

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2019**

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending DEC 31, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WNC BRIDGE FOUNDATION		D Employer identification number 56-2110357
	F/K/A CAREPARTNERS FOUNDATION		
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 828-277-4815
	P.O. BOX 1315		
	City or town, state or province, country, and ZIP or foreign postal code ARDEN, NC 28704		G Gross receipts \$ 53,322,027.
	F Name and address of principal officer SCOTT BUCHANAN P.O. BOX 25338, ASHEVILLE, NC 28813		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If "No," attach a list (see instructions)
			H(c) Group exemption number
I Tax exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WNCBRIDGE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1998 M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH AND WELL BEING OF PEOPLE IN WESTERN NORTH CAROLINA.		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	19	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	59	
	6 Total number of volunteers (estimate if necessary)	85	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b Net unrelated business taxable income from Form 990-T, line 39	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,209,390.	708,821.
	9 Program service revenue (Part VIII, line 2g)	4,537,631.	1,182,332.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,861,090.	33,692,093.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	998,461.	231,076.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,606,572.	35,814,322.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,776,554.	3,998,852.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,482,846.	358,713.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	218,458.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,762,409.	747,454.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	7,021,809.	5,105,019.
	19 Revenue less expenses - Subtract line 18 from line 12	10,584,763.	30,709,303.
	20 Total assets (Part X, line 16)	83,207,404.	116,690,864.
	21 Total liabilities (Part X, line 26)	5,930,757.	6,849,125.
	22 Net assets or fund balances - Subtract line 21 from line 20	77,276,647.	109,841,739.
	Beginning of Current Year		End of Year
	83,207,404.		116,690,864.
	5,930,757.		6,849,125.
	77,276,647.		109,841,739.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date 11/16/2020
	SCOTT BUCHANAN, CEO & PRESIDENT	Type or print name and title
Paid	Print/Type preparer's name KAREN S. GRAY	Preparer's signature KAREN S. GRAY
Preparer	Firm's name JOHNSON PRICE SPRINKLE PA	Firm's EIN 56-1169449
Use Only	Firm's address 79 WOODFIN PLACE, SUITE 300 ASHEVILLE, NC 28801	Phone no. 828-254-2374

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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F/K/A CAREPARTNERS FOUNDATION

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ X

1 Briefly describe the organization's mission

THE MISSION OF WNC BRIDGE FOUNDATION IS TO BE A CATALYST FOR CHANGE THROUGHOUT THE 18 COUNTIES OF WESTERN NORTH CAROLINA IN THE AREAS OF WELLNESS SUPPORT, ELDER CARE AND YOUTH DEVELOPMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 14,947. including grants of \$) (Revenue \$ 1,182,332.)
RENTAL OF FACILITIES TO HEALTH CARE PROVIDERS.

4b (Code) (Expenses \$ 1,160,165. including grants of \$ 1,145,961.) (Revenue \$)
GRANTS WERE GIVEN TO SUPPORT HEALTH RELATED PROJECTS IN THE COMMUNITY.

\$138,500 TO COMMUNITY GRANTS. SUPPORT WAS GIVEN TO ORGANIZATIONS SUCH AS LATINO ADVOCACY COALITIONS, BUNCOMBE COUNTY VETERANS TREATMENT COURT, FIRST UNITED METHODIST CHURCH OF WAYNESVILLE, FLETCHER HOSPITAL, CALVARY EPISCOPAL CHURCH FOOD PANTRY, MOUNT ZION COMMUNITY DEVELOPMENT PROJECT, OPEN HEARTS ART CENTER, PARTNERS ALIGNED TOWARD HEALTH, SMART START PARTNERSHIP FOR CHILDREN, SWANNANOVA VALLEY MONTESSORI SCHOOL, YWCA, BABIES NEED BOTTOMS, INC. GUARDIAN AD LITEM ASSOCIATION OF BUNCOMBE COUNTY, INC. CHILDREN'S ASSISTANCE, VOCATIONAL SOLUTIONS OF HENDERSON COUNTY, INC.

4c (Code) (Expenses \$ 2,852,891. including grants of \$ 2,852,891.) (Revenue \$)
IMPACT GRANTS OF \$2,852,891 WERE AWARDED IN THREE CATEGORIES: ELDER CARE, EMERGENCY WELLNESS, AND YOUTH DEVELOPMENT IN SUPPORT OF 44 COMMUNITY ORGANIZATIONS.

4d Other program services (Describe on Schedule O)

(Expenses \$ including grants of \$) (Revenue \$ 231,076.)

