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.

▶ Information about Form 990-PF and its separate instructions is at *www.irs.gov/form990pf.*

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016 or tax year beginning JUL 1, 2016 , and ending JUN 30, 2017

Name of foundation: EVERGREEN FOUNDATION

A Employer identification number: 56-1351883

Number and street (or P O box number if mail is not delivered to street address): 28 A OAK STREET | Room/suite:

B Telephone number: (828)456-8005

City or town, state or province, country, and ZIP or foreign postal code: WAYNESVILLE, NC 28786

C If exemption application is pending, check here ▶ ☐

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: [X] 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)* ▶$ 31,020,680.

J Accounting method: ☐ Cash [X] 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 ▶ [X] if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	18.	18.		STATEMENT 1
	4 Dividends and interest from securities	472,242.	472,242.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	40,355.			
	b Gross sales price for all assets on line 6a 578,499.				
	7 Capital gain net income (from Part IV, line 2)		40,355.		
	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	585,190.	11,511.	573,679.	STATEMENT 3
	12 **Total.** Add lines 1 through 11	1,097,805.	524,126.	573,679.	
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	5,280.	0.	0.	0.
	b Accounting fees STMT 5	8,820.	0.	0.	0.
	c Other professional fees STMT 6	187,071.	0.	0.	62,856.
	17 Interest				
	18 Taxes STMT 7	13,013.	0.	0.	0.
	19 Depreciation and depletion	308,739.	0.	0.	
	20 Occupancy	66,834.	0.	0.	0.
	21 Travel, conferences, and meetings	6,748.	0.	0.	0.
	22 Printing and publications				
	23 Other expenses STMT 8	80,415.	28,499.	0.	209.
	24 **Total operating and administrative expenses** Add lines 13 through 23	676,920.	28,499.	0.	63,065.
	25 Contributions, gifts, grants paid	612,708.			612,708.
	26 **Total expenses and disbursements** Add lines 24 and 25	1,289,628.	28,499.	0.	675,773.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	<191,823.>			
	b **Net investment income** (if negative, enter -0-)		495,627.		
	c **Adjusted net income** (if negative, enter -0-)			573,679.	

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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	118,210.	202,125.	202,125.
	2	Savings and temporary cash investments	5,119.	5,122.	5,122.
	3	Accounts receivable ▶ 2,013.			
		Less: allowance for doubtful accounts ▶	10,109.	2,013.	2,013.
	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 ▶ 161,413.			
		Less: allowance for doubtful accounts ▶ 0.	166,928.	161,413.	161,413.
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 10	8,707,198.	10,085,564.	10,085,564.
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis ▶			
		Less accumulated depreciation ▶			
	12	Investments - mortgage loans			
	13	Investments - other STMT 11	6,540,543.	6,325,167.	6,325,167.
	14	Land, buildings, and equipment: basis ▶ 10,457,975.			
		Less accumulated depreciation ▶ 6,188,626.	4,522,774.	4,269,349.	14,239,176.
	15	Other assets (describe ▶ STATEMENT 12)	877.	100.	100.
	16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	20,071,758.	21,050,853.	31,020,680.
Liabilities	17	Accounts payable and accrued expenses	81,302.	17,139.	
	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 13)	17,004.	23,193.	
	23	**Total liabilities** (add lines 17 through 22)	98,306.	40,332.	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31**			
	24	Unrestricted	19,973,452.	21,010,521.	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances**	19,973,452.	21,010,521.	
	31	**Total liabilities and net assets/fund balances**	20,071,758.	21,050,853.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	19,973,452.
2	Enter amount from Part I, line 27a	2	<191,823.>
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 9	3	1,228,892.
4	Add lines 1, 2, and 3	4	21,010,521.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	21,010,521.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., 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				
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	578,499.		538,144.	40,355.
b				
c				
d				
e				

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

	(i) F.M.V. 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				40,355.
b				
c				
d				
e				

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 } 2 40,355.

