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Form **990-PF**

Return of Private Foundation

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

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Information about Form 990-PF and its separate instructions is at www rs gov/form990pf

2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service

For calendar year 2015 or tax year beginning 2015 JUL 1. , and ending JUN 30, 2016 Name of foundation A Employer identification number EVERGREEN FOUNDATION 56-1351883 Number and street (or PIO) box number if mail is not delivered to street address) Room/suite B Telephone number 28 A OAK STREET (828)456-8005 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending check here WAYNESVILLE, NC 28786 G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization Ellf private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method Cash X Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 29,805,709. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b) (c) and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books ıncome ілсоте Contributions, gifts, grants, etc., received Check X If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 57. 57 STATEMENT 380.417. 380,417. STATEMENT 4 Dividends and interest from securities 5a Gross rents SCANNED, DEC b Net rental income or (loss) <14,799. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 269,517. 0 7 Capital gain net income (from Part IV line 2) 8 Net short-term capital gain 35,311 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 554,325.STATEMENT 566,207 11,882 11 Other income 931,882 392,356 589,636 Total Add lines 1 through 11 ٥. 0. 0. Compensation of officers directors trustees etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 0. 0. 0. 16a Legal fees STMT 5,879 b Accounting fees ENCEN 32,2<u>20</u>. 0. ο. 0. 216,007 0 119,080. 0. 0. 0 . 450 Ο. 17 Interest NOV 21 2816MT Taxes NOV 2
Depreciation and depletion. 0. 0. 4,691. 0. Taxes 0. 311,059 0. 19 0. <u>80,8</u>07 0. 0 Occupancy OGDEN, 0. 0 1,214. 21 Travel, conferences, and meetings 5.773 22 Printing and publications 506. 131,343 20,060 0 STMT 8 23 Other expenses 24 Total operating and administrative 788,229 20,060 0. <u>120,800.</u> expenses Add lines 13 through 23 699,617. 664,306 25 Contributions, gifts, grants paid 26 Total expenses and disbursements ,452,535 20,060 0 820,417. Add lines 24 and 25 27 Subtract line 26 from line 12 <520,653.> 8 Excess of revenue over expenses and disbursements 372,296 b Net investment income (it negative enter 0) 589,636 C Adjusted net income (if negative enter 0-) Form 990-PF (2015 LHA For Paperwork Reduction Act Notice, see instructions

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ori	n 99	0-PF (2015) EVERGREEN FOUNDATION			<u> 1351883 Page 2</u>
p.	art	Balance Sheets Attached schedules and amounts in the description solution thought the for and of year amounts only	Beginning of year	End of	
_	41 L	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,842,482.	118,210.	118,210.
	2	Savings and temporary cash investments	5,117.	5,119.	5,119.
	3	Accounts receivable ► 10,109.			
ı		Less; allowance for doubtful accounts	1,086.	10,109.	10,109.
-	4	Pledges receivable ►			
		Less; allowance for doubtful accounts ▶		1	
		Grants receivable			
		Receivables due from officers, directors, trustees, and other		<u></u>	
		disqualified persons			
	7	Other notes and loans receivable 166,928.			
	•	Less: allowance for doubtful accounts	172,070.	166,928.	166,928.
ر س	Я	Inventories for sale or use		=	
Assets		Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations	84,822.		· · · · · · · · · · · · · · · · · · ·
		Investments - corporate stock STMT 9	0.	8,707,198.	8,707,198.
		Investments - corporate bonds		0,,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
1		Investments - land, buildings, and equipment basis		- 11 - 17 - 11111	
	٠.	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 10	13,938,746.	6,540,543.	6,540,543.
		Land, buildings, and equipment: basis ► 10,402,662.	13/330/7101	0,010,010.	0/0_20/0200
	17	Less accumulated depreciation 5,879,888.	4,571,334.	4.522.774.	14,256,725.
	15	Other assets (describe STATEMENT 11)	262,600.	877.	877.
		Total assets (to be completed by all filers - see the	202,000.		0774
	10	instructions. Also, see page 1, item ()	20,878,257.	20.071.758	29,805,709.
	17	Accounts payable and accrued expenses	9,694.	81,302.	23700377031
	18	Grants payable	3/0310	02/002.	
"	19	Deferred revenue	1,419.		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	1/4150		
Ē	21	Mortgages and other notes payable			
Ë		Other liabilities (describe STATEMENT 12)	46,858.	17,004.	
	**	Other madrines (describe Difficulty 1 12)	10,70300	2,,,0020	
	23	Total liabilities (add lines 17 through 22)	57,971.	98,306.	
_		Foundations that follow SFAS 117, check here		20,000	
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	20,820,286.	19,973,452.	
auc	25	Temporarily restricted			
Bal	26	Permanently restricted			
ā	-	Foundations that do not follow SFAS 117, check here			
Ī		and complete lines 27 through 31.			
Ď	27	Capital stock, trust principal, or current funds			
šets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
Net Assets or Fund Balances	30	Total net assets or fund balances	20,820,286.	19,973,452.	
~					
	31	Total liabilities and net assets/fund balances	20,878,257.	20,071,758.	
P	art		alances		
_				 	
1		I net assets or fund balances at beginning of year - Part II, column (a), line i st agree with end-of-year figure reported on prior year's return)	JU	1	20,820,286.
2	•	st agree with end-of-year figure reported on prior year's return) or amount from Part I, line 27a		2	<520,653.>
		er amount from Part 1, line 27a er increases not included in line 2 (demize)	•	3	0.
		lines 1, 2, and 3		4	20,299,633.
		reases not included in line 2 (itemize) NET UNREALIZED	LOSSES ON TWO		326,181.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	19,973,452.
<u> </u>	1010	יים ביים פונים אינים ביים היים ביים היים ביים היים היים ביים היים ביים ב	and told into oo		Form 990-PF (2015)