4e Total program service expenses 4,028,003.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 59		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		X

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	20	
b Enter the number of voting members included on line 1a, above, who are independent	19	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records **JESSICA BENTLEY - 828-277-4815**
P.O. BOX 1315, ARDEN, NC 28704

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFF GOULD TREASURER	2.00	X		X				0.	0.	0.
(2) BRADY BLACKBURN DIRECTOR	1.00	X						0.	0.	0.
(3) ELIZABETH COZART DIRECTOR	1.00	X						0.	0.	0.
(4) KERRY FRIEDMAN, JD DIRECTOR	1.00	X						0.	0.	0.
(5) MATT GROOME, CPA, CFP, QPFC DIRECTOR	1.00	X						0.	0.	0.
(6) DAVID W. HART DIRECTOR	1.00	X						0.	0.	0.
(7) DONNA HASTIE DIRECTOR	1.00	X						0.	0.	0.
(8) DAVID L. HAYES DIRECTOR	1.00	X						0.	0.	0.
(9) THOMAS B. IRWIN DIRECTOR	1.00	X						0.	0.	0.
(10) RENDI MANN-STADT, JD DIRECTOR	1.00	X						0.	0.	0.
(11) CATHERINE METZGER DIRECTOR	1.00	X						0.	0.	0.
(12) ISAAC OWOLABI PH.D. DIRECTOR	1.00	X						0.	0.	0.
(13) LOWELL PEARLMAN DIRECTOR	1.00	X						0.	0.	0.
(14) MARCIA SCHROEDER, ANP DIRECTOR	1.00	X						0.	0.	0.
(15) LARY A. SCHULHOF, M.D. DIRECTOR	1.00	X						0.	0.	0.
(16) SUSAN VAN TASSEL, PHARM D DIRECTOR	1.00	X						0.	0.	0.
(17) SCOTT W. BUCHANAN CEO & PRESIDENT	40.00	X		X				208,943.	0.	20,044.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM N. LEWIN CHAIR	2.00	X		X				0.	0.	0.
(19) GAY P. VINSON CHAIR-ELECT	2.00	X		X				0.	0.	0.
(20) H. DENNISTON CREWS SECRETARY	2.00	X		X				0.	0.	0.
1b Subtotal								208,943.	0.	20,044.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								208,943.	0.	20,044.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JCS INVESTMENTS, LLC 1578 HENDERSONVILLE RD, ASHEVILLE, NC 28803	RENTAL OF PROPERTY	166,106.
FUND EVALUATION GROUP, LLC, 201 EAST 5TH STREET STE 1600, CINCINNATI, OH 45202	INVESTMENT MANAGEMENT	163,055.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	77,908.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	630,913.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			708,821.			
Program Service Revenue			Business Code				
	2 a RENTS FROM HEALTHCARE FACILITIES		531120	1,182,332.	1,182,332.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,182,332.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			272,026.			272,026.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses	7b		316,095. 50,513,000.			
	c Gain or (loss)	7c		0. 17,409,028.			
	d Net gain or (loss)			316,095. 33,103,972.			
	e Net gain or (loss)			33,420,067.			33,420,067.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a					
	b Less direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities See Part IV, line 19	9a					
	b Less direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a		329,753.				
b Less cost of goods sold	10b		98,677.				
c Net income or (loss) from sales of inventory			231,076.	231,076.			
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			35,814,322.	1,413,408.	0.	33,692,093.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,998,852.	3,998,852.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	47,973.	11,993.	23,987.	11,993.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	240,101.		135,625.	104,476.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,559.	793.	7,453.	5,313.
9 Other employee benefits	40,115.	878.	22,432.	16,805.
10 Payroll taxes	16,965.	706.	9,400.	6,859.
11 Fees for services (nonemployees)				
a Management	3,566.		3,566.	
b Legal	21,429.		21,429.	
c Accounting	6,831.		6,831.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	45,784.		45,784.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	39,170.		31,495.	7,675.
12 Advertising and promotion	14,468.		14,468.	
13 Office expenses	29,506.	-167.	27,585.	2,088.
14 Information technology	40,422.		37,666.	2,756.
15 Royalties				
16 Occupancy	123,650.	14,948.	56,154.	52,548.
17 Travel	7,406.		1,277.	6,129.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	30,367.		30,367.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	365,142.		365,142.	
23 Insurance	9,790.		9,790.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD & PROGRAM SUPPLIES	9,923.		8,107.	1,816.
b				
c				
d				
e All other expenses				
25 Total functional expenses . Add lines 1 through 24e	5,105,019.	4,028,003.	858,558.	218,458.
26 Joint costs . Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash non-interest-bearing	1,213,999.	1	1,563,923.
	2 Savings and temporary cash investments	516,087.	2	50,799,857.
	3 Pledges and grants receivable, net	1,700.	3	1,000.
	4 Accounts receivable, net	613,374.	4	1,080,163.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	80,573.	9	196,064.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	6,138,804.		
	b Less accumulated depreciation	482,743.		
	11 Investments - publicly traded securities	23,088,454.	10c	5,656,061.
	12 Investments - other securities See Part IV, line 11	57,064,950.	11	48,179,310.
	13 Investments - program-related See Part IV, line 11	59,565.	12	8,620,446.
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11	568,702.	14	594,040.
16 Total assets. Add lines 1 through 15 (must equal line 33)	83,207,404.	15	116,690,864.	
Liabilities	17 Accounts payable and accrued expenses	252,570.	16	287,091.
	18 Grants payable		17	
	19 Deferred revenue		18	
	20 Tax exempt bond liabilities		19	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties	4,281,762.	22	4,400,930.
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,396,425.	24	2,161,104.
	26 Total liabilities. Add lines 17 through 25	5,930,757.	25	6,849,125.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		74,774,432.	26	106,830,568.
28 Net assets with donor restrictions		2,502,215.	27	3,011,171.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			28	
30 Paid-in or capital surplus, or land, building, or equipment fund			29	
31 Retained earnings, endowment, accumulated income, or other funds			30	
32 Total net assets or fund balances		77,276,647.	31	109,841,739.
33 Total liabilities and net assets/fund balances		83,207,404.	32	116,690,864.