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 3 N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015	816,694.	15,080,656.	.054155
2014	741,587.	15,812,193.	.046900
2013	809,833.	16,413,338.	.049340
2012			
2011			

2	**Total** of line 1, column (d)	2	.150395
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.050132
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	15,730,212.
5	Multiply line 4 by line 3	5	788,587.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	4,956.
7	Add lines 5 and 6	7	793,543.
8	Enter qualifying distributions from Part XII, line 4	8	675,773.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: ______ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	9,913.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	9,913.
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	9,913.
6	Credits/Payments:		
a	2016 estimated tax payments and 2015 overpayment credited to 2016 — 6a — 3,724.		
b	Exempt foreign organizations - tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments. Add lines 6a through 6d	7	3,724.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	6,189.
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 2017 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	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.*			
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 XV*	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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	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

Part VII-A Statements Regarding Activities *(continued)*

			Yes	No
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 2016, 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?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

				Yes	No
1a	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes ☒ No			
	(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)?	☐ Yes ☒ No			
	(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.)	☐ Yes ☒ No			
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		
	Organizations relying on a current notice regarding disaster assistance check here	▶ ☐			
c	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 2016?		1c		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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	☐ Yes ☒ No			
	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?	☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2016 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.)*	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 2016?		4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

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))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A | 5b |

Organizations relying on a current notice regarding disaster assistance check here ▶ ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

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? ☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A | 7b |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, 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 14		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 VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
DENISE COLEMAN 28A OAK STREET, WAYNESVILLE, NC 28786	MANAGEMENT	86,400.
Total number of others receiving over $50,000 for professional services ▶		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 ▶	0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	15,834,142.
b	Average of monthly cash balances	1b	135,616.
c	Fair market value of all other assets	1c	
d	**Total** (add lines 1a, b, and c)	1d	15,969,758.
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	15,969,758.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	239,546.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	15,730,212.
6	**Minimum investment return.** Enter 5% of line 5	6	786,511.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	786,511.
2a	Tax on investment income for 2016 from Part VI, line 5 — 2a: 9,913.		
b	Income tax for 2016. (This does not include the tax from Part VI.) — 2b:		
c	Add lines 2a and 2b	2c	9,913.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	776,598.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	776,598.
6	Deduction from distributable amount (see instructions)	6	0.
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	776,598.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	675,773.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	675,773.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	**Adjusted qualifying distributions** Subtract line 5 from line 4	6	675,773.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII **Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				776,598.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years: ___ , ___ , ___		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013 6,925.				
d From 2014 4,453.				
e From 2015 34,796.				
f **Total** of lines 3a through e	46,174.			
4 Qualifying distributions for 2016 from Part XII, line 4: ▶ $ 675,773.				
a Applied to 2015, 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 2016 distributable amount				675,773.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a).)	46,174.			46,174.
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 2015. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				54,651.
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 2011 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2017.** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, 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) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in 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, b, or c 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 in Part X, 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 XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see instructions.)

1 **Information Regarding Foundation Managers:**

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

NONE

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

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

SEE STATEMENT 15

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

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

Recipient: Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
a Paid during the year				
APPALACHIAN ACCESS P.O. BOX 444 MURPHY, NC 28906	NONE	PC	TO FINISH THE UPGRADES NEEDED AT THE BALSAM CRISIS CENTER.	25,193.
APPALACHIAN ACCESS P.O. BOX 444 MURPHY, NC 28906	NONE	PC	TO PROVIDE MENTAL HEALTH TREATMENT IN THE JAILS IN CHEROKEE, CLAY AND GRAHAM COUNTIES.	21,000.
APPALACHIAN ACCESS P.O. BOX 444 MURPHY, NC 28906	NONE	PC	TO PURCHASE AND INSTALL SOLID CORE, FIRE RATED DOORS IN THE BALSAM CRISIS CENTER.	10,807.
APPALACHIAN ACCESS P.O. BOX 444 MURPHY, NC 28906	NONE	PC	TO PROVIDE TRANSPORTATION FOR INDIVIDUALS WHO VOLUNTARILY COMMIT THEMSELVES TO	20,000.
APPALACHIAN ACCESS P.O. BOX 444 MURPHY, NC 28906	NONE	PC	TO MOVE COURTYARD GATE AND REINFORCE RETAINING WALL FOR YARD.	9,993.
Total SEE CONTINUATION SHEET(S)			▶ 3a	612,708.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

Form **990-PF** (2016)

623611 11-23-16 ** SEE PURPOSE OF GRANT CONTINUATIONS

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:					
a EXEMPT PURPOSE RENTAL					
b INCOME					567,796.
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	18.	
4 Dividends and interest from securities			14	472,242.	
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	11,511.	
8 Gain or (loss) from sales of assets other than inventory			18	40,355.	
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					5,883.
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		524,126.	573,679.

