIENT - HIGHTS INC

FUNDING TO INITIATE A MEDICAID SERVICE FOR TRANSITIONAL YOUTH AGES 16 TO 21 TO PROVIDE A GREATER CONTINUUM OF SERVICES.

NAME OF RECIPIENT - KIDS PLACE CAC

FUNDING TO PURCHASE CHILD MEDICAL EVALUATIONS FOR MACON AND GRAHAM COUNTIES FOR CHILDREN WHO HAVE BEEN SEXUALLY ABUSED.

NAME OF RECIPIENT - NAMI

FUNDING TO PARTIALLY FUND A FULL-TIME SOUTH MOUNTAIN OUTREACH COORDINATOR WHO WILL WORK WITH ALL COUNTIES TO REESTABLISH RESOURCES IN THE REGION.

NAME OF RECIPIENT - PEARL INSTITUTE

FUNDING FOR A NEW ONLINE INTEGRATION PROGRAM, SPRAVATO EXPANSION, TO OFFSET SALARY AND RENT, KAT MARKETING/ADVERTISING, COMMUNITY OUTREACH, AND OTHER ADMINISTRATIVE COSTS.

NAME OF RECIPIENT - THIRTIETH JUDICIAL DISTRICT DVSA ALLIANCE

FUNDING FOR 3 MONTHS TO COVER A FUNDING GAP FOR THERAPY SERVICES FOR CHILDREN EXPOSED TO DOMESTIC VIOLENCE IN THE HOME.

NAME OF RECIPIENT - WESTERN CAROLINA RESCUE MINISTRIES

FUNDING TO SUPPORT THE SA SHELTER FOR WOMEN AND THEIR CHILDREN, PROVIDING DEDICATED FUNDING TO SERVE PARTICIPANTS FROM A 7 COUNTY REGION.

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

SOURCE	AMOUNT
INTEREST INCOME	44.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	44.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
VANGUARD	634,212.	0.	634,212.
TOTAL TO FM 990-PF, PART I, LN 4	634,212.	0.	634,212.

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	3,102.	3,102.	0.
INTEREST INCOME HAMPTON	5,006.	5,006.	0.
EXEMPT PURPOSE RENTAL INCOME	551,169.	0.	551,169.
TOTAL TO FORM 990-PF, PART I, LINE 11	559,277.	8,108.	551,169.

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	125.	0.	119.	6.
TO FM 990-PF, PG 1, LN 16A	125.	0.	119.	6.

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	55,101.	0.	11,242.	2,810.
TO FORM 990-PF, PG 1, LN 16B	55,101.	0.	11,242.	2,810.

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	165,364.	0.	77,051.	65,362.
PROPERTY MAINTENANCE	17,248.	0.	17,248.	0.
TO FORM 990-PF, PG 1, LN 16C	182,612.	0.	94,299.	65,362.

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	20,106.	0.	0.	0.
PROPERTY TAX	624.	0.	624.	0.
TO FORM 990-PF, PG 1, LN 18	20,730.	0.	624.	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
DUES	375.	0.	0.	0.
INVESTMENT FEES	55,964.	55,964.	0.	0.
OFFICE EXPENSE	2,986.	0.	0.	0.
REPAIRS	61,303.	0.	0.	59,568.
INSURANCE - DIRECTOR & OFFICER	5,510.	0.	0.	0.
MISCELLANEOUS	494.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	126,632.	55,964.	0.	59,568.

FORM 990-PF OTHER INVESTMENTS STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	FMV	24,528,145.	24,528,145.
TOTAL TO FORM 990-PF, PART II, LINE 13		24,528,145.	24,528,145.

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

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDINGS	9,149,550.	7,835,923.	1,313,627.
EQUIPMENT	575,086.	392,579.	182,507.
OTHER FIXED ASSETS	756,393.	422,078.	334,315.
LAND	609,992.	0.	609,992.
TOTAL TO FM 990-PF, PART II, LN 14	11,091,021.	8,650,580.	2,440,441.

FORM 990-PF OTHER ASSETS STATEMENT 11

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEPOSIT	251.	100.	100.
ASSETS HELD FOR SALE	0.	18,170.	18,170.
TO FORM 990-PF, PART II, LINE 15	251.	18,270.	18,270.

FORM 990-PF OTHER LIABILITIES STATEMENT 12

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
LEASE DEPOSIT	18,769.	19,569.
EXCISE TAX PAYABLE	5,141.	2,506.
DEFERRED INCOME	0.	1,982.
TOTAL TO FORM 990-PF, PART II, LINE 22	23,910.	24,057.

FORM 990-PF PART VII - 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 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.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		0.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 14
PART XIV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DENISE COLEMAN
28 A OAK STREET
WAYNESVILLE, NC 28786

TELEPHONE NUMBER	NAME OF GRANT PROGRAM
828-456-8005	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.

EVERGREEN FOUNDATION 56-1351883

Form **990-W**
(Worksheet)

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

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

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

2026

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 — 10a		
b	Enter the tax shown on the 2025 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: 20,106.		
c	**2026 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 — ADJUSTED TO	10c	20,400.

		(a)	(b)	(c)	(d)
11 **Installment due dates**	11	11/16/26	12/15/26	03/15/27	06/15/27
12 **Installments.** Enter 25% of line 10c in columns **(a)** through **(d)**	12	5,100.	5,100.	5,100.	5,100.
13 **2025 Overpayment**	13				
14 **Payment due** (Subtract line 13 from line 12)	14	5,100.	5,100.	5,100.	5,100.

Form **990-W**

523801 04-01-25

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning JUL 1 , 2025, and ending JUN 30 , 20 26

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

OMB No. 1545-0047

2025

Name of filer
EVERGREEN FOUNDATION

EIN or SSN
56-1351883

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	☐	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here	☐	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	☐	**b**	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☒	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	20,106.
5a	**Form 8868** check here	☐	**b**	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☐	**b**	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here	☐	**b**	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	**b**	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	**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 2025 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 2025 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 2025 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 2025 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 10/28/26

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So