523511 11-24-15

	990-PF (2015) EVERGREEN FOUNDATION 56-135 **T VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	31883 e instru	ıctioı	Page 4 1 S)
	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)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		3,7	23.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Add lines 1 and 2		3,7	23.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		3,7	23.
6	Credits/Payments:		-	
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 4,500.			
	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld 6d 6d			
	Total credits and payments. Add lines 6a through 6d		4,5	00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		7	77.
	Enter the amount of line 10 to be: Credited to 2016 estimated tax			0.
	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		_X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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			
	Did the foundation file Form 1120-POL for this year?	1c	ł	X
	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.	į.	ł	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1	
·	managers. > \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
-	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	3		_x_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		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?	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 XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	_		
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	Х	<u></u>
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	. 9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
		Form 99	0-PF	(2015)

523531 11-24-15

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 Schedule C, 3b Form 4720, to determine if the foundation had excess business holdings in 2015.)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2015?

Form **990-PF** (2015)

4a

X

Form 990-PF (2015) EVERGREEN FOUNDATION			<u>56-13518</u>	83 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ied)	
 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or 		ectly,	s X No	
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes?			s X No s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions)			s X No	
 (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und 		☐ Ye	s 🗶 No	
section 53.4945 or in a current notice regarding disaster assistance (see instructions relying on a current notice regarding disaster assistance check he	ctions)?	n negulations	N/A	5b
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption freexpenditure responsibility for the grant?	om the tax because it mainta N	ned //A Ye	s No	
If "Yes," attach the statement required by Regulations section 53.4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to page a personal benefit contract?		☐ Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pull "Yes" to 6b, file Form 8870.		<u> </u>		6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax sl b If "Yes," did the foundation receive any proceeds or have any net income attribu Part VIII Information About Officers, Directors, Truste	table to the transaction?			7b
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their of	,	(c) Compensation	(d) Contributions to	(a) Evnence
(a) Name and address	(b) Title, and average hours per week devoted to position	(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 inc	luded 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		L	Earm	0 990-PF (2015)
			ruilli	. (2013)

Form 990-PF (2015) EVERGREEN FOUNDATION	56-1	351883 Page 7
Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none	e, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
TOM MCDEVITT		
28A OAK STREET, WAYNESVILLE, NC 28786	MANAGEMENT	98,400.
DENISE COLEMAN		
28A OAK STREET, WAYNESVILLE, NC 28786	MANAGEMENT	75,600.
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include releva number of organizations and other beneficiaries served, conferences convened, research papers.	nt statistical information such as the ers produced, etc.	Expenses
1 N/A		
2		·
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax	vear on lines 1 and 2.	Amount
1 _ N/A	you on most and 2.	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

523561 11-24-15

	990-PF (2015) EVERGREEN FOUNDATION	20	-1331863 Faye 6
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations	s, see instructions)
1 F	air market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a /	verage monthly fair market value of securities	1a	15,003,477. 306,834.
b A	verage of monthly cash balances	16	306,834.
c F	air market value of all other assets	1c	
d 1	otal (add lines 1a, b, and c)	1d	15,310,311.
e f	Reduction claimed for blockage or other factors reported on lines 1a and	} }	
-	c (attach detailed explanation)]	
2 /	Acquisition indebtedness applicable to line 1 assets	2	0.
3 5	Subtract line 2 from line 1d	3	15,310,311.
4 (Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	229,655.
5 1	let value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	15,080,656.
	Minimum investment return. Enter 5% of line 5	6	<u>754,033.</u>
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a	nd certain	
	foreign organizations check here 🕨 🔲 and do not complete this part.)		
1 1	Minimum investment return from Part X, line 6	1	754,033.
2a 1	Tax on investment income for 2015 from Part VI, line 5]	
b I	ncome tax for 2015. (This does not include the tax from Part VI.)]	
C /	Add lines 2a and 2b	2c	3,723.
3 [Distributable amount before adjustments. Subtract line 2c from line 1	3	750,310.
4 1	Recoveries of amounts treated as qualifying distributions	4	35,311.
5 /	Add lines 3 and 4	5	785,621.
6	Deduction from distributable amount (see instructions)	6	0.
	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	<u>785,621.</u>
Pa	Cualifying Distributions (see instructions)		
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	820,417.
Ь	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	1 1	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	820,417.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	3,723.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	816,694.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	qualifies	

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	Corpus	Tears prior to 2014	2014	2010
line 7				785,621.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
· · · · · · · · · · · · · · · · · · ·				
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013 6,925. e From 2014 4,453.				
	11,378.			
f Total of lines 3a through e 4 Qualifying distributions for 2015 from	11,370.			
Part XII, line 4: ► \$ 820, 417.				
a Applied to 2014, but not more than line 2a			0.	
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 2015 distributable amount				785,621.
e Remaining amount distributed out of corpus	34,796.			
5 Excess distributions carryover applied to 2015 (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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	46,174.			
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 2014. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016 7 Amounts treated as distributions out of	····			0.
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 2010			 	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	46,174.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013 6,925.				1
d Excess from 2014 4, 453.				
<u>e Excess from 2015</u> 34,796.		<u> </u>		5 000 PF (00.45)