13 Total. Add line 12, columns (b), (d), and (e) 13 1,097,805.

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

Part XVI-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 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 TO MENTAL HEALTH COMMUNITY
11A	FACILITY AND HOUSING PROVIDED AT LOW RENT TO MENTAL HEALTH COMMUNITY

Part XVII **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) of the Code (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) of the Code (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

▶ William M Hydaker 11/1/17 ▶ PRESIDENT

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KATHRYN M. ATKINSON	KATHRYN M. ATKINS Kathryn M. Atkinson	09/15/17		P00930007
Firm's name ▶ JOHNSON PRICE SPRINKLE PA			Firm's EIN ▶ 56-1169449	
Firm's address ▶ 500 NORTH MAIN STREET, SUITE 16 MARION, NC 28752			Phone no. (828) 652-7044	

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AWAKE P.O. BOX 755 SYLVA, NC 28779	NONE	PC	TO SUPPORT AN ADDITIONAL VICTIM ADVOCATE.	13,185.
AWAKE P.O. BOX 755 SYLVA, NC 28779	NONE	PC	TO ADD A WALL BETWEEN THE FORENSIC EXAMINATION ROOM AND THE FORENSIC INTERVIEW ROOM.	2,200.
AWAKE P.O. BOX 755 SYLVA, NC 28779	NONE	PC	TO SUPPORT THE "POP THE CORK" FUNDRAISER.	1,000.
CHILDREN'S HOPE ALLIANCE P.O. BOX 1 BARIUM SPRINGS, NC 28010	NONE	PC	TO SUPPORT THE GIVING THEM HOPE LUNCHEON FUNDRAISER.	1,000.
CLEAN SLATE COALITION P.O. BOX 455 WEBSTER, NC 28788	NONE	PC	TO SUPPORT THE VALENTINE'S BALL FOR THE PROGRAM WHICH SERVES WOMEN WHO HAVE BEEN INCARCERATED.	1,000.
COMMUNITY SERVICES OF SWAIN COUNTY P.O. BOX 812 BRYSON CITY, NC 28713	NONE	PC	TO PROVIDE MH/SA SERVICES FOR CHILDREN AND ADOLESCENTS IN SWAIN COUNTY. THROUGH COMMUNITY	12,500.
H.A.V.E.N 4297 EAST US 64 ALTERNATE MURPHY, NC 28906	NONE	PC	TO SUPPORT THE FESTIVAL OF TREES FUNDRAISER FOR THE CHILD ADVOCACY CENTER.	500.
HAYWOOD PATHWAYS CENTER 179 HEMLOCK ST WAYNESVILLE, NC 28786	NONE	PC	TO SUPPORT THE GOLF TOURNAMENT FUNDRAISER.	1,000.
HAYWOOD PATHWAYS CENTER 179 HEMLOCK ST WAYNESVILLE, NC 28786	NONE	PC	TO INCREASE THE NUMBER OF BEDS AVAILABLE BY 34 (17 BUNK BEDS), CONVERT LIGHTING TO LED LIGHTS, AND	14,631.
HIGHTS, INC. P.O. BOX 2543 CULLOWHEE, NC 28723	NONE	PC	TO EXPAND THE APPRENTICESHIP PROGRAM. FUNDS ARE TO PURCHASE EQUIPMENT FOR THE NEW SAWMILL	7,935.
Total from continuation sheets				525,715.