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	35,814,322.
2	Total expenses (must equal Part IX, column (A), line 25)	5,105,019.
3	Revenue less expenses Subtract line 2 from line 1	30,709,303.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	77,276,647.
5	Net unrealized gains (losses) on investments	2,045,176.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	-189,387.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	109,841,739.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

☐

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

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Schedule A (Form 990 or 990-EZ) 2019 F/K/A CAREPARTNERS FOUNDATION

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1181339.	2426278.	724,982.	6002961.	617,391.	10952951.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1181339.	2426278.	724,982.	6002961.	617,391.	10952951.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						193,265.
6 Public support. Subtract line 5 from line 4						10759686.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1181339.	2426278.	724,982.	6002961.	617,391.	10952951.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1742041.	1442862.	1245703.	1586917.	347,737.	6365260.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,402.	16,624.			77,908.	96,934.
11 Total support. Add lines 7 through 10						17415145.
12 Gross receipts from related activities, etc. (see instructions)					12	3,635,196.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	61.78 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	58.29 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2019

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b **33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

WNC BRIDGE FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019 F/K/A CAREPARTNERS FOUNDATION

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2019

WNC BRIDGE FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019 F/K/A CAREPARTNERS FOUNDATION

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

Current Year

1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions		
3	Excess distributions carryover, if any, to 2019		
a	From 2014		
b	From 2015		
c	From 2016		
d	From 2017		
e	From 2018		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2019 distributable amount		
i	Carryover from 2014 not applied (see instructions)		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		
4	Distributions for 2019 from Section D, line 7 \$		
a	Applied to underdistributions of prior years		
b	Applied to 2019 distributable amount		
c	Remainder Subtract lines 4a and 4b from 4		
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI . See instructions		
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions		
7	Excess distributions carryover to 2020. Add lines 3j and 4c		
8	Breakdown of line 7		
a	Excess from 2015		
b	Excess from 2016		
c	Excess from 2017		
d	Excess from 2018		
e	Excess from 2019		

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

6

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization **WNC BRIDGE FOUNDATION**
F/K/A CAREPARTNERS FOUNDATION

Employer identification number
56-2110357

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

WNC BRIDGE FOUNDATION

Schedule D (Form 990) 2019

F/K/A CAREPARTNERS FOUNDATION

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	622,151.	1,188,313.	1,181,196.	1,140,000.	1,106,000.
b Contributions					
c Net investment earnings, gains, and losses	-28,561.	66,162.	54,557.	94,166.	83,000.
d Grants or scholarships					
e Other expenditures for facilities and programs		500,000.	50,440.	49,970.	49,000.
f Administrative expenses					1,140,000.
g End of year balance	650,712.	622,151.	1,188,313.	1,184,196.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☐ .00 %

b Permanent endowment ☐ 86.00 %

c Term endowment ☐ 14.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,782,096.	98,724.	2,683,372.
c Leasehold improvements		168,003.	50,682.	117,321.
d Equipment		301,414.	138,161.	163,253.
e Other		2,887,291.	195,176.	2,692,115.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,656,061.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT OTHER		
(B) SECURITIES	59,565.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUND 5TH AVE		
(D) MULTI-STRATEGY OFFSHORE12	8,560,881.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	8,620,446.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES NET	2,094,729.
(3) DEFERRED COMP & OTHER NC	
(4) LIABILITIES	66,375.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,161,104.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2019

