2949132106814 8

C&E 927

1806

Form **990-PF**

Department of the Treasury
Internal Revenue Service

# Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0052

**2017**

Open to Public Inspection

For calendar year 2017 or tax year beginning JUL 1, 2017 , and ending JUN 30, 2018

Name of foundation
EVERGREEN FOUNDATION

A Employer identification number
56-1351883

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

B Telephone number
828-456-8005

City or town, state or province, country, 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: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

04

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) ▶$ 31,739,528.

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

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

| **Part I** Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|---|---|---|
| **Revenue** | | | | |
| 1 Contributions, gifts, grants, etc., received | | | | |
| 2 Check ▶ ☒ if the foundation is not required to attach Sch B | | | | |
| 3 Interest on savings and temporary cash investments | 36. | 36. | | STATEMENT 1 |
| 4 Dividends and interest from securities | 338,603. | 338,603. | | STATEMENT 2 |
| 5a Gross rents | | | | |
| b Net rental income or (loss) | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | 130,055. | | | |
| b Gross sales price for all assets on line 6a 605,398. | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | 130,055. | | |
| 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 | 657,829. | 11,112. | 646,717. | STATEMENT 3 |
| 12 **Total** Add lines 1 through 11 | 1,126,523. | 479,806. | 646,717. | |
| **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 | 4,125. | 0. | 0. | 0. |
| b Accounting fees STMT 5 | 43,350. | 0. | 0. | 0. |
| c Other professional fees STMT 6 | 126,968. | 0. | 0. | 45,260. |
| 17 Interest | 231. | 0. | 0. | 0. |
| 18 Taxes STMT 7 | 10,429. | 0. | 0. | 0. |
| 19 Depreciation and depletion | 299,340. | 0. | 0. | |
| 20 Occupancy | 75,943. | 0. | 0. | 0. |
| 21 Travel, conferences, and meetings | 4,984. | 0. | 0. | 0. |
| 22 Printing and publications | | | | |
| 23 Other expenses STMT 8 | 94,139. | 30,398. | 0. | 0. |
| 24 **Total operating and administrative expenses.** Add lines 13 through 23 | 659,509. | 30,398. | 0. | 45,260. |
| 25 Contributions, gifts, grants paid | 628,720. | | | 628,720. |
| 26 **Total expenses and disbursements.** Add lines 24 and 25 | 1,288,229. | 30,398. | 0. | 673,980. |
| 27 Subtract line 26 from line 12: | | | | |
| a Excess of revenue over expenses and disbursements | <161,706.> | | | |
| b **Net investment income** (if negative, enter -0-) | | 449,408. | | |
| c **Adjusted net income** (if negative, enter -0-) | | | 646,717. | |

RECEIVED NOV 14 2018 OGDEN, UT IRS-OSC

SCANNED JAN 31 2019

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions. Form **990-PF** (2017)

629



L4081023 790379 60969.0 2017.04030 EVERGREEN FOUNDATION 60969.01

**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 | 202,125. | 337,637. | 337,637. |
| | 2 | Savings and temporary cash investments | 5,122. | 5,125. | 5,125. |
| | 3 | Accounts receivable ▶ 923. | | | |
| | | Less: allowance for doubtful accounts ▶ | 2,013. | 923. | 923. |
| | 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 ▶ 155,499. | | | |
| | | Less: allowance for doubtful accounts ▶ 0. | 161,413. | 155,499. | 155,499. |
| | 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 | 10,085,564. | 10,856,175. | 10,856,175. |
| | c | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation ▶ | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 11 | 6,325,167. | 6,263,641. | 6,263,641. |
| | 14 | Land, buildings, and equipment: basis ▶ 10,304,133. | | | |
| | | Less accumulated depreciation ▶ 6,367,009. | 4,269,349. | 3,937,124. | 14,120,239. |
| | 15 | Other assets (describe ▶ DEPOSIT ) | 100. | 289. | 289. |
| | 16 | Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 21,050,853. | 21,556,413. | 31,739,528. |
| Liabilities | 17 | Accounts payable and accrued expenses | 17,139. | 13,128. | |
| | 18 | Grants payable | | | |
| | 19 | Deferred revenue | | | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 | Mortgages and other notes payable | | | |
| | 22 | Other liabilities (describe ▶ STATEMENT 12) | 23,193. | 17,905. | |
| | 23 | **Total liabilities** (add lines 17 through 22) | 40,332. | 31,033. | |
| 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 | 21,010,521. | 21,525,380. | |
| | 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** | 21,010,521. | 21,525,380. | |
| | 31 | **Total liabilities and net assets/fund balances** | 21,050,853. | 21,556,413. | |

**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 | 21,010,521. |
| 2 | Enter amount from Part I, line 27a | 2 | <161,706.> |
| 3 | Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 9 | 3 | 676,565. |
| 4 | Add lines 1, 2, and 3 | 4 | 21,525,380. |
| 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 | 21,525,380. |

## Part IV Capital Gains and Losses for Tax on Investment Income

| | (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|---|---|---|---|
| 1a | PUBLICLY TRADED SECURITIES | P | | |
| b | SALE OF FISHER CREEK PROPERTY | P | 01/01/98 | 07/13/17 |
| 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 | 380,398. | | 306,045. | 74,353. |
| b | 225,000. | 120,957. | 290,255. | 55,702. |
| c | | | | |
| d | | | | |
| e | | | | |

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

| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|---|---|---|---|---|
| a | | | | 74,353. |
| b | | | | 55,702. |
| 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 — 130,055.