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04-01-16

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LIFE CHALLENGE OF WNC, INC. P O BOX 2553 CULLOWHEE, NC 28723	NONE	PC	TO REPAIR THE SEPTIC SYSTEM AND REPLACE WINDOWS IN THE RESIDENTIAL TREATMENT FACILITY FOR YOUNG	9,000.
MACON CITIZENS HABILITIES, INC. P.O. BOX 698 FRANKLIN, NC 28744	NONE	PC	TO ASSIST WITH THE PURCHASE OF A HANDICAPPED ACCESSIBLE VAN FOR THEIR GROUP HOME AND DAY PROGRAMS	17,500.
MACON CITIZENS HABILITIES, INC. P.O. BOX 698 FRANKLIN, NC 28744	NONE	PC	TO ASSIST WITH THE PURCHASE OF EXHAUST FANS TO COOL THE DAY HABILITATION SERVICES BUILDING.	16,875.
MACON COUNTY EMS 104 E MAIN ST FRANKLIN, NC 28734	NONE	GOV	TO EXPAND THE COMMUNITY PARAMEDIC PROGRAM TO PROVIDE MEDICATION MONITORING AND FOLLOW-UP FOR	34,499.
MACON NEW BEGINNINGS, INC. 131 FRANKLIN PLAZA DR FRANKLIN, NC 28734	NONE	PC	TO ASSIST WITH THE DEVELOPMENT OF A STRATEGIC PLAN IN WORKING WITH THE HOMELESS WITH MENTAL	5,000.
MACON TRACS, INC. P.O. BOX 101 OTTO, NC 28763	NONE	PC	TO INCREASE SCHOLARSHIPS FOR THERAPEUTIC HORSEBACK RIDING IN MACON, CLAY, HAYWOOD, JACKSON AND	1,000.
MERIDIAN BEHAVORIAL HEALTH SERVICES ,INC 154 MEDICAL PARK LOOP SYLVA, NC 28779	NONE	PC	TO SUPPORT THE PATIENT ASSISTANCE PROGRAM WHICH PROVIDES OVER $2 MILLION IN FREE PSYCHOTROPIC	37,000.
MERIDIAN BEHAVORIAL HEALTH SERVICES ,INC 154 MEDICAL PARK LOOP SYLVA, NC 28779	NONE	PC	TO CONTINUE THERAPY IN THE JAILS OF HAYWOOD AND JACKSON COUNTIES AND TO PROVIDE POST-RELEASE SUPPORT	64,500.
MERIDIAN BEHAVORIAL HEALTH SERVICES ,INC 154 MEDICAL PARK LOOP SYLVA, NC 28779	NONE	PC	TO SUPPORT CHILDREN'S SERVICES.	14,000.
MERIDIAN BEHAVORIAL HEALTH SERVICES, INC 154 MEDICAL PARK LOOP SYLVA, NC 28779	NONE	PC	TO DEVELOP AN EARLY RECOVERY TEAM TO WORK WITH INDIVIDUALS WITH ADDICTION ISSUES POST DISCHARGE FROM THE	82,500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MERIDIAN BEHAVORIAL HEALTH SERVICES, INC 154 MEDICAL PARK LOOP SYLVA, NC 28779	NONE	PC	TO ASSIST WITH THE COST OF TRAINING FOR 25 THERAPISTS IN EYE MOVEMENT DESENSITIZATION AND	23,250.
MOUNTAIN PROJECTS SENIOR RESOURCE CENTER 81 ELMWOOD WAY WAYNESVILLE, NC 28786	NONE	PC	TO EXPAND THE PROJECT SAFETY PROGRAM BY PURCHASING ADDITIONAL RADIO TRANSMITTING BRACELETS FOR	5,000.
SOAR, INC 226 SOAR LANE BALSAM, NC 28707	NONE	PC	TO ASSIST WITH THE PURCHASE A 15 PASSENGER VAN FOR USE WITH THE OUTDOOR ADVENTURE PROGRAM FOR	19,459.
SOUTHWESTERN CHILD DEVELOPMENT COMMISSION, INC. P.O. BOX 250 WEBSTER, NC 28788	NONE	PC	TO SUPPORT A CASE MANAGEMENT POSITION TO COORDINATE THE COLLECTIVE EFFORTS TO PROVIDE HOUSING TO	20,000.
SOUTHWESTERN CHILD DEVELOPMENT COMMISSION, INC. P.O. BOX 250 WEBSTER, NC 28788	NONE	PC	TO PROVIDE CONTINUATION FUNDING FOR THE NURSE FAMILY PARTNERSHIP PROGRAM (HOME VISITING NURSES	50,000.
SOUTHWESTERN COMMISSION AREA AGENCY ON AGING 125 BONNIE LANE SYLVA, NC 28779	NONE	GOV	TO CREATE ELDER ABUSE EDUCATION AND AWARENESS PROGRAMS THROUGHOUT THE SEVEN-COUNTY AREA.	26,500.
THE ARC OF HAYWOOD COUNTY, INC. 407 WELCH ST. WAYNESVILLE, NC 28786	NONE	PC	TO CONTINUE THE ART THERAPY PROGRAM.	3,600.
THE ARC OF HAYWOOD COUNTY, INC. 407 WELCH ST. WAYNESVILLE, NC 28786	NONE	PC	TO FUND A PART TIME JOB COACH TO ALLOW THEM TO EXPAND THE SUPPORTED EMPLOYMENT SERVICES FOR	5,000.
THE ARC OF HAYWOOD COUNTY, INC. 407 WELCH ST. WAYNESVILLE, NC 28786	NONE	PC	TO SUPPORT THE "ARC"TOBERFEST FUNDRAISER.	1,000.
THE ARC OF HAYWOOD COUNTY, INC. 407 WELCH ST. WAYNESVILLE, NC 28786	NONE	PC	TO PURCHASE AN ELECTRONIC MEDICAL RECORD PROGRAM.	3,956.
Total from continuation sheets				