WNC BRIDGE FOUNDATION

Schedule D (Form 990) 2019

F/K/A CAREPARTNERS FOUNDATION

56-2110357 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements	1	54,957,160.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	2,045,176.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	16,998,982.
e	Add lines 2a through 2d	2e	19,044,158.
3	Subtract line 2e from line 1	3	35,913,002.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-98,680.
c	Add lines 4a and 4b	4c	-98,680.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	35,814,322.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements	1	13,019,324.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	7,914,305.
e	Add lines 2a through 2d	2e	7,914,305.
3	Subtract line 2e from line 1	3	5,105,019.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,105,019.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE INTENDED USE OF THESE FUNDS IS FOR END OF LIFE CARE.

PART X, LINE 2:

THE FOUNDATION HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED CHARITABLE

FOUNDATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3). AS A

PUBLICLY SUPPORTED CHARITY, THE FOUNDATION IS EXEMPT FROM FEDERAL AND

STATE INCOME TAXES AND FEDERAL EXCISE TAXES UNDER SECTION 509(A)(1) OF THE

INTERNAL REVENUE CODE. IT IS THE FOUNDATION'S POLICY TO EVALUATE ALL TAX

POSITIONS TO IDENTIFY ANY THAT MAY BE CONSIDERED UNCERTAIN. ALL IDENTIFIED

MATERIAL TAX POSITIONS ARE ASSESSED AND MEASURED BY A

"MORE-LIKELY-THAN-NOT" THRESHOLD TO DETERMINE IF THE TAX POSITION IS

Part XIII Supplemental Information (continued)

UNCERTAIN, AND WHAT, IF ANY, EFFECT THE UNCERTAIN TAX POSITION MAY HAVE ON THE FINANCIAL STATEMENTS. NO MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED FOR TAX YEARS 2018, 2017, AND 2016. CURRENTLY, THE STATUTE OF LIMITATIONS REMAINS OPEN SUBSEQUENT TO AND INCLUDING TAX YEAR 2015; HOWEVER, NO EXAMINATIONS ARE IN PROCESS OR ANTICIPATED. ANY CHANGES IN THE AMOUNT OF A TAX POSITION WILL BE RECOGNIZED IN THE PERIOD THE CHANGE OCCURS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

12 MONTHS OF INCOME REPORTED ON 9/30/19 FORM 990	17,606,572.
INTEREST RATE SWAP	-189,387.
BOOK/TAX DIFFERENCE IN 9/30/19 PERIOD	-444,415.
OTHER ADJUSTMENTS	26,212.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	16,998,982.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COGS INCLUDED IN REVENUE ON 990, NOT F/S	-98,680.
--	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

12 MONTHS OF EXPENSES REPORTED ON 9/30/19 FORM 990	7,021,809.
COGS INCLUDED IN REVENUE ON 990	-98,680.
BOOK/TAX DIFFERENCE IN 9/30/19 PERIOD	991,176.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	7,914,305.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

**WNC BRIDGE FOUNDATION
F/K/A CAREPARTNERS FOUNDATION**

Employer identification number
56-2110357

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF HENDERSON COUNTY PO BOX 487 HENDERSONVILLE, NC 28793	56-0890133		50,000.	0.			IMPACT GRANT
YWCA 185 SOUTH FRENCH BROAD AVE ASHEVILLE, NC 28801	56-0547471		10,000.	0.			COMMUNITY OUTREACH GRANT
LATINO ADVOCACY COALITION 508 N GROVE ST HENDERSONVILLE, NC 28792	56-2267574		10,000.	0.			COMMUNITY OUTREACH GRANT
BUNCOMBE COUNTY VETERANS TREATMENT COURT - 301 COLLEGE ST, SUITE 400 - ASHEVILLE, NC 28801	82-5129789		10,000.	0.			COMMUNITY OUTREACH GRANT
FIRST UNITED METHODIST CHURCH OF WAYNESVILLE - 566 S HAYWOOD ST - WAYNESVILLE, NC 28786	56-0728628		10,000.	0.			COMMUNITY OUTREACH GRANT
FLETCHER HOSPITAL 100 HOSPITAL DRIVE HENDERSONVILLE, NC 28792	56-0543246		10,000.	0.			COMMUNITY OUTREACH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