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 doesn't 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)) |
|---|---|---|---|
| 2016 | 675,773. | 15,730,212. | .042960 |
| 2015 | 816,694. | 15,080,656. | .054155 |
| 2014 | 741,587. | 15,812,193. | .046900 |
| 2013 | 809,833. | 16,413,338. | .049340 |
| 2012 | | | |

| | | | |
|---|---|---|---|
| 2 | Total of line 1, column (d) | 2 | .193355 |
| 3 | Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years | 3 | .048339 |
| 4 | Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 | 4 | 17,159,634. |
| 5 | Multiply line 4 by line 3 | 5 | 829,480. |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 4,494. |
| 7 | Add lines 5 and 6 | 7 | 833,974. |
| 8 | Enter qualifying distributions from Part XII, line 4 | 8 | 673,980. |

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 | 8,988. |
| 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 | 8,988. |
| 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 | 8,988. |
| 6 | Credits/Payments: | | | |
| a | 2017 estimated tax payments and 2016 overpayment credited to 2017 | 6a 7,437. | | |
| b | Exempt foreign organizations - tax withheld at source | 6b 0. | | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c 0. | | |
| d | Backup withholding erroneously withheld | 6d 0. | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | 7 | 7,437. |
| 8 | Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached | | 8 | 53. |
| 9 | **Tax due** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶ | | 9 | 1,604. |
| 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 2018 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 the instructions for the definition | 1b | | X |
| | If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | | |
| c | Did the foundation file **Form 1120-POL** for this year? | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0. **(2)** On foundation managers. ▶ $ 0. | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0. | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | X |
| | If "Yes," attach a detailed description of the activities. | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 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? | 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. ▶ 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 2017 or the tax year beginning in 2017? See the 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 2017, 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 2017? | | 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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? | ☐ 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 2017 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 2017.) | 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 2017? | | 4b | | X |

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

| | | | Yes | No |
|---|---|---|---|---|
| **5a** During the year, did the foundation pay or incur any amount to: | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | ☐ 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, and foundation managers and their compensation.**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---|
| SEE STATEMENT 13 | | 0. | 0. | 0. |

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

| (a) Name and address of each employee paid more than $50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---|
| NONE | | | | |

**Total** number of other employees paid over $50,000 ▶ 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

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

| (a) Name and address of each person paid more than $50,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| DENISE COLEMAN<br>28A OAK STREET, WAYNESVILLE, NC 28786 | MANAGEMENT | 89,136. |
| | | |
| | | |
| | | |
| | | |
| **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.<br>3 | |
| **Total.** Add lines 1 through 3 ▶ | 0. |

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

| | | | |
|---|---|---|---|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 17,083,089. |
| b | Average of monthly cash balances | 1b | 337,859. |
| c | Fair market value of all other assets | 1c | |
| d | **Total** (add lines 1a, b, and c) | 1d | 17,420,948. |
| 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 | 17,420,948. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 261,314. |
| 5 | **Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 17,159,634. |
| 6 | **Minimum investment return.** Enter 5% of line 5 | 6 | 857,982. |

## 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 | 857,982. |
| 2a | Tax on investment income for 2017 from Part VI, line 5 — 2a: 8,988. | | |
| b | Income tax for 2017. (This does not include the tax from Part VI.) — 2b: | | |
| c | Add lines 2a and 2b | 2c | 8,988. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 848,994. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 848,994. |
| 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 | 848,994. |

## 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 | 673,980. |
| 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 | 673,980. |
| 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 | 673,980. |

**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 2016 | (c) 2016 | (d) 2017 |
|---|---|---|---|---|
| 1 Distributable amount for 2017 from Part XI, line 7 | | | | 848,994. |
| 2 Undistributed income, if any, as of the end of 2017 | | | | |
| a Enter amount for 2016 only | | | 54,651. | |
| b Total for prior years: ____ , ____ , ____ | | 0. | | |
| 3 Excess distributions carryover, if any, to 2017: | | | | |
| a From 2012 | | | | |
| b From 2013 | | | | |
| c From 2014 | | | | |
| d From 2015 | | | | |
| e From 2016 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2017 from Part XII, line 4: ▶ $ 673,980. | | | | |
| a Applied to 2016, but not more than line 2a | | | 54,651. | |
| 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 2017 distributable amount | | | | 619,329. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 **Enter the net total of each column as indicated below:** | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | 0. | | |
| e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 | | | | 229,665. |
| 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 2012 not applied on line 5 or line 7 | 0. | | | |
| 9 **Excess distributions carryover to 2018.** Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2013 | | | | |
| b Excess from 2014 | | | | |
| c Excess from 2015 | | | | |
| d Excess from 2016 | | | | |
| e Excess from 2017 | | | | |

## 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 2017, 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) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | (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., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

SEE STATEMENT 14

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

c Any submission deadlines:

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

**Part XV Supplementary Information** *(continued)*

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

| Recipient<br>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<br>P.O. BOX 444<br>MURPHY, NC 28906 | NONE | PC | CONTINUATION GRANT TO PROVIDE 3,888 HOURS OF COMMUNITY SUPPORT FOR INDIVIDUALS WITHOUT MEDICAID FUNDING. | 39,366. |
| APPALACHIAN ACCESS<br>P.O. BOX 444<br>MURPHY, NC 28906 | NONE | PC | FUNDING TO PROVIDE CONTINUATION SERVICES IN THE JAILS OF CHEROKEE, CLAY, AND GRAHAM AND TO ADD | 23,625. |
| APPALACHIAN ACCESS<br>P.O. BOX 444<br>MURPHY, NC 28906 | NONE | PC | FUNDING TO CONTINUE TRANSPORTATION FOR INDIVIDUALS WHO ARE VOLUNTARILY COMMITTED TO AND FROM | 20,000. |
| AWAKE<br>P.O BOX 755<br>SYLVA, NC 28779 | NONE | PC | FUNDING TO SUPPORT THE 25TH ANNIVERSARY CELEBRATION FUNDRAISING EVENT. | 1,000. |
| AWAKE<br>P.O. BOX 755<br>SYLVA, NC 28779 | NONE | PC | FUNDING TO CREATE A TRAINING SPACE WITH CONFERENCE TABLE AND CHAIRS FOR TRAINING COMMUNITY PARTNERS | 14,748. |
| **Total** SEE CONTINUATION SHEET(S) ▶ 3a | | | | 628,720. |
| *b Approved for future payment* | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| **Total** ▶ 3b | | | | 0. |



723611 01-03-18 ** 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 | | | | | 646,717. |
| 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 | 36. | |
| 4 Dividends and interest from securities | | | 14 | 338,603. | |
| 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 | 11,112. | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 130,055. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 479,806. | 646,717. |

13 **Total.** Add line 12, columns (b), (d), and (e) 13 1,126,523.

(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 |

**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) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | |
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| (1) Cash | 1a(1) | | X |
| (2) Other assets | 1a(2) | | X |
| b Other transactions: | | | |
| (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| (4) Reimbursement arrangements | 1b(4) | | X |
| (5) Loans or loan guarantees | 1b(5) | | X |
| (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | X |

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

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

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

b If "Yes," complete the following schedule.

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

**Sign Here**

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

Vicki Gordon | 11-5-18 | Treasurer ~~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 |
|---|---|---|---|---|
| DONNA BOYETTE | DONNA BOYETTE | 10/23/18 | | P01069770 |

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<br>Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| CHILDREN'S HOPE ALLIANCE<br>P.O. BOX 1<br>BARIUM SPRINGS, NC 28010 | NONE | PC | FUNDRAISING SUPPORT FOR THE GIVING THEM HOPE LUNCHEON. | 1,000. |
| CLEAN SLATE COALITION<br>P.O. BOX 455<br>WEBSTER, NC 28788 | NONE | PC | FUNDRAISING SUPPORT FOR THE NIGHT OUT FOR CLEAN SLATE AT HARRAH'S. | 1,000. |
| COMMUNITY SERVICES OF SWAIN COUNTY<br>P.O. BOX 812<br>BRYSON CITY, NC 28713 | NONE | PC | FUNDING FOR A WEEKLY PARENT EDUCATION GROUP IN GRAHAM COUNTY. THE PROGRAM TARGETS INDIVIDUALS WITH SA | 11,550. |
| FULL SPECTRUM FARMS<br>P.O. BOX 3101<br>CULLOWHEE, NC 28723 | NONE | PC | FUNDING TO CONSTRUCT AN OUTDOOR PAVILION TO PROVIDE SHADE FOR OUTSIDE ACTIVITIES AND TO BE USED TO RENT IN | 36,000. |
| H.A.V.E.N<br>4297 EAST US 64 ALTERNATE<br>MURPHY, NC 28906 | NONE | PC | FUNDING TO PURCHASE A SOFA, TWO CHAIRS, FOOT STOOL AND A RUG FOR THE LOBBY OF THE CHILD ADVOCACY CENTER. | 4,000. |
| H.A.V.E.N<br>4297 EAST US 64 ALTERNATE<br>MURPHY, NC 28906 | NONE | PC | FUNDING TO COVER THE COST OF CERTIFYING A STAFF MEMBER TO CONDUCT FORENSIC INTERVIEWS WITH | 325. |
| HAYWOOD PATHWAYS CENTER<br>179 HEMLOCK ST<br>WAYNESVILLE, NC 28786 | NONE | PC | FUNDING FOR LOCKERS NEEDED FOR THE HOMELESS SHELTER EXPANSION TO SERVE WOMEN AND EVENTUALLY | 19,498. |
| INDUSTRIAL OPPORTUNITIES<br>P.O. BOX 1649<br>ANDREWS, NC 28901 | NONE | PC | FUNDING FOR A 15-PASSENGER VAN TO BE USED FOR SUPPORTED EMPLOYMENT, COMMUNITY INCLUSION, AND FOR | 23,240. |
| MACON CITIZENS HABILITIES, INC.<br>P.O. BOX 698<br>FRANKLIN, NC 28744 | NONE | PC | 60% OF THE COST TO ADD A SPRINKLER AND FIRE SYSTEM TO THE GROUP HOME FOR IDD ADULTS. THE ORGANIZATION HAS | 15,795. |
| MACON COUNTY HEALTH DEPT<br>1830 LAKESIDE DR<br>FRANKLIN, NC 28734 | NONE | GOV | PILOT PROJECT TO ADD INTEGRATING MENTAL HEALTH ASSESSMENTS AND COUNSELING TO THE PRIMARY CARE SERVICES | 54,890. |
| **Total from continuation sheets** | | | | 529,981. |