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04-01-16

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WEBSTER ENTERPRISES OF JACKSON COUNTY, INC. 140 LITTLE SAVANNAH RD SYLVA, NC 28779	NONE	PC	TO ENABLE THE PURCHASE OF A VAN TO USE FOR SUPPORTED EMPLOYMENT AND OTHER CLIENT TRAVEL.	9,500.
WESTERN NC AIDS PROJECTS, INC. 554 FAIRVIEW ROAD ASHEVILLE, NC 28803	NONE	PC	TO EXPAND COUNSELING, NEEDLE EXCHANGE AND OTHER SERVICES INTO THE SEVEN FAR WESTERN COUNTIES.	20,000.
YOUTH FOR CHIRST OUTDOOR MISSION CAMP: CAMP ABILITY 2154 FIE TOP ROAD MAGGIE VALLEY, NC 28751	NONE	PC	TO PROVIDE FUNDS FOR A SUMMER ENRICHMENT PROGRAM FOR CHILDREN WITH IDD.	1,625.
Total from continuation sheets				

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04-01-16

Part XV Supplementary Information

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

NAME OF RECIPIENT - APPALACHIAN ACCESS

TO PROVIDE TRANSPORTATION FOR INDIVIDUALS WHO VOLUNTARILY COMMIT THEMSELVES TO IN-PATIENT SERVICES AND REQUIRE TRANSPORTATION HOME UPON DISCHARGE.

NAME OF RECIPIENT - COMMUNITY SERVICES OF SWAIN COUNTY

TO PROVIDE MH/SA SERVICES FOR CHILDREN AND ADOLESCENTS IN SWAIN COUNTY. THROUGH COMMUNITY COLLABORATIONS (COUNTY, HEALTH DEPT., SWAIN SCHOOL BOARD, AND CSSC) THEY WILL BEGIN A MOBILE HEALTH PROGRAM TO OFFER HEALTH SERVICES AND MH/SA EARLY INTERVENTION PROGRAM THROUGHOUT THE SCHOOL SYSTEM.

NAME OF RECIPIENT - HAYWOOD PATHWAYS CENTER

TO INCREASE THE NUMBER OF BEDS AVAILABLE BY 34 (17 BUNK BEDS), CONVERT LIGHTING TO LED LIGHTS, AND REPLACE WINDOWS IN KITCHEN, DINING AND LAUNDRY BUILDING.

NAME OF RECIPIENT - HIGHTS, INC.

TO EXPAND THE APPRENTICESHIP PROGRAM. FUNDS ARE TO PURCHASE EQUIPMENT FOR THE NEW SAWMILL PROGRAM.

NAME OF RECIPIENT - LIFE CHALLENGE OF WNC, INC.

TO REPAIR THE SEPTIC SYSTEM AND REPLACE WINDOWS IN THE RESIDENTIAL TREATMENT FACILITY FOR YOUNG WOMEN. 12 GRADUATES A YEAR WITH AN 80% SUCCESS RATE.