523581 11-24-15

Form **990-PF** (2015)

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year NONE PC \$67,000 TO MAKE APPALACHIAN ACCESS IMPROVEMENTS AND P.O. BOX 144 MURPHY, NC 28906 CHANGES TO THE BALSAM CENTER TO CHANGE THE USE FROM A LEVEL 2 67,000. NONE PC \$10,000 TO PROVIDE ASPIRE 33 SHARON LYNN WAY ALTERNATIVE CLYDE, NC 28721 EDUCATIONAL OPPORTUNITIES FOR NON-COURT INVOLVED 10,000. NONE ÞC \$500 IN FUND RAISING AWAKE SUPPORT. P.O. BOX 755 500. SYLVA NC 28779 NONE PC AWAKE CAC \$2,786 TO PROVIDE P.O. BOX 755 CONTRACTED FORENSIC SYLVA, NC 28779 INTERVIEWS FOR CHILDREN WHO ARE 2,786. VICTIMS OF ABUSE AND ÞC CHILDREN'S HOPE ALLIANCE NONE \$40,000 IN FUNDS TO FINISH THE BASEMENT OF P.O. BOX 1 THE CHILD AND BARIUM SPRINGS, NC 28010 ADOLESCENT SHELTER IN BRYSON CITY, 40 000 SEE CONTINUATION SHEET(S) ➤ 3a 699 617. Total b Approved for future payment NONE **▶** 3b Total

523611 11-24-15

** SEE PURPOSE OF GRANT CONTINUATIONS

Form 990-PF (2015)

Part XVI-A	Analysis	of Incom	e-Producing	Activities
			• • • • • • • • • • • • • • • • • •	. 100.000

Enter gross amounts unless otherwise indicated.	Unrelated	I business income		d by section 512, 513, or 514	(e)
9	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	code	Amount	function income
a EXEMPT PURPOSE RENTAL					
b INCOME					554,323.
c					
d					
					<u> </u>
f					·-·
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments	1		14	57.	
4 Dividends and interest from securities			14	380,417.	
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	11,882.	
8 Gain or (loss) from sales of assets other					
than inventory			18	<14,799.	•
9 Net income or (loss) from special events					~
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					.
a MISC INC FROM RENTALS					2.
b					
c	1 1				
d					
e					
12 Subtotal. Add columns (b), (d), and (e)			0.	377,557.	554,325.
13 Total. Add line 12, columns (b), (d), and (e)				13 _	931,882.
(See worksheet in line 13 instructions to verify calculations.)		<u> </u>			

Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purpos	ses
Pail ATI-D	Heighbiliship of Achaines to the Accomplishment of Exempt Fulpo	٠

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).										
1A	FACILITY	AND	HOUSING	PROVIDED	AT	LOW	RENT	то	MENTAL	HEALTH	COMMUNITY
11A	FACILITY	AND	HOUSING	PROVIDED	ΑT	LOW	RENT	TO	MENTAL	HEALTH	COMMUNITY
		_									
	<u> </u>	_									
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Form **990-PF** (2015)

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Part >	(VII			sfers To a	nd Transactions a	and Relationsh	nips With Noncha	ritable	•	
		Exempt Organ							Vaa	Na
					g with any other organizati		on 501(c) of		Yes	No
					7, relating to political orgai	nizations?				
		rom the reporting found	ation to a noncharita	abie exempt org	janization of:			1a(1)		X
	Cash Other a	occate						1a(1)		X
		actions;						18(2)		- 11
_		of assets to a noncharita	ible exempt organiza	ation				1b(1)		X
		ases of assets from a no						1b(2)		X
		of facilities, equipment,						1b(3)		Х
٠,,		ursement arrangements						1b(4)		X
(5)	Loans	or loan guarantees						1b(5)		X
(6)	Perfor	mance of services or me	embership or fundra	ısıng solicitatio	ns			1b(6)		X
c Sha	iring of	facilities, equipment, ma	alling lists, other asse	ets, or paid em	ployees			1c		X
					dule. Column (b) should al				ets,	
					ed less than fair market val	ue in any transaction	or sharing arrangement,	show in		
		the value of the goods,			- average average at a	(4) -				
(a) Line n	° (b) Amount involved	(c) Name o		exempt organization	(0) Description	of transfers, transactions, and	sharing ar	rangeme	ents
	+			N/A						
			-			-	· · · ·			
			 				···			
	+		-		 					
				•						
		· ****								
			attended and			vantuma daaaribad				
-		dation directly or indirect 501(c) of the Code (othe	•		or more tax-exempt organ	nzations described	١	Yes	T	☐ No
		mplete the following sch		c)(3)) or iii sec	11011 327		·	163	L#3	_ NO
וו ע	163, 60	(a) Name of or			(b) Type of organization	1	(c) Description of relation	ship		
-	·	N/A								
	,	,								
	Under	penalties of perjury, I declare	e that I have examined the complete Declaration of r	his return, includir preparer (other tha	ng accompanying schedules an in taxpayer) is based on all infor	d statements, and to the mation of which preparer	haa aas leaassladaa 18	lay the IRS		
Sign Here		11-15	"1 1)	, J	1 10/00/10		s	nown below	/ (see ins	str)?
пете		William	M. My.	dapa		FRESII	DENT L	X Yes	3 L	_ No
	Sign	ature of officer or truste Print/Type preparer's n		Preparer's s	Date /	Title Date	Check If PTIN			
		T THILD TYPE PLENATED ST	iaiif6	,)	/ /	Julio	self- employed	•		
Paid		KATHRYN M	ΔΨΚΤΝΙΟΟ:	N Kath	M atkinson	09/26/16	, ,	0930	007	,
Prep	arer	Firm's name ► JOH			NKLE PA	100/20/10	Firm's EIN ▶ 56-1			
Use										
	-	Firm's address ► 50	00 NORTH	MAIN ST	REET, SUITE	16				