723631
04-01-17

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| MACON TRACS, INC.<br>P.O. BOX 101<br>OTTO, NC 28763 | NONE | PC | FUNDING TO COVER PUBLICITY FOR THE BLUE JEAN BALL. THE ORGANIZATION PROVIDES THERAPEUTIC HORSEBACK | 500. |
| MERIDIAN BEHAVIORAL HEALTH SERVICES ,INC<br>154 MEDICAL PARK LOOP<br>SYLVA, NC 28779 | NONE | PC | FUNDING TO CONTINUE THE EARLY RECOVERY TEAM, CONSISTING OF 2 CLINICIANS, 1 QMHP, 1 PEER SUPPORT | 75,000. |
| MERIDIAN BEHAVIORAL HEALTH SERVICES ,INC<br>154 MEDICAL PARK LOOP<br>SYLVA, NC 28779 | NONE | PC | FUNDING TO SUPPORT THE PATIENT ASSISTANCE PROGRAM WHICH PROVIDES FREE MEDICATION TO INDIVIDUALS IN | 37,000. |
| MERIDIAN BEHAVIORAL HEALTH SERVICES ,INC<br>154 MEDICAL PARK LOOP<br>SYLVA, NC 28779 | NONE | PC | CONTINUED FUNDING FOR THE JAIL TREATMENT PROGRAMS IN HAYWOOD AND JACKSON COUNTIES. | 27,000. |
| MERIDIAN BEHAVIORAL HEALTH SERVICES ,INC<br>154 MEDICAL PARK LOOP<br>SYLVA, NC 28779 | NONE | PC | FUNDING TO PURCHASE TESTING MATERIALS IN ORDER TO BEGIN PROVIDING NEUROPSYCHOLOGICAL | 12,357. |
| MERIDIAN BEHAVIORAL HEALTH SERVICES ,INC<br>154 MEDICAL PARK LOOP<br>SYLVA, NC 28779 | NONE | PC | FUNDING TO PROVIDE AN ADVENTURE BASED PROGRAM FOR YOUTH THROUGH A PARTNERSHIP WITH HIGHTS TO SUPPORT | 17,811. |
| MERIDIAN BEHAVIORAL HEALTH SERVICES ,INC<br>154 MEDICAL PARK LOOP<br>SYLVA, NC 28779 | NONE | PC | FUNDING TO DEVELOP ADDITIONAL TELE-MEDICAL OFFICES IN HAYWOOD, JACKSON AND MACON. INCLUDES | 6,000. |
| MERIDIAN BEHAVIORAL HEALTH SERVICES ,INC<br>154 MEDICAL PARK LOOP<br>SYLVA, NC 28779 | NONE | PC | FUNDING FOR PCIT FOR TRAINING STAFF AND UPGRADING THE TWO PCIT LABS IN HAYWOOD COUNTY. | 5,000. |
| MERIDIAN BEHAVIORAL HEALTH SERVICES ,INC<br>154 MEDICAL PARK LOOP<br>SYLVA, NC 28779 | NONE | PC | FUNDING TO SUPPORT PSYCHIATRIC SERVICES. | 21,293. |
| MOUNTAIN PROJECTS - CIRCLES OF HOPE<br>25 SHULMAN STREET<br>SYLVA, NC 28779 | NONE | PC | FUNDING FOR A PORTION OF THE CASE MANAGER SALARY FOR THE PROGRAM AND ALSO TRAINING FOR THE CASE MANAGER AND | 15,000. |
| 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 |
|---|---|---|---|---|
| MOUNTAIN PROJECTS - CIRCLES OF HOPE<br>25 SHULMAN STREET<br>SYLVA, NC 28779 | NONE | PC | FUNDRAISING SUPPORT FOR THE ANNUAL FUNDRAISING LUNCHEON. | 1,000. |
| PATHWAY FOR THE FUTURE, DBA DISABILITY PARTNERS<br>525 MINERAL SPRINGS DRIVE<br>SYLVA, NC 28779 | NONE | PC | FUNDING TO SUPPORT NEW EQUIPMENT NEEDED FOR THE LARGER FACILITY IN SYLVA. | 3,722. |
| SOUTHWESTERN CHILD DEVELOPMENT COMMISSION, INC.<br>P.O. BOX 250<br>WEBSTER, NC 28788 | NONE | PC | FUNDING FOR THE NURSE FAMILY PARTNERSHIP PROGRAM. THIS SUPPORT WILL COVER 9 MONTHS. | 37,500. |
| SOUTHWESTERN CHILD DEVELOPMENT COMMISSION, INC.<br>P.O. BOX 250<br>WEBSTER, NC 28788 | NONE | PC | FUNDING TO HELP FUND A CASE MANAGER FOR THE HOMELESS PROGRAM IN JACKSON COUNTY. | 20,000. |
| THE ARC OF HAYWOOD COUNTY, INC.<br>407 WELCH ST.<br>WAYNESVILLE, NC 28786 | NONE | PC | FUNDING FOR A 10-PASSENGER VAN TO BE USED IN ONE OF THE GROUP HOMES. THE VAN HAS TWO SINGLE ROWS OF | 17,500. |
| THE ARC OF HAYWOOD COUNTY, INC.<br>407 WELCH ST.<br>WAYNESVILLE, NC 28786 | NONE | PC | FUNDING TO SUPPORT THE SMOKY MOUNTAIN 9-BALL SHOOTOUT. PROCEEDS WILL GO TOWARDS FUNDING UNMET NEEDS OF | 1,000. |
| WAYNESVILLE PARKS AND RECREATION DEPT<br>550 VANCE STREET<br>WAYNESVILLE, NC 28786 | NONE | GOV | FUNDING TO DEVELOP AN ACCESSIBLE PLAYGROUND WITH ACCESSIBLE PLAY EQUIPMENT TO INCLUDE WHEELCHAIR | 25,000. |
| WESTERN CAROLINA UNIVERSITY<br>1 UNIVERSITY WAY<br>CULLOWHEE, NC 28723 | NONE | GOV | FUNDING TO PROVIDE CAMPUS ACTIVITIES TO SUPPORT INDIVIDUALS IN RECOVERY AT WCU, HOST CAMPUS WIDE RECOVERY | 10,000. |
| YOUTH VILLAGES, INC.<br>367 DELLWOOD RD, BUILDING A, SUITE A<br>WAYNESVILLE, NC 28786 | NONE | PC | FUNDING TO SUPPORT THEIR YV LIFESET PROGRAM TO ASSIST YOUTH AGING OUT OF FOSTER CARE WITH | 30,000. |
| | | | | |
| **Total from continuation sheets** | | | | |