NAME OF RECIPIENT - MACON COUNTY EMS

TO EXPAND THE COMMUNITY PARAMEDIC PROGRAM TO PROVIDE MEDICATION

Part XV Supplementary Information

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

MONITORING AND FOLLOW-UP FOR INDIVIDUALS WITH MENTAL ILLNESS DISCHARGED FROM THE HOSPITAL.

NAME OF RECIPIENT - MACON NEW BEGINNINGS, INC.
TO ASSIST WITH THE DEVELOPMENT OF A STRATEGIC PLAN IN WORKING WITH THE HOMELESS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE ISSUES IN MACON COUNTY.

NAME OF RECIPIENT - MACON TRACS, INC.
TO INCREASE SCHOLARSHIPS FOR THERAPEUTIC HORSEBACK RIDING IN MACON, CLAY, HAYWOOD, JACKSON AND SWAIN FOR ADULTS AND CHILDREN WITH MH, SA AND I/DD.

NAME OF RECIPIENT - MERIDIAN BEHAVORIAL HEALTH SERVICES ,INC
TO SUPPORT THE PATIENT ASSISTANCE PROGRAM WHICH PROVIDES OVER $2 MILLION IN FREE PSYCHOTROPIC MEDICATIONS.

NAME OF RECIPIENT - MERIDIAN BEHAVORIAL HEALTH SERVICES ,INC
TO CONTINUE THERAPY IN THE JAILS OF HAYWOOD AND JACKSON COUNTIES AND TO PROVIDE POST-RELEASE SUPPORT FOR INDIVIDUALS WITH ADDICTION ISSUES IN ORDER TO PROVIDE BETTER FOLLOW-THOUGH AND STABILITY IN THE COMMUNITY.

NAME OF RECIPIENT - MERIDIAN BEHAVORIAL HEALTH SERVICES, INC
TO DEVELOP AN EARLY RECOVERY TEAM TO WORK WITH INDIVIDUALS WITH ADDICTION ISSUES POST DISCHARGE FROM THE HOSPITAL IN ORDER TO INCREASE TREATMENT FOLLOW-THROUGH AND STABILITY IN THE COMMUNITY.

NAME OF RECIPIENT - MERIDIAN BEHAVORIAL HEALTH SERVICES, INC

Part XV **Supplementary Information**

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

TO ASSIST WITH THE COST OF TRAINING FOR 25 THERAPISTS IN EYE MOVEMENT DESENSITIZATION AND REPROCESS THERAPY.

NAME OF RECIPIENT - MOUNTAIN PROJECTS SENIOR RESOURCE CENTER

TO EXPAND THE PROJECT SAFETY PROGRAM BY PURCHASING ADDITIONAL RADIO TRANSMITTING BRACELETS FOR INDIVIDUALS WITH AUTISM OR OLDER ADULTS.

NAME OF RECIPIENT - SOAR, INC

TO ASSIST WITH THE PURCHASE A 15 PASSENGER VAN FOR USE WITH THE OUTDOOR ADVENTURE PROGRAM FOR AT-RISK YOUTH.

NAME OF RECIPIENT - SOUTHWESTERN CHILD DEVELOPMENT COMMISSION, INC.

TO SUPPORT A CASE MANAGEMENT POSITION TO COORDINATE THE COLLECTIVE EFFORTS TO PROVIDE HOUSING TO INDIVIDUALS WITH MH/SA/IDD IN JACKSON COUNTY.

NAME OF RECIPIENT - SOUTHWESTERN CHILD DEVELOPMENT COMMISSION, INC.

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 MOTHERS HAVE VERY HIGH RATES OF MENTAL HEALTH AND S/A, AND CHILDREN OF POOR SINGLE MOTHERS ARE AT HIGHEST RISK OF MH/SA/DD ISSUES LATER IN LIFE.

NAME OF RECIPIENT - THE ARC OF HAYWOOD COUNTY, INC.

TO FUND A PART TIME JOB COACH TO ALLOW THEM TO EXPAND THE SUPPORTED EMPLOYMENT SERVICES FOR INDIVIDUALS WITH IDD.

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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME - BANK	18.	18.	18.
TOTAL TO PART I, LINE 3	18.	18.	18.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
WELLS FARGO	472,242.	0.	472,242.	472,242.	472,242.
TO PART I, LINE 4	472,242.	0.	472,242.	472,242.	472,242.