Form **990-PF** (2015)

MARION, NC 28752

Phone no. (828) 652-7044

Part XV Supplementary Information	n			
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	runount
CHILDREN'S HOPE ALLIANCE	NONE	PC		
P.O. BOX 1			\$1000 IN SUPPORT FOR	
BARIUM SPRINGS, NC 28010			THE GIVING THEM HOPE	
	-	+	FUND RAISING LUNCHEON.	1,000.
CLEAN SLATE COALITION	NONE	PC	\$1,000 TO SUPPORT	
P O BOX 455			THEIR FUND RAISER.	
WEBSTER, NC 28788				1,000.
ELIADA HOMES	NONE		11 000 50 500	
2 COMPTON DRIVE	NONE	PC	\$1,000 TO SUPPORT	
ASHEVILLE NC 28806			THEIR FUND RAISING LUNCHEON.	1,000.
			LONCHEON.	1,000.
FAMILY RESOUCE CENTER OF CHEROKEE	NONE	PC	\$10,150 TO PROVIDE	
P. O. BOX 1216			PARENTING EDUCATION	
MURPHY, NC 28906			CLASSES IN CHEROKEE	
			COUNTY.	10,150,
FAMILY RESOURCE CENTER OF CHEROKEE	NONE	PC	\$20,000 FOR THE	
COUNTY			PROVISION OF	
70 CENTRAL STREET			TRANSPORTATION FOR	
MURPHY, NC 28906			INDIVIDUALS WHO ARE	22 222
FAMILY RESOURCE CENTER OF CHEROKEE	NONE	PC	\$67,500 TO PROVIDE	20,000.
COUNTY			JAIL TREATMENT	
70 CENTRAL STREET			PROGRAMS IN CHEROKEE	
MURPHY, NC 28906			CLAY, GRAHAM, MACON	
			AND SWAIN COUNTIES	67,500.
FAMILY RESOURCE CENTER OF CHEROKEE	NONE	PC	\$39,366 TO PROVIDE	
COUNTY			FOR THE CONTINUATION	
70 CENTRAL STREET			OF THE ALTERNATIVE	
MURPHY, NC 28906			SERVICE FOR MH & SA	20. 266
H.A.V.E.N	NONE	PC	\$8,000 TO PROVIDE	39,366.
4297 EAST US 64 ALTERNATE	10112		FORENSIC INTERVIEW	
MURPHY, NC 28906			TRAINING TO SERVICE	
·			PROVIDERS IN CHEROKEE,	
			CLAY AND GRAHAM	8,000
UAVEN	NONE	l c	4500 TN FIRE DIFFER	
H.A.V.E.N 4297 EAST US 64 ALTERNATE	NONE	PC	\$500 IN FUND RAISING	
MURPHY, NC 28906			SUPPORT.	500.
HAYWOOD PATHWAYS PROJECT	NONE	PC	\$31,140 TO SUPPORT	500,
179 HEMLOCK ST			THEIR EXPANSION OF THE	
WAYNESVILLE, NC 28786			HOMELESS SHELTER TO	
			SERVE WOMEN AND	
Total from postinustion about			CHILDREN.	31,140,
Total from continuation sheets				579,331.