**WNC BRIDGE FOUNDATION
F/K/A CAREPARTNERS FOUNDATION**

Schedule I (Form 990) **56-2110357** Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALVARY EPISCOPAL CHURCH FOOD PANTRY - PO BOX 187 - FLETCHER, NC 28732	61-1657546		10,000.	0.			COMMUNITY OUTREACH GRANT
MOUNT ZION COMMUNITY DEVELOPMENT PROJECT - 47 EAGLE STREET - ASHEVILLE, NC 28801	56-2018982		10,000.	0.			COMMUNITY OUTREACH GRANT
OPEN HEARTS ART CENTER 217 COXE AVE ASHEVILLE, NC 28801	27-0087282		10,000.	0.			COMMUNITY OUTREACH GRANT
PARTNERS ALIGNED TOWARD HEALTH 202 MEDIAL CAMPUS DR BURNSVILLE, NC 28714	56-2063898		8,500.	0.			COMMUNITY OUTREACH GRANT
SMART START PARTNERSHIP FOR CHILDREN - 722 5TH AVE WEST - HENDERSONVILLE, NC 28739	56-2092325		10,000.	0.			COMMUNITY OUTREACH GRANT
SWANNAHOA VALLEY MONTESSORI SCHOOL LITERACY PGM - 101 CARVER AVENUE - BLACK MOUNTAIN, NC 28711	22-3889575		10,000.	0.			COMMUNITY OUTREACH GRANT
BABIES NEED BOTTOMS, INC. PO BOX 5171 ASHEVILLE, NC 28813	82-3574436		10,000.	0.			COMMUNITY OUTREACH GRANT
GUARDIAN AD LITEM ASSOC OF BUNCOMBE COUNTY INC - 43 COLLEGE PLACE STE 204 - ASHEVILLE, NC 28804	56-1754255		10,000.	0.			COMMUNITY OUTREACH GRANT
VOCATIONAL SOLUTIONS OF HENDERSON COUNTY INC. - 2110 SPARTANBURG HWY - EAST FLAT ROCK, NC 28726	56-0897854		10,000.	0.			COMMUNITY OUTREACH GRANT

Schedule I (Form 990)

WNC BRIDGE FOUNDATION
F/K/A CAREPARTNERS FOUNDATION

Schedule I (Form 990) **56-2110357** Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF WESTERN NORTH CAROLINA 40 N. MERRIMON AVE ASHEVILLE, NC 28804	56-0530013		25,025.	0.			SPECIAL APPROPRIATIONS
SOUTHWESTERN COMMUNITY COLLEGE 447 COLLEGE DR SYLVA, NC 28779	23-7322352		200,000.	0.			SPECIAL APPROPRIATIONS
ALL SOULS COUNSELING CENTER 35 ARLINGTON ST ASHEVILLE, NC 28801	56-2200862		10,000.	0.			IMPACT GRANT
BLUE RIDGE HEALTH 220 5TH AVENUE HENDERSONVILLE, NC 28792	56-0794933		90,720.	0.			IMPACT GRANT
BLUE RIDGE LITERACY COUNCIL, INC PO BOX 1728 HENDERSONVILLE, NC 28793	56-1691110		25,000.	0.			IMPACT GRANT
COMMUNITY HOUSING COALITION OF MADISON COUNTY, INC - 13 S MAIN ST STE #305 - MARSHALL, NC 28753	11-3660564		100,000.	0.			IMPACT GRANT
THE COMMUNITY KITCHEN INC PO BOX 513 CANTON, NC 28716	51-0605733		25,000.	0.			IMPACT GRANT
THE COUNCIL ON AGING OF BUNCOMBE COUNTY INC - 46 SHEFFIELD CIRCLE - ASHEVILLE, NC 28803	23-7410586		185,000.	0.			IMPACT GRANT
HAYWOOD COUNTY MEALS ON WHEELS 157 PARAGON PARKWAY CLYDE, NC 28721	56-6001524		40,000.	0.			IMPACT GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IRENE WORTHMAN CENTER 916 W CHAPEL RD ASHEVILLE, NC 28803	56-0733452		100,000.	0.			IMPACT GRANT
JEWISH FAMILY SERVICES OF WNC, INC. - 2 DOCTORS PARK SUITE E - ASHEVILLE, NC 28801	45-2497063		50,000.	0.			IMPACT GRANT
LAND OF SKY SENIOR COMPANION PROGRAM - 339 NEW LEICESTER HWY SUITE 140 - ASHEVILLE, NC 28806	56-1024369		30,000.	0.			IMPACT GRANT
MEALS ON WHEELS BREVARD, INC PO BOX 485 BREVARD, NC 28712	56-1224960		20,000.	0.			IMPACT GRANT
MEMORY CARE 100 FAR HORIZONS LANE ASHEVILLE, NC 28803	56-2178294		50,000.	0.			IMPACT GRANT
MOUNTAIN PROJECTS INC 2177 OLD ASHEVILLE RD WAYNESVILLE, NC 28786	56-0849092		100,000.	0.			IMPACT GRANT
OUR VOICE, INC 35 WOODFIN ST ASHEVILLE, NC 28801	58-1491531		35,000.	0.			IMPACT GRANT
PISGAH LEGAL SERVICES PO BOX 2276 ASHEVILLE, NC 28802	56-1191115		160,000.	0.			IMPACT GRANT
THE UNIVERSITY OF NORTH CAROLIN AT CHAPEL HILL- MAHEC - 104 AIRPORT DR SUITE 2200 CAMPUS BOX 1350 - CHAPEL HILL, NC 27599	56-6001393		100,000.	0.			IMPACT GRANT