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	3,950.	3,950.	0.
INTEREST INCOME HAMPTON	7,561.	7,561.	0.
EXEMPT PURPOSE RENTAL INCOME	567,796.	0.	567,796.
MISC INC FROM RENTALS	5,883.	0.	5,883.
TOTAL TO FORM 990-PF, PART I, LINE 11	585,190.	11,511.	573,679.

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	5,280.	0.	0.	0.
TO FM 990-PF, PG 1, LN 16A	5,280.	0.	0.	0.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	8,820.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	8,820.	0.	0.	0.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADMINISTRATION CONTRACT	104,760.	0.	0.	62,856.
PROPERTY MAINTENANCE	45,435.	0.	0.	0.
INDEPENDENT CONTRACTORS	36,876.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	187,071.	0.	0.	62,856.

FORM 990-PF	TAXES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROPERTY TAX	3,100.	0.	0.	0.
EXCISE TAX	9,913.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	13,013.	0.	0.	0.

FORM 990-PF OTHER EXPENSES STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
REPAIRS	46,194.	0.	0.	0.
OFFICE EXPENSE	1,885.	0.	0.	0.
INVESTMENT FEES	28,499.	28,499.	0.	0.
DUES	992.	0.	0.	0.
MISCELLANEOUS EXPENSE	2,845.	0.	0.	209.
TO FORM 990-PF, PG 1, LN 23	80,415.	28,499.	0.	209.

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

DESCRIPTION	AMOUNT
NET UNREALIZED GAINS ON INVESTMENTS	1,228,892.
TOTAL TO FORM 990-PF, PART III, LINE 3	1,228,892.

FORM 990-PF CORPORATE STOCK STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	10,085,564.	10,085,564.
TOTAL TO FORM 990-PF, PART II, LINE 10B	10,085,564.	10,085,564.

FORM 990-PF OTHER INVESTMENTS STATEMENT 11

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	FMV	6,325,167.	6,325,167.
TOTAL TO FORM 990-PF, PART II, LINE 13		6,325,167.	6,325,167.

FORM 990-PF	OTHER ASSETS		STATEMENT 12
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEPOSIT	100.	100.	100.
PREPAID EXCISE TAX	777.	0.	0.
TO FORM 990-PF, PART II, LINE 15	877.	100.	100.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 13
DESCRIPTION	BOY AMOUNT	EOY AMOUNT
LEASE DEPOSIT	17,004.	17,004.
EXCISE TAX PAYABLE	0.	6,189.
TOTAL TO FORM 990-PF, PART II, LINE 22	17,004.	23,193.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN BAUKNIGHT 175 HIDEWAY TRAIL HIGHLANDS, NC 28741	BOARD MEMBER 2.00	0.	0.	0.
JOHN FEIL 765 GOLDMINE ROAD ROBBINSVILLE, NC 28771	SECRETARY 2.00	0.	0.	0.
VICKI GORDON 52 DEER GLADE LANE WAYNESVILLE, NC 28786	TREASURER 4.00	0.	0.	0.
MARTY HYDAKER 300 JITTERBUG LANE CULLOWHEE, NC 28723	PRESIDENT 4.00	0.	0.	0.
RALPH MURPHY 2757 COOPER'S CREEK ROAD BRYSON CITY, NC 28713	VICE PRESIDENT 2.00	0.	0.	0.
BILL TEAGUE 105 GALLOWAY STREET WAYNESVILLE, NC 28786	BOARD MEMBER 2.00	0.	0.	0.
GLENN JONES P O BOX 87 BRYSON CITY, NC 28713	BOARD MEMBER 2.00	0.	0.	0.
DAVID BADGER 228 HILTON ST MURPHY , NC 28906	BOARD MEMBER 2.00	0.	0.	0.
BARBARA MCRAE 266 HARRISON AVE FRANKLIN, NC 28734	BOARD MEMBER 2.00	0.	0.	0.
JANICE WRIGHT 121 GRAPEVINE LN SYLVA, NC 28779	BOARD MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 15
PART XV, 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
EIN 56-1351883
Part II line 14 of Form 990-PF - Fixed Assets Schedule
7/1/16 - 6/30/17