EVERGREEN FOUNDATION

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
LIFESPAN SERVICES	NONE	PC	\$6260 TO ENHANCE	
2143 ASHEVILLE RD.			SERVICES FOR ADULTS	
WAYNESVILLE, NC 28786			WITH AUTISM SPECTRUM	
,			DISORDER AT THEIR	
			WAYNESVILLE SITE, THE	6,260
MACON TRAKS	NONE	PC	\$7723 TO EXPAND	•
P. O. BOX 101			THERAPEUTIC HORSEBACK	
OTTO, NC 28763, NC 28763			RIDING IN MACON, CLAY,	
			HAYWOOD, JACKSON AND	
			SWAIN, FUNDS AWARDED	7,723
MERIDIAN BEHAVORIAL HEALTH SERVICES	NONE	PC	\$3,000 TO SUPPORT THE	
, INC			NATIONAL SAFETY	
154 MEDICAL PARK LOOP			COUNCIL PROJECT IN	
SYLVA, NC 28779			HAYWOOD COUNTY TO	
		<u></u>	PROVIDE BLISTER PACKS	3,000
MERIDIAN BEHAVORIAL HEALTH SERVICES	NONE	PC PC	\$150,000 IN FUNDING TO	
,INC			SUPPORT PSYCHIATRIC	
154 MEDICAL PARK LOOP			SERVICES AND THE	
SYLVA, NC 28779			PATIENT ASSISTANCE	
			PROGRAM WHICH PROVIDES	150,000
MERIDIAN BEHAVORIAL HEALTH SERVICES	NONE	PC	\$27,000 FOR THE JAIL	-
, INC			TREATMENT PROGRAMS IN	
154 MEDICAL PARK LOOP			HAYWOOD AND JACKSON	
SYLVA, NC 28779			COUNTIES, SERVICES	
			INCLUDE ASSESSMENT AND	27,000
MERIDIAN BEHAVORIAL HEALTH SERVICES	NONE	PC	\$3500 TOWARD THE COSTS	
, INC			OF SENDING THE SEXUAL	
154 MEDICAL PARK LOOP			OFFENDER SERVICES TEAM	
SYLVA, NC 28779			TO THE NATIONAL	
			CONVENTION IN QUEBEC,	3,500
MERIDIAN BEHAVORIAL HEALTH SERVICES	NONE	PC	\$100,000 IN FUNDING TO	
,INC			OFF-SET THE COST OF	
154 MEDICAL PARK LOOP			ACQUIRING	
SYLVA, NC 28779			JACKSON/HAYWOOD/MACON	
		<u> </u>	PSYCH.	100,000
MOUNTAIN PROJECTS	NONE	PC	\$23,497 TO PROVIDE	
2251 OLD BALSAM RD			NALOXONE KITS TO SITES	
WAYNESVILLE, NC 28786			IN WNC AND BIO-HAZARD	
			BOXES FOR EACH COUNTY	
			FOR IV DRUG NEEDLES.	23,497
SOUTHWESTERN CHILD DEVELOPMENT	NONE	PC	\$16,470 TO PROVIDE	
P O BOX 250			CONTINUATION OF THE	
WEBSTER, NC 28788			COLD WEATHER SHELTER	
			PROGRAM FOR	
	+	-	INDIVIDUALS WHO ARE	16,470
SOUTHWESTERN CHILD DEVELOPMENT	NONE	PC	\$50,000 TO PROVIDE	
P O BOX 250		1	CONTINUATION FUNDING	
WEBSTER, NC 28788			FOR THE NURSE FAMILY	
			PARTNERSHIP PROGRAM	
		1	(HOME VISITING NURSES	50,000

56-1351883

EVERGREEN FOUNDATION

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to Foundation Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient THE ARC OF HAYWOOD CO. NONE PC \$1000 TO SUPPORT 407 WELCH ST. ARCTOBERFEST. 1,000. WAYNESVILLE, NC 28786 NONE PC THE ARC OF HAYWOOD CO. \$9000 TO PROVIDE ADDITIONAL HOURS OF 407 WELCH ST. WAYNESVILLE, NC 28786 SERVICE AND SUPPORTS FOR THE INDEPENDENT LIVING AND SUPPORTED 9,000. YFC OUTDOOR MISSION CAMP: CAMP NONE PC \$2225 TO PROVIDE A ABILITY SUMMER ENRICHMENT 2154 FIE TOP ROAD PROGRAM FOR MAGGIE VALLEY, NC 28751 INDIVIDUALS WITH I/DD. 2,225, Total from continuation sheets

Part XV	Supplementary	Information
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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - APPALACHIAN ACCESS

\$67,000 TO MAKE IMPROVEMENTS AND CHANGES TO THE BALSAM CENTER TO CHANGE
THE USE FROM A LEVEL 2 FACILITY TO A LEVEL 3, WHICH WILL PROVIDE CRISIS
SERVICES FOR THE WESTERN COUNTIES.

NAME OF RECIPIENT - ASPIRE

\$10,000 TO PROVIDE ALTERNATIVE EDUCATIONAL OPPORTUNITIES FOR NON-COURT INVOLVED YOUTH THAT HAVE SEVERE MH HEALTH NEEDS AND ARE UNABLE TO ATTEND REGULAR SCHOOLS.

NAME OF RECIPIENT - AWAKE CAC

\$2,786 TO PROVIDE CONTRACTED FORENSIC INTERVIEWS FOR CHILDREN WHO ARE

VICTIMS OF ABUSE AND PARTIAL FUNDING FOR STAFF TO ATTEND THE NATIONAL

CHILDRENOS ADVOCACY CONFERENCE IN WASHINGTON, DC.

NAME OF RECIPIENT - FAMILY RESOURCE CENTER OF CHEROKEE COUNTY

\$20,000 FOR THE PROVISION OF TRANSPORTATION FOR INDIVIDUALS WHO ARE

BEING VOLUNTARILY COMMITTED TO PSYCHIATRIC HOSPITALS AND NEED

TRANSPORTATION TO AND FROM THE HOSPITAL. SERVICES WILL BE COORDINATED

THROUGH ACS.

NAME OF RECIPIENT - FAMILY RESOURCE CENTER OF CHEROKEE COUNTY
\$67,500 TO PROVIDE JAIL TREATMENT PROGRAMS IN CHEROKEE, CLAY, GRAHAM,

MACON AND SWAIN COUNTIES THROUGH ACS. PROGRAM INCLUDES ASSESSMENT AND

GROUP THERAPY IN EACH COUNTY.

NAME OF RECIPIENT - FAMILY RESOURCE CENTER OF CHEROKEE COUNTY
\$39,366 TO PROVIDE FOR THE CONTINUATION OF THE ALTERNATIVE SERVICE FOR

Part XV	Supr	olementary	Inform	nation
PailAV	Supp	ojementar y		nation

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

MH & SA CONSUMERS REPLACING STATE FUNDED COMMUNITY SUPPORT TEAM

ELIMINATED BY THE MCO 8/23/12. THE SERVICES WILL CONTRACTED THROUGH

ACS.