Schedule I (Form 990)

**WNC BRIDGE FOUNDATION
F/K/A CAREPARTNERS FOUNDATION**

56-2110357

Page 1

Schedule I (Form 990) **Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN CAROLINA MEDICAL SOCIETY FOUNDATION, INC - 304 SUMMIT ST - ASHEVILLE, NC 28803	45-5586998		238,946.	0.			IMPACT GRANT
ABCCM MEDICAL MINISTRY 20 TWENTIETH ST ASHEVILLE, NC 28806	56-1987021		250,000.	0.			IMPACT GRANT
ARC OF BUNCOMBE COUNTY, INC PO BOX 1365 ASHEVILLE, NC 28801	56-0856544		10,000.	0.			IMPACT GRANT
BOUNTY & SOUL 999 OLD US HWY 70W BLACK MTN, NC 28711	46-4759362		25,000.	0.			IMPACT GRANT
CHILDREN'S CENTER OF PENNSYLVANIA 95 SOUTH JOHNSON ST BREVARD, NC 28712	56-1728491		14,000.	0.			IMPACT GRANT
THE COMMUNITY TABLE PO BOX 62 DILLSBORO, NC 28725	56-2264894		11,600.	0.			IMPACT GRANT
HAYWOOD PATHWAYS CENTER 179 HEMLOCK ST WAYNESVILLE, NC 28786	47-2608669		20,000.	0.			IMPACT GRANT
INTERFAITH ASSISTANCE MINISTRY, INC. - PO BOX 2562 - HENDERSONVILLE, NC 28793	58-1556963		250,000.	0.			IMPACT GRANT
MOUNTAIN CHILD ADVOCACY CENTER 11 VANDERBILT PARK DR, SUITE A ASHEVILLE, NC 28803	58-1828408		40,000.	0.			IMPACT GRANT

Schedule I (Form 990)

**WNC BRIDGE FOUNDATION
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Schedule I (Form 990) **56-2110357** Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORS IN NEED INC PO BOX 64 MARSHALL, NC 28753	58-1492053		30,000.	0.			IMPACT GRANTS
PARDEE MEMORIAL HOSPITAL FOUNDATION, INC - 561 FLEMING ST - HENDERSONVILLE, NC 28739	56-1930028		20,000.	0.			IMPACT GRANT
TRANSYLVANIA CHRISTIAN MINISTRY SHARING HOUSE - PO BOX 958 - BREVARD, NC 28712	56-1292875		25,000.	0.			IMPACT GRANT
UNITED WAY OF ASHEVILLE & BUNCOMBE COUNTY, INC - 50 SOUTH FRENCH BROAD AVE - ASHEVILLE, NC 28801	56-0576157		200,000.	0.			IMPACT GRANT
VECINOS FARMWORKER HEALTH PROGRAM 3971 LITTLE SAVANNAH RD CULLOWHEE, NC 28723	57-1192063		55,000.	0.			IMPACT GRANT
ARTS FOR LIFE 50 SOUTH FRENCH BROAD ST. SUITE 258 ASHEVILLE, NC 28801	56-2250962		25,000.	0.			IMPACT GRANT
ASHEVILLE COMMUNITY THEATRE 35 E WALNUT ST ASHEVILLE, NC 28801	56-6002669		10,000.	0.			IMPACT GRANT
BIG BROTHERS BIG SISTERS OF WNC 50 SOUTH FRENCH BROAD ST. SUITE 213 ASHEVILLE, NC 28801	58-1505917		17,625.	0.			IMPACT GRANT
BOYS AND GIRLS CLUB OF HENDERSON COUNTY - PO BOX 1460 - HENDERSONVILLE, NC 28793	56-1803125		165,000.	0.			IMPACT GRANT