723631
04-01-17

**Part XV** **Supplementary Information**

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

NAME OF RECIPIENT - APPALACHIAN ACCESS

FUNDING TO PROVIDE CONTINUATION SERVICES IN THE JAILS OF CHEROKEE, CLAY, AND GRAHAM AND TO ADD MACON. SERVICES INCLUDE ASSESSMENT AND INDIVIDUAL AND GROUP THERAPY.

NAME OF RECIPIENT - APPALACHIAN ACCESS

FUNDING TO CONTINUE TRANSPORTATION FOR INDIVIDUALS WHO ARE VOLUNTARILY COMMITTED TO AND FROM PSYCHIATRIC HOSPITALS.

NAME OF RECIPIENT - AWAKE

FUNDING TO CREATE A TRAINING SPACE WITH CONFERENCE TABLE AND CHAIRS FOR TRAINING COMMUNITY PARTNERS LIKE LE, NURSING STUDENTS AND SOCIAL WORK INTERNS, FUNDING TO PROVIDE PROFESSIONAL DEVELOPMENT FOR STAFF AND COMMUNITY AND FUNDS TO COVER CPA COSTS FOR ONE YEAR WHILE THEY EXPLORE OTHER FUNDING.

NAME OF RECIPIENT - COMMUNITY SERVICES OF SWAIN COUNTY

FUNDING FOR A WEEKLY PARENT EDUCATION GROUP IN GRAHAM COUNTY. THE PROGRAM TARGETS INDIVIDUALS WITH SA ISSUES AND THEIR CHILDREN.

NAME OF RECIPIENT - FULL SPECTRUM FARMS

FUNDING TO CONSTRUCT AN OUTDOOR PAVILION TO PROVIDE SHADE FOR OUTSIDE ACTIVITIES AND TO BE USED TO RENT IN THE EVENING AND ON WEEKENDS TO GENERATE INCOME FOR THE PROGRAM WHICH SERVES INDIVIDUALS WITH AUTISM.

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

FUNDING TO COVER THE COST OF CERTIFYING A STAFF MEMBER TO CONDUCT FORENSIC INTERVIEWS WITH CHILDREN.

Part XV Supplementary Information

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

NAME OF RECIPIENT - HAYWOOD PATHWAYS CENTER

FUNDING FOR LOCKERS NEEDED FOR THE HOMELESS SHELTER EXPANSION TO SERVE WOMEN AND EVENTUALLY FAMILIES.

NAME OF RECIPIENT - INDUSTRIAL OPPORTUNITIES

FUNDING FOR A 15-PASSENGER VAN TO BE USED FOR SUPPORTED EMPLOYMENT, COMMUNITY INCLUSION, AND FOR TRANSPORTING WIOA YOUTH TO PRE-EMPLOYMENT TRANSITION ACTIVITIES.

NAME OF RECIPIENT - MACON CITIZENS HABILITIES, INC.

60% OF THE COST TO ADD A SPRINKLER AND FIRE SYSTEM TO THE GROUP HOME FOR IDD ADULTS. THE ORGANIZATION HAS RECENTLY ADDED A 4TH BEDROOM SO THEY CAN BE AT CAPACITY FOR THE HOME.