NAME OF RECIPIENT - H.A.V.E.N

\$8,000 TO PROVIDE FORENSIC INTERVIEW TRAINING TO SERVICE PROVIDERS IN CHEROKEE, CLAY AND GRAHAM COUNTIES.

NAME OF RECIPIENT - LIFESPAN SERVICES

\$6260 TO ENHANCE SERVICES FOR ADULTS WITH AUTISM SPECTRUM DISORDER AT
THEIR WAYNESVILLE SITE. THE AWARD INCLUDED FUNDS FOR STAFF TO
PARTICIPATE IN TEACCH TRAINING AT UNC AND ENHANCE THE SENSORY ROOM AT
THEIR SITE.

NAME OF RECIPIENT - MACON TRAKS

\$7723 TO EXPAND THERAPEUTIC HORSEBACK RIDING IN MACON, CLAY, HAYWOOD,

JACKSON AND SWAIN. FUNDS AWARDED WERE FOR SCHOLARSHIPS AND TO PURCHASE

A PORTABLE RAMP THAT WILL ENABLE THEM TO GET OUT MORE INTO THE OTHER

COUNTIES.

NAME OF RECIPIENT - MERIDIAN BEHAVORIAL HEALTH SERVICES, INC

\$3,000 TO SUPPORT THE NATIONAL SAFETY COUNCIL PROJECT IN HAYWOOD COUNTY

TO PROVIDE BLISTER PACKS OF NON-NARCOTIC MEDICATIONS FOR PHYSICIANS TO

DISPENSE TO REDUCE THE NUMBER OF OPIOIDS PRESCRIBED. GOAL IS TO

DECREASE THE NUMBER OF OPIOID OVERDOSE DEATHS IN THE COUNTY BY 50%

(CURRENTLY 15 IN HAYWOOD COUNTY) AND REDUCE THE NUMBER OF OPIOID

PRESCRIPTIONS BY 15%.

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

NAME OF RECIPIENT - MERIDIAN BEHAVORIAL HEALTH SERVICES ,INC \$150,000 IN FUNDING TO SUPPORT PSYCHIATRIC SERVICES AND THE PATIENT ASSISTANCE PROGRAM WHICH PROVIDES FREE PSYCHIATRIC MEDICATIONS.

NAME OF RECIPIENT - MERIDIAN BEHAVORIAL HEALTH SERVICES ,INC

\$27,000 FOR THE JAIL TREATMENT PROGRAMS IN HAYWOOD AND JACKSON

COUNTIES. SERVICES INCLUDE ASSESSMENT AND GROUP THERAPY FOR INDIVIDUALS

WITH PSYCHIATRIC AND SUBSTANCE ABUSE ISSUES.

NAME OF RECIPIENT - MERIDIAN BEHAVORIAL HEALTH SERVICES, INC

\$3500 TOWARD THE COSTS OF SENDING THE SEXUAL OFFENDER SERVICES TEAM TO

THE NATIONAL CONVENTION IN QUEBEC, CANADA IN OCTOBER. A TEAM OF 4

INDIVIDUALS: 3 CLINICIANS AND THE OFFENDER SERVICES MANAGER.

NAME OF RECIPIENT - MOUNTAIN PROJECTS

\$23,497 TO PROVIDE NALOXONE KITS TO SITES IN WNC AND BIO-HAZARD BOXES

FOR EACH COUNTY FOR IV DRUG NEEDLES. REQUEST IS TO SET UP SITES FOR

DISTRIBUTION, REPLENISH KITS AS NEEDED AND MEDIA PROMOTION TO EDUCATE

COMMUNITY.

NAME OF RECIPIENT - SOUTHWESTERN CHILD DEVELOPMENT
\$16,470 TO PROVIDE CONTINUATION OF THE COLD WEATHER SHELTER PROGRAM FOR
INDIVIDUALS WHO ARE HOMELESS AND HAVE DISABILITIES.

NAME OF RECIPIENT - SOUTHWESTERN CHILD DEVELOPMENT

\$50,000 TO PROVIDE CONTINUATION FUNDING FOR THE NURSE FAMILY

PARTNERSHIP PROGRAM (HOME VISITING NURSES FOR FIRST TIME MOTHERS BELOW

POVERTY LEVEL) IN PARTNERSHIP WITH KATE B. REYNOLDS AND WNCCF. THESE

523655 04-01-15

FORM 990-PF INTERES	ST ON SAVING	S AND T	EMPORA	RY CASH	INVESTMENTS	STATEMENT 1
SOURCE		RE'	(A) VENUE BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME - BA	ANK		5	57.	57.	57.
TOTAL TO PART I, LII	NE 3		5	57.	57.	57.
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM SEC	URITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPIT. GAIN DIVIDE	S	(A) REVENUE PER BOOK		
WELLS FARGO	380,417.		0.	380,41	7. 380,4	17. 380,417.
TO PART I, LINE 4	380,417.		0.	380,41	380,4	380,417.
FORM 990-PF		OTHER	INCON	ΛΈ		STATEMENT 3
DESCRIPTION			REV	(A) /ENUE BOOKS	(B) NET INVEST MENT INCOM	
INTEREST INCOME BRIG INTEREST INCOME HAM EXEMPT PURPOSE RENTA MISC INC FROM RENTA	PTON AL INCOME	•		4,072. 7,810. 554,323.	7,81	
TOTAL TO FORM 990-P	F, PART I, I	LINE 11		566,207.	11,88	2. 554,325.