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERGREEN COMMUNITY CHARTER SCHOOL 50 BELL ROAD ASHEVILLE, NC 28805	56-2094405		10,000.	0.			IMPACT GRANT
HELPING HAND DEVELOPMENT CENTER, INC. - PO BOX 222 - EAST FLAT ROCK, NC 28726	51-0138781		50,000.	0.			IMPACT GRANT
HELPMATE, INC. PO BOX 2263 ASHEVILLE, NC 28802	56-1276293		50,000.	0.			IMPACT GRANT
LAKE LOGAN CONFERENCE CENTER AND CAMP HENRY, INC. - 25 WORMY CHESTNUT LANE - CANTON, NC 28716	56-0797521		10,000.	0.			IMPACT GRANT
LITERACY COUNCIL OF BUNCOMBE COUNTY - 31 COLLEGE PLACE SUITE B221 - ASHEVILLE, NC 28801	58-1696409		20,000.	0.			IMPACT GRANT
READ TO SUCCEED ASHEVILLE/BUNCOMBE PO BOX 18652 ASHEVILLE, NC 28814	27-2581580		40,000.	0.			IMPACT GRANT
ST. GERARD HOUSE 620 OAKLAND ST HENDERSONVILLE, NC 28791	45-0948760		50,000.	0.			IMPACT GRANT
VERNER CENTER FOR EARLY LEARNING 2586 RICEVILLE RD ASHEVILLE, NC 28805	56-2040462		30,000.	0.			IMPACT GRANT
WESTERN CAROLINA RESCUE MINISTRIES, INC. - 225 PATTON AVE - ASHEVILLE, NC 28801	56-1249407		15,000.	0.			IMPACT GRANT

Schedule I (Form 990)

WNC BRIDGE FOUNDATION

F/K/A CAREPARTNERS FOUNDATION

56-2110357

Page 2

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

THE FOUNDATION REQUIRES THAT POTENTIAL GRANT RECIPIENTS INDICATE HOW THE FUNDS WILL BE USED IN ORDER TO ENSURE THAT THE USE OF THE FUNDS WILL BE IN ACCORDANCE WITH THE FOUNDATION'S EXEMPT PURPOSE. WHEN A GRANT IS AWARDED, THE FOUNDATION MEETS WITH THE MANAGEMENT OF THE RECIPIENT ORGANIZATION TO REVIEW HOW THE FUNDS ARE BEING USED. IF THE NEED ARISES, THE FOUNDATION ALSO TOURS THE FACILITIES OF A POTENTIAL RECIPIENT TO GAIN A THOROUGH UNDERSTANDING OF THEIR OPERATIONS. A REPORT IS GIVEN TO THE BOARD OF DIRECTORS RELATED TO THESE FINDINGS. ON OCCASION, THE GRANT RECIPIENT WILL

Part IV Supplemental Information

ALSO PRESENT THEIR OUTCOMES DIRECTLY TO THE BOARD OF DIRECTORS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public
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Name of the organization

**WNC BRIDGE FOUNDATION
F/K/A CAREPARTNERS FOUNDATION**

Employer identification number
56-2110357

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a	X	
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

WNC BRIDGE FOUNDATION
F/K/A CAREPARTNERS FOUNDATION

Schedule J (Form 990) 2019

56-2110357

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 5:

PARTS OF OFFICER COMPENSATION ARE DETERMINED BY THE YEARS ACCOMPLISHMENTS

AND FINANCIAL PERFORMANCE.

2019

**Open to Public
Inspection**

Employer identification number
56-2110357

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

[illegible]

- 2** Did or will any officer, director, trustee, or key employee of the organization
 - a** Become a director or trustee of a successor or transferee organization?
 - b** Become an employee of, or independent contractor for, a successor or transferee organization?
 - c** Become a direct or indirect owner of a successor or transferee organization?
 - d** Receive, or become entitled to, compensation or other similar payments as a result of the organization?
 - e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the successor or transferee organization.

	Yes	No
		-
2a		
2b		
2c		
2d		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

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Inspection

Name of the organization

WNC BRIDGE FOUNDATION
F/K/A CAREPARTNERS FOUNDATION

Employer identification number
56-2110357

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

\$225,025 TO SPECIAL APPROPRIATION GRANTS TO YMCA OF WESTERN NORTH
CAROLINA AND SOUTHWESTERN COMMUNITY COLLEGE.

\$782,436 OTHER GRANTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE ORGANIZATION OPERATES A GIFT STORE FOR THE BENEFIT OF FAMILIES
VISITING THE HOSPITAL. THE COST OF GOODS SOLD FOR THE GIFT STORE ARE
NETTED IN REVENUE.