NAME OF RECIPIENT - MACON COUNTY HEALTH DEPT

PILOT PROJECT TO ADD INTEGRATING MENTAL HEALTH ASSESSMENTS AND COUNSELING TO THE PRIMARY CARE SERVICES FOR UN-INSURED INDIVIDUALS. PLAN WILL INCLUDE WORKING WITH A LOCAL MENTAL HEALTH PROVIDER. GRANT FUNDS WOULD COVER CONTRACTED COUNSELING AND AN ELECTRONIC MENTAL HEALTH MEDICAL COMPONENT.

NAME OF RECIPIENT - MACON TRACS, INC.

FUNDING TO COVER PUBLICITY FOR THE BLUE JEAN BALL. THE ORGANIZATION PROVIDES THERAPEUTIC HORSEBACK RIDING LESSONS FOR INDIVIDUALS WITH IDD.

NAME OF RECIPIENT - MERIDIAN BEHAVIORAL HEALTH SERVICES ,INC

FUNDING TO CONTINUE THE EARLY RECOVERY TEAM, CONSISTING OF 2

Part XV Supplementary Information

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

CLINICIANS, 1 QMHP, 1 PEER SUPPORT SPECIALIST TO WORK WITH INDIVIDUALS WITH ADDICTION ISSUES POST DISCHARGE TO INCREASE COMMUNITY STABILITY AND INCREASE TREATMENT FOLLOW-THROUGH.

NAME OF RECIPIENT - MERIDIAN BEHAVIORAL HEALTH SERVICES ,INC
FUNDING TO SUPPORT THE PATIENT ASSISTANCE PROGRAM WHICH PROVIDES FREE MEDICATION TO INDIVIDUALS IN HAYWOOD, JACKSON, CHEROKEE AND MACON COUNTIES. PROGRAM PROVIDED MORE THAN 1.7 MILLION DOLLARS IN FREE MEDICATION LAST YEAR.

NAME OF RECIPIENT - MERIDIAN BEHAVIORAL HEALTH SERVICES ,INC
FUNDING TO PURCHASE TESTING MATERIALS IN ORDER TO BEGIN PROVIDING NEUROPSYCHOLOGICAL SERVICES FOR INDIVIDUALS WITH IDD.

NAME OF RECIPIENT - MERIDIAN BEHAVIORAL HEALTH SERVICES ,INC
FUNDING TO PROVIDE AN ADVENTURE BASED PROGRAM FOR YOUTH THROUGH A PARTNERSHIP WITH HIGHTS TO SUPPORT THEIR SA CLINICAL SERVICES. THESE PROGRAMS WOULD BE FOR SCHOOL HOLIDAYS, TEACHER WORK DAYS AND AFTER SCHOOL WHEN THE YOUTH ARE VERY VULNERABLE. FUNDING WILL ALSO HELP TO OUTFIT THE ELEMENTARY SCHOOL DAY TREATMENT PROGRAMS WITH SENSORY INTEGRATION EQUIPMENT.

NAME OF RECIPIENT - MERIDIAN BEHAVIORAL HEALTH SERVICES ,INC
FUNDING TO DEVELOP ADDITIONAL TELE-MEDICAL OFFICES IN HAYWOOD, JACKSON AND MACON. INCLUDES EQUIPMENT AND INTERNET CONNECTIONS.

NAME OF RECIPIENT - MOUNTAIN PROJECTS - CIRCLES OF HOPE
FUNDING FOR A PORTION OF THE CASE MANAGER SALARY FOR THE PROGRAM AND

**Part XV** **Supplementary Information**

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

ALSO TRAINING FOR THE CASE MANAGER AND COMMUNITY TRAINING RELATED TO HOMELESSNESS.

NAME OF RECIPIENT - THE ARC OF HAYWOOD COUNTY, INC.
FUNDING FOR A 10-PASSENGER VAN TO BE USED IN ONE OF THE GROUP HOMES. THE VAN HAS TWO SINGLE ROWS OF SEATS TO BETTER ALLOW THE INDIVIDUALS TO ENTER AND EXIT. MOST INDIVUDALS ARE ELDERLY IDD IN THE HOME.

NAME OF RECIPIENT - THE ARC OF HAYWOOD COUNTY, INC.
FUNDING TO SUPPORT THE SMOKY MOUNTAIN 9-BALL SHOOTOUT. PROCEEDS WILL GO TOWARDS FUNDING UNMET NEEDS OF GROUP HOME AND COMMUNITY LIVING RESIDENTS.

NAME OF RECIPIENT - WAYNESVILLE PARKS AND RECREATION DEPT
FUNDING TO DEVELOP AN ACCESSIBLE PLAYGROUND WITH ACCESSIBLE PLAY EQUIPMENT TO INCLUDE WHEELCHAIR ACCESSIBILITY AND FIRM SURFACE AREAS.

NAME OF RECIPIENT - WESTERN CAROLINA UNIVERSITY
FUNDING TO PROVIDE CAMPUS ACTIVITIES TO SUPPORT INDIVIDUALS IN RECOVERY AT WCU, HOST CAMPUS WIDE RECOVERY AWARENESS EVENTS AND RECOVERY COACH TRAINING.