Land, Buildings, and Equipment	Orignial Cost	Accumulated Depreciation 6/30/2017	Ending Book Value 6/30/2017
Buildings			
Buildings - 2183 Airport Road	$618,292.11	$506,346.32	$111,945.79
Buildings - 1254 Church Street	427,487.09	427,487.09	0 00
Buildings - 131 Walnut Street	265,330.00	265,330.00	0 00
Buildings - 154 Medical Park Loop	1,479,089.23	1,023,036 50	456,052 73
Buildings - 100 Thomas Heights Road	447,283.03	411,637 81	35,645.22
Buildings - 44 Bonnie Lane	2,134,119.17	1,322,080.97	812,038 20
Buildings - 35 Aquifer Brae Lane	113,676.00	74,398.25	39,277 75
Buildings - 719 Fisher Creek	159,260.50	100,864.92	58,395 58
Buildings - 5696 Old Clyde Road	98,816.00	64,230.59	34,585 41
Buildings - 33 Sharon Lynn Way	149,427.38	94,638.99	54,788.39
Buildings - 211 Nellie John Drive	137,941.50	87,362 81	50,578.69
Buildings - 244 South Painter Road	149,136.50	94,453.45	54,683.05
Buildings - 28 A&B Oak Street	74,508.85	48,417.45	26,091.40
Buildings - 30 Arlington Extension	136,147.97	86,227.26	49,920 71
Buildings - 38, 40 & 42 Oak Street	99,291.00	59,850.68	39,440 32
Buildings - 205 Hazelwood Avenue	129,119.37	76,037 48	53,081 89
Buildings - 7 Gabriel Lane	106,050.19	57,148.65	48,901 54
Renovation - 33 Sharon Lynn Way	77,966 65	38,549.52	39,417.13
Buildings - 27 Aquifer Brae Road	93,123 55	41,647.45	51,476.10
Buildings - 91 Timberlane Road	1,073,054.09	499,268.90	573,785 19
Buildings - 144 Falls Circle Road	309,600.00	132,440.00	177,160.00
Renov - 33 Sharon Lynn Way	75,476.00	32,706 94	42,769 06
Renov - 91 Timberlane Road	447,089 82	173,247.81	273,842.01
Renov - 91 Timberlane Road	183,742.01	61,757.19	121,984.82
Sprinkler - 91 Timberlane Road	395,957.70	159,703.06	236,254.64
Renovation 719 Fisher Creek	78,656.66	18,790.14	59,866.52
Roof - 719 Fisher Creek	8,400.00	1,016.55	7,383 45
Renov - 1254 Church Street	53,450.00	5,790.33	47,659.67
Roof - 2183 Airport Road	15,844.50	511 08	15,333 42
Roof - 1254 Church Street	13,268 50	35.67	13,232.83
Total Buildings	**$9,550,605.37**	**$5,965,013.87**	**$3,585,591.50**
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	5,785 83	214.17
Commerecail Washer - Balsam Center	6,050.00	2,808 78	3,241.22
Heat Pump - Walnut Street	6,000 00	3,000.06	2,999.94
4 Ton Heat Pump - Jackson	6,796 00	3,074.58	3,721 42
HVAC - Jackson Medical Park Loop	8,300.00	988.10	7,311.90
HVAC - 719 Fisher Creek	9,600.00	285.70	9,314 30
HVAC Gas Furnance - Meridan in Sylva	8,300.00	197.62	8,102.38
Total Equipment	**$212,666.82**	**$177,761.49**	**$34,905.33**

Evergreen Foundation
EIN 56-1351883
Part II line 14 of Form 990-PF - Fixed Assets Schedule
7/1/16 - 6/30/17

Land, Buildings, and Equipment	Orignial Cost	Accumulated Depreciation 6/30/2017	Ending Book Value 6/30/2017
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	11,069.76	2,767.24
Total Other Fixed Assets	**$48,618.18**	**$45,850.94**	**$2,767.24**
Land			
Land - 7 Gabrıel Heights	$6,755 40	$0.00	$6,755.40
Land - 91 Tımberlane 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 Aquıfer 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 Drıve	9,953 95	0.00	9,953 95
Land - 244 South Paınter 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	**$10,457,975.09**	**$6,188,626.30**	**$4,269,348.79**