THE ORGANIZATION OPERATES A THRIFT STORE AND OFFERS ESTATE SALES.
INCOME FROM THE THRIFT STORE AND COMMISSIONS FROM ESTATE SALES ARE
INCLUDED IN REVENUE FROM THE SALE OF INVENTORY. DONATIONS TO THE
THRIFT STORE ARE NOT INCLUDED IN NON-CASH CONTRIBUTION RECEIVED.
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 231,076.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR OF THE BOARD OF
DIRECTORS, THE IMMEDIATE PAST CHAIR OF THE BOARD OF DIRECTORS, THE CHAIR
ELECT, THE TREASURER, THE SECRETARY, THE PRESIDENT AND ONE MEMBER AT LARGE.
THE EXECUTIVE COMMITTEE SHALL HOLD MEETINGS AS DEEMED NECESSARY. MEETINGS
OF THE EXECUTIVE COMMITTEE SHALL BE CALLED BY THE CHAIR OR AT THE REQUEST
OF ANY MEMBER OF THE COMMITTEE. IT SHALL HAVE THE POWER TO TRANSACT ALL
REGULAR BUSINESS OF THE CPF DURING THE INTERIM BETWEEN MEETINGS OF THE
BOARD OF DIRECTORS, UNLESS PROHIBITED BY THE ARTICLES OR BY THEIR BYLAWS OR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-08-19

Name of the organization WNC BRIDGE FOUNDATION

F/K/A CAREPARTNERS FOUNDATION

Employer identification number

56-2110357

BY RESOLUTION OF THE BOARD OF DIRECTORS. IN NO EVENT SHALL THE EXECUTIVE COMMITTEE HAVE THE POWER TO DISSOLVE CPF OR AMEND THE ARTICLES OR THE BYLAWS. ALL ACTIONS OF THE EXECUTIVE COMMITTEE ARE TO BE REPORTED AT THE NEXT REGULAR MEETING OF THE BOARD OF DIRECTORS. MINUTES OF ALL MEETINGS OF THIS COMMITTEE SHALL BE KEPT AND RECORDED IN THE MINUTE BOOK OF CPF.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IS TASKED WITH REVIEWING AND APPROVING FORM 990 PRIOR TO THE RETURN BEING PRESENTED TO THE BOARD OF DIRECTORS. THE DRAFT IS SENT TO THE FINANCE COMMITTEE FOR APPROVAL BEFORE IT IS SENT THE THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

A CONFLICT OF INTEREST DISCLOSURE IS SENT TO EACH NEW BOARD AND/OR GOVERNANCE COMMITTEE MEMBER AND TO ALL BOARD MEMBERS ON AN ANNUAL BASIS.

THIS INFORMATION IS SUPPLIED BY EACH BOARD AND/OR GOVERNANCE COMMITTEE MEMBER, SIGNED AND DATED, AND RETURNED TO THE PRESIDENT'S OFFICE TO BE FILED IN THE CORPORATION'S PERMANENT FILES.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE ANNUALLY REVIEWS LEADERSHIP COMPENSATION AND UTILIZES A MARKET SURVEY. THE COMPENSATION COMMITTEE CONSISTS OF THE VICE CHAIR, CHAIR OF THE FINANCE COMMITTEE, AND THREE OTHER BOARD MEMBERS.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST AND ONLINE AT WWW.GUIDESTAR.ORG.

Name of the organization WNC BRIDGE FOUNDATION

F/K/A CAREPARTNERS FOUNDATION

Employer identification number

56-2110357

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT
OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INTEREST RATE SWAP

-189,387.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

WNC BRIDGE FOUNDATION
F/K/A CAREPARTNERS FOUNDATION

Employer identification number
56-2110357

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
294 OVERLOOK LLC					
68 SWEETEN CREEK RD					
ASHEVILLE, NC 28803	REAL ESTATE	NORTH CAROLINA		911,188.	
RATHBUN HOUSE LLC					
68 SWEETEN CREEK RD					
ASHEVILLE, NC 28803	REAL ESTATE	NORTH CAROLINA		4,215,301.	

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MOUNTAINCARE, INC - 56-2005198	ADULT DAY SVCS, HOSPITALITY HOUSE, GRIEF COUNSELING, MUSIC THERAPY,	NORTH CAROLINA	501(C)(3)	LINE 11(A) TYPE 1	ANC HEALTHCARE INC		X
68 SWEETEN CREEK RD							
ASHEVILLE, NC 28803							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

F/K/A CAREPARTNERS FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MOUNTAINCARE, INC	B	756,319.	CASH VALUE
(2) MOUNTAINCARE, INC	L	12,472.	CASH VALUE
(3)			
(4)			
(5)			
(6)			

Part VI

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.