NAME OF RECIPIENT - YOUTH VILLAGES, INC.
FUNDING TO SUPPORT THEIR YV LIFESET PROGRAM TO ASSIST YOUTH AGING OUT OF FOSTER CARE WITH HOUSING, EMPLOYMENT, TRAINING, LIFE SKILLS AND SUPPORTS NECESSARY TO MAKE THIS TRANSITION. PROPOSE TO SERVE 16 IN THE 7 WNC COUNTIES THIS COMING YEAR.

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 | 36. | 36. | 36. |
| TOTAL TO PART I, LINE 3 | 36. | 36. | 36. |

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 | 338,603. | 0. | 338,603. | 338,603. | 338,603. |
| TO PART I, LINE 4 | 338,603. | 0. | 338,603. | 338,603. | 338,603. |

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 | 4,435. | 4,435. | 0. |
| INTEREST INCOME HAMPTON | 6,677. | 6,677. | 0. |
| EXEMPT PURPOSE RENTAL INCOME | 646,717. | 0. | 646,717. |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 657,829. | 11,112. | 646,717. |

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 | 4,125. | 0. | 0. | 0. |
| TO FM 990-PF, PG 1, LN 16A | 4,125. | 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 | 43,350. | 0. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 43,350. | 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 | 89,136. | 0. | 0. | 45,260. |
| PROPERTY MAINTENANCE | 37,832. | 0. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 126,968. | 0. | 0. | 45,260. |

FORM 990-PF | TAXES | STATEMENT 7

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|---|---|---|---|---|
| PROPERTY TAX | 1,441. | 0. | 0. | 0. |
| EXCISE TAX | 8,988. | 0. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 10,429. | 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 | 58,465. | 0. | 0. | 0. |
| OFFICE EXPENSE | 1,919. | 0. | 0. | 0. |
| INVESTMENT FEES | 30,398. | 30,398. | 0. | 0. |
| DUES | 679. | 0. | 0. | 0. |
| MISCELLANEOUS EXPENSE | 2,678. | 0. | 0. | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 94,139. | 30,398. | 0. | 0. |

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

| DESCRIPTION | AMOUNT |
|---|---|
| NET UNREALIZED GAINS ON INVESTMENTS | 676,565. |
| TOTAL TO FORM 990-PF, PART III, LINE 3 | 676,565. |

| FORM 990-PF | CORPORATE STOCK | STATEMENT 10 |
|---|---|---|

| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
|---|---|---|
| CORPORATE STOCK | 10,856,175. | 10,856,175. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 10,856,175. | 10,856,175. |

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

| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
|---|---|---|---|
| MUTUAL FUNDS | FMV | 6,263,641. | 6,263,641. |
| TOTAL TO FORM 990-PF, PART II, LINE 13 | | 6,263,641. | 6,263,641. |

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

| DESCRIPTION | BOY AMOUNT | EOY AMOUNT |
|---|---|---|
| LEASE DEPOSIT | 17,004. | 16,354. |
| EXCISE TAX PAYABLE | 6,189. | 1,551. |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | 23,193. | 17,905. |

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 13

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN-SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|---|---|---|---|---|
| JOHN BAUKNIGHT<br>175 HIDEAWAY TRAIL<br>HIGHLANDS, NC 28741 | BOARD MEMBER<br>2.00 | 0. | 0. | 0. |
| JOHN FEIL<br>765 GOLDMINE ROAD<br>ROBBINSVILLE, NC 28771 | SECRETARY<br>2.00 | 0. | 0. | 0. |
| VICKI GORDON<br>52 DEER GLADE LANE<br>WAYNESVILLE, NC 28786 | TREASURER<br>4.00 | 0. | 0. | 0. |
| MARTY HYDAKER<br>300 JITTERBUG LANE<br>CULLOWHEE, NC 28723 | PRESIDENT<br>4.00 | 0. | 0. | 0. |
| RALPH MURPHY<br>2757 COOPER'S CREEK ROAD<br>BRYSON CITY, NC 28713 | VICE PRESIDENT<br>2.00 | 0. | 0. | 0. |
| BILL TEAGUE<br>105 GALLOWAY STREET<br>WAYNESVILLE, NC 28786 | BOARD MEMBER<br>2.00 | 0. | 0. | 0. |
| GLENN JONES<br>P O BOX 87<br>BRYSON CITY, NC 28713 | BOARD MEMBER<br>2.00 | 0. | 0. | 0. |
| DAVID BADGER<br>228 HILTON ST<br>MURPHY, NC 28906 | BOARD MEMBER<br>2.00 | 0. | 0. | 0. |
| BARBARA MCRAE<br>266 HARRISON AVE<br>FRANKLIN, NC 28734 | BOARD MEMBER<br>2.00 | 0. | 0. | 0. |
| JANICE WRIGHT<br>P O BOX 1203<br>CULLOWHEE, NC 28723 | BOARD MEMBER<br>2.00 | 0. | 0. | 0. |

| | | | | |
|---|---|---|---|---|
| CHARLES PENLAND<br>386 OAK FOREST ROAD<br>HAYESVILLE, NC 28904 | BOARD MEMBER<br>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 14
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**
**7/1/17 - 6/30/18**