FORM 990-PF	LEGAL	FEES		PATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	5,879.	0.	0.	0.
TO FM 990-PF, PG 1, LN 16A =	5,879.	0.	0.	0.
FORM 990-PF	ACCOUNTI	NG FEES	Si	PATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	32,220.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	32,220.	0.	0.	0.
FORM 990-PF (THER PROFES	SIONAL FEES	Si	FATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADMINISTRATION CONTRACT PROPERTY MAINTENANCE INDEPENDENT CONTRACTORS	136,480. 39,720. 39,807.	0. 0. 0.	0. 0. 0.	119,080. 0. 0.
TO FORM 990-PF, PG 1, LN 16C	216,007.	0.	0.	119,080.
FORM 990-PF	TAX	ES	Si	PATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROPERTY TAX EXCISE TAX	672. 4,019.		0.	0.
TO FORM 990-PF, PG 1, LN 18	4,691.	0.	0.	0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM	CHAF	D) RITABLE RPOSES
REPAIRS OFFICE EXPENSE INVESTMENT FEES DUES MISCELLANEOUS EXPENSE	108,499. 922. 20,060. 1,258. 604.	20,	0. 0. 060. 0.		0. 0. 0. 0.	0 . 0 . 0 . 506 .
TO FORM 990-PF, PG 1, LN 23	131,343.	20,	060.		0.	506
FORM 990-PF	CORPORAT	E STOCK			STATEME	ent s
DESCRIPTION			вос	OK VALUE	FAIR MA	
CORPORATE STOCK				3,707,198.	8,70	7,198
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			3,707,198.	8,70	7,198
FORM 990-PF	OTHER INV	ESTMENTS			STATEM	ENT 1
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MA	
MUTUAL FUNDS		FMV	6	5,540,543.	6,54	10,543
TOTAL TO FORM 990-PF, PART I	I, LINE 13		-	5,540,543.	6,54	10,543
FORM 990-PF	OTHER	ASSETS			STATEM	ENT 11
DESCRIPTION		NING OF K VALUE		OF YEAR OK VALUE	FAIR MA	
DEPOSIT CONTRIBUTION RECEIVABLE PREPAID INCOME TAX	-	100. 262,500. 0.		100. 0. 777.		100 d
TO FORM 990-PF, PART II, LIN	 E 15	262,600.		877.		877
,,,						

FORM 990-PF	OTHER LIABILITIES		STAT	EMENT 12		
DESCRIPTION		BOY AMOUN	T EOY	AMOUNT		
LEASE DEPOSIT INCOME TAX PAYABLE	_	15,7 31,1		17,004.		
TOTAL TO FORM 990-PF, PART II,	LINE 22	46,8	58.	17,004.		
	LIST OF OFFICERS, DI AND FOUNDATION MANAG		STAT	EMENT 13		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB			
JOHN BAUKNIGHT 175 HIDEWAY TRAIL HIGHLANDS, NC 28741	BOARD MEMBER 2.00	0.	0.	0.		
JOHN FEIL 765 GOLDMINE ROAD ROBBINSVILLE, NC 28771	BOARD MEMBER 2.00	0.	0.	0.		
VICKI GORDON 52 DEER GLADE LANE WAYNESVILLE, NC 28786	TREASURER 4.00	0.	0.	0.		
MARTY HYDAKER 300 JITTERBUG LANE CULLOWHEE, NC 28723	PRESIDENT 4.00	0.	0.	0.		
JIMMY JOHNSON 518 HIGHWAY 64 EAST HAYESVILLE, NC 28904	BOARD MEMBER 2.00	0.	0.	0.		
RALPH MURPHY 2757 COOPER'S CREEK ROAD BRYSON CITY, NC 28713	VICE PRESIDENT 2.00	0.	0.	0.		
BILL TEAGUE 105 GALLOWAY STREET WAYNESVILLE, NC 28786	SECRETARY 2.00	0.	0.	0.		
RON YOWELL 385 COWAN VALLEY ESTATES SYLVA, NC 28779	BOARD MEMBER 2.00	0.	0.	0.		

EVERGREEN FOUNDATION			56-13	351883
GLENN JONES P O BOX 87 BRYSON CITY, NC 28713	BOARD MEMBER 2.00	0.	0.	0.
DANA JONES 1755 HEALEY FIELDS RD ANDREWS, NC 28901	BOARD MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	GE 6, PART VIII	0.	0.	0.

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

14

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 FIXED ASSETS - SCHEDULE 7/1/15-6/30/16