| **Land, Buildings, and Equipment** | **Orignial Cost** | **Accumulated Depreciation 6/30/2018** | **Ending Book Value 6/30/2018** |
|---|---|---|---|
| **Buildings** | | | |
| Buildings - 2183 Airport Road | $618,292 11 | $526,956.08 | $91,336.03 |
| 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 | 1,072,339.46 | 406,749.77 |
| Buildings - 100 Thomas Heights Road | 447,283.03 | 426,547.21 | 20,735 82 |
| Buildings - 44 Bonnie Lane | 2,134,119.17 | 1,393,218 29 | 740,900.88 |
| Buildings - 35 Aquifer Brae Lane | 113,676 00 | 78,187.49 | 35,488 51 |
| Buildings - 5696 Old Clyde Road | 98,816 00 | 67,524.47 | 31,291 53 |
| Buildings - 33 Sharon Lynn Way | 149,427 38 | 99,619 95 | 49,807 43 |
| Buildings - 211 Nellie John Drive | 137,941.50 | 91,960.85 | 45,980.65 |
| Buildings - 244 South Painter Road | 149,136.50 | 99,424.69 | 49,711 81 |
| Buildings - 28 A&B Oak Street | 74,508.85 | 50,901.09 | 23,607 76 |
| Buildings - 30 Arlington Extension | 136,147.97 | 90,765 54 | 45,382 43 |
| Buildings - 38, 40 & 42 Oak Street | 99,291.00 | 63,160 40 | 36,130.60 |
| Buildings - 205 Hazelwood Avenue | 129,119.37 | 80,341.52 | 48,777.85 |
| Buildings - 7 Gabriel Lane | 106,050 19 | 60,683.61 | 45,366 58 |
| Renovation - 33 Sharon Lynn Way | 77,966 65 | 41,148.36 | 36,818 29 |
| Buildings - 27 Aquifer Brae Road | 93,123 55 | 44,751.61 | 48,371 94 |
| Buildings - 91 Timberlane Road | 1,073,054 09 | 535,037.42 | 538,016.67 |
| Buildings - 144 Falls Circle Road | 309,600 00 | 142,760.00 | 166,840.00 |
| Renov - 33 Sharon Lynn Way | 75,476 00 | 35,222 86 | 40,253 14 |
| Renov - 91 Timberlane Road | 447,089 82 | 188,150 85 | 258,938 97 |
| Renov - 91 Timberlane Road | 183,742 01 | 67,881 87 | 115,860 14 |
| Sprinkler - 91 Timberlane Road | 395,957.70 | 175,541 38 | 220,416 32 |
| Renov - 1254 Church Street | 53,450 00 | 8,040 47 | 45,409 53 |
| Roof - 2183 Airport Road | 15,844 50 | 553.67 | 15,290.83 |
| Roof - 1254 Church Street | 13,268.50 | 463.71 | 12,804 79 |
| **Total Buildings** | **$9,304,288.21** | **$6,133,999.94** | **$3,170,288.27** |
| | | | |
| **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 | 6,000 00 | 0 00 |
| Commerecail Washer - Balsam Center | 6,050.00 | 3,673 02 | 2,376 98 |
| Heat Pump - Walnut Street | 6,000.00 | 3,857 22 | 2,142.78 |
| 4 Ton Heat Pump - Jackson | 6,796.00 | 4,045 50 | 2,750 50 |
| HVAC - Jackson Medical Park Loop | 8,300.00 | 2,173 82 | 6,126 18 |
| HVAC Gas Furnance - Meridan in Sylva | 8,300.00 | 1,383 34 | 6,916.66 |
| 50 lb Gas Dryer - Balsam | 4,003.00 | 524 26 | 3,478 74 |
| HVAC 27 Bona Visa Lane | 7,716.00 | 1,010 46 | 6,705.54 |
| HVAC 154 Medical Park Loop | 8,000 00 | 1,047.64 | 6,952.36 |
| Gas Furnace - Balsam Center | 3,500 00 | 208 35 | 3,291.65 |
| 5 ton 14 seer HP - Franklin/Macon | 6,443.00 | 230.13 | 6,212.87 |
| Fire Sprinkler System - Balsam Center | 69,285 00 | 0 00 | 69,285 00 |
| **Total Equipment** | **$302,013.82** | **$185,774.56** | **$116,239.26** |

**Evergreen Foundation**
**EIN 56-1351883**
**Part II line 14 of Form 990-PF - Fixed Assets Schedule**
**7/1/17 - 6/30/18**

| **Land, Buildings, and Equipment** | **Orignial Cost** | **Accumulated Depreciation 6/30/2018** | **Ending Book Value 6/30/2018** |
|---|---|---|---|
| **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 | 12,453.48 | 1,383 52 |
| Parking Lot - Balsam Center | 10,000.00 | 0 00 | 10,000 00 |
| **Total Other Fixed Assets** | **$58,618.18** | **$47,234.66** | **$11,383.52** |
| **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 - 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** | **$639,213.37** | **$0.00** | **$639,213.37** |
| **Amount reported Part II line 14 of Form 990-PF** | **$10,304,133.58** | **$6,367,009.16** | **$3,937,124.42** |