Land, Buildings, and Equipment	Orignial Cost	Accumulated Depreciation 6/30/2016	Ending Book Value 6/30/2016
Buildings	Original Cost	0/30/2010	0/30/2010
Buildings - 2183 Airport Road	\$618,292.11	\$485,736.56	\$132,555.55
Buildings - 1254 Church Street	427,487.09	427,487.09	0.00
Buildings - 131 Walnut Street	265,330.00	260,462.91	4,867.09
Buildings - 154 Medical Park Loop	1,479,089.23	973,733.54	505,355.69
Buildings - 100 Thomas Heights Road	447,283.03	396,728.41	50,554.62
Buildings - 44 Bonnie Lane	2,134,119.17	1,250,943.65	883,175.52
Buildings - 35 Aquifer Brae Lane	113,676.00	70,609.01	43,066.99
Buildings - 719 Fisher Creek	159,260.50	95,556.24	63,704.26
Buildings - 5696 Old Clyde Road	98,816.00	60,936.71	37,879.29
Buildings - 33 Sharon Lynn Way	149,427.38	89,658.03	59,769.35
Buildings - 211 Nellie John Drive	137,941.50	82,764.77	55,176.73
Buildings - 244 South Painter Road	149,136.50	89,482.21	59,654.29
Buildings - 28 A&B Oak Street	74,508.85	45,933.81	28,575.04
Buildings - 30 Arlington Extension	136,147.97	81,688.98	
•	99,291.00	56,540.96	54,458.99
Buildings - 38, 40 & 42 Oak Street	129,119.37	71,733.44	42,750.04
Buildings - 205 Hazelwood Avenue		53,613.69	57,385.93
Buildings - 7 Gabriel Lane	106,050.19	•	52,436.50
Renovation - 33 Sharon Lynn Way	77,966.65 93,123.55	35,950.68	42,015.97
Buildings - 27 Aquifer Brae Road	•	38,543.29	54,580.26
Buildings - 91 Timberlane Road	1,073,054.09	463,500.38	609,553.71
Buildings - 144 Falls Circle Road	309,600.00	122,120.00	187,480.00
Renov - 33 Sharon Lynn Way	75,476.00	30,191.02	45,284.98
Renov - 91 Timberlane Road	447,089.82 183,742.01	158,344.77	288,745.05
Renov - 91 Timberlane Road	395,957.70	55,632.51 143,864.74	128,109.50
Sprinkler - 91 Timberlane Road			252,092.96
Renovation 719 Fisher Creek Roof - 719 Fisher Creek	78,656.66 8,400.00	16,168.26 745.47	62,488.40 7,654.53
	53,450.00	4,008.69	49,441.31
Renov - 1254 Church Street Total Buildings	\$9,521,492.37	\$5,662,679.83	\$3,858,812.54
Equipment			
Equipment - 1998	\$4,628.78	\$4,628.78	\$0.00
Telephones	1,900.00	1,900.00	0.00
HVAC	4,100.00	4,100.00	0.00
Telephone System - Cherokee Center	25,812.00	25,812.00	0.00
Telephone System - Clay Center	22,985.00	22,985.00	0.00
Telephone System - Haywood Center	28,308.75	28,308.75	0.00
Telephone System - Macon Center	24,507.33	24,507.33	0.00
Telephone System - Swain Center	21,510.96	21,510.96	0.00
Telephone System - Haywood Child & Family	27,868.00	27,868.00	0.00
HVAC-Bonnie Lane Computer Room	6,000.00	4,928.67	1,071.33
Commerceail Washer - Balsam Center	6,050.00	1,944.54	4,105.46
Heat Pump - Walnut Street	6,000.00	2,142.90	3,857.10
4 Ton Heat Pump - Jackson	6,796.00	2,103.66	4,692.34
Total Equipment	\$186,466.82	\$172,740.59	\$13,726.23

EVERGREEN FOUNDATION FIXED ASSETS - SCHEDULE 7/1/15-6/30/16

.,	1/15-0/50/10			
Land, Buildings, and Equipment	Orignial Cost	Accumulated Depreciation 6/30/2016	Ending Book Value 6/30/2016	
Other Fixed Assets				
Parking Lot	\$16,381.00	\$16,381.00	\$0.00	
Additions - 1997	7,550.18	7,550.18	0.00	
Leasehold Improvements - Jackson	10,850.00	10,850.00	0.00	
Parking Lot - 33 Sharon Lynn Way	13,837.00	9,686.04	4,150.96	
Total Other Fixed Assets	\$48,618.18	\$44,467.22	\$4,150.96	
Land				
Land - 7 Gabriel Heights	\$6,755.40	\$0.00	\$6,755.40	
Land - 91 Timberlane Road	50,000.00	0.00	50,000.00	
Land - 144 Falls Circle Road	17,600.00	0.00	17,600.00	
Land - 2183 Airport Road	8,006.36	0.00	8,006.36	
Land - 1254 Church Street	31,442.58	0.00	31,442.58	
Land - 131 Walnut Street	110,239.21	0.00	110,239.21	
Land - 100 Thomas Heights Road	48,866.37	0.00	48,866.37	
Land - 44 Bonnie Lane	36,994.88	0.00	36,994.88	
Land - 35 Aquifer Brae Lane	6,135.14	0.00	6,135.14	
Land - 719 Fisher Creek	6,871.35	0.00	6,871.35	
Land - 5696 Old Clyde Road	5,852.31	0.00	5,852.31	
Land - 33 Sharon Lynn Way (Stamey)	14,496.10	0.00	14,496.10	
Land - 211 Nellie John Drive	9,953.95	0.00	9,953.95	
Land - 244 South Painter Road	5,368.24	0.00	5,368.24	
Land - 28 A & B Oak Street	2,484.73	0.00	2,484.73	
Land - 30 Arlington Extension	5,368.24	0.00	5,368.24	
Land - 25,38, 40 Oak Street	4,244.90	0.00	4,244.90	
Land - 205 Hazelwood Avenue	6,253.55	0.00	6,253.55	
Land - 27 Aquifer Brae Raod	6,651.41	0.00	6,651.41	
Land - 154 Medical Park Loop	262,500.00	0.00	262,500.00	
Total Land	\$646,084.72	\$0.00	\$646,084.72	
Amount reported Part II line 14 of Form 990-PF	\$10,402,662.09	\$5,879,887.64	\$4,522,774.45	