

# Return of Organization Exempt From Income Tax

**2019**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

|  |   |
|--|---|
| <b>A</b> For the 2019 calendar year, or tax year beginning <u>07/01</u> , 2019, and ending <u>06/30</u> , 20 <u>20</u>   |   |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <u>COMMUNITY FOUNDATION OF HENDERSON COUNTY INC</u>   |
|  | Doing business as   |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><u>401 N MAIN ST STE 300</u>   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><u>HENDERSONVILLE, NC, 28792</u>  |
| <b>D</b> Employer identification number<br><u>56-1330792</u>   | <b>E</b> Telephone number<br><u>828-697-6224</u>  |
| <b>I</b> 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   | <b>G</b> Gross receipts \$ <u>15,358,517</u>  |
| <b>J</b> Website: ▶ <u>CFHCFOREVER.ORG</u>   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  | <b>H(c)</b> Group exemption number ▶  |
| <b>L</b> Year of formation: <u>1982</u>  | <b>M</b> State of legal domicile: <u>NC</u>   |

**Part I Summary**

|  |   |
|--|---|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>BUILD, MANAGE AND GRANT CHARITABLE CAPITAL, SERVING INDIVIDUALS, FAMILY AND COMMUNITY PHILANTHROPY.</u> |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> <u>17</u>   |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> <u>17</u>   |
|  | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . <b>5</b> <u>9</u>   |
|  | <b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> <u>70</u>  |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> <u>0</u>   |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 39 . . . . . <b>7b</b> <u>0</u>       |   |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . <b>Prior Year</b> <u>5,623,994</u> <b>Current Year</b> <u>4,341,223</u>  |
|  | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . . <u>0</u> <u>0</u>   |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . <u>4,715,320</u> <u>2,428,872</u>   |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . <u>43,902</u> <u>55,336</u>  |
|  | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . <u>10,383,216</u> <u>6,825,431</u>   |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . <u>4,420,703</u> <u>4,440,944</u>  |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . . <u>0</u> <u>0</u>   |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . <u>731,708</u> <u>768,041</u>   |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . <u>0</u> <u>0</u>  |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>99,252</u>  |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . <u>518,825</u> <u>555,128</u>  |
|  | <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . <u>5,671,236</u> <u>5,764,113</u>   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . . <u>4,711,980</u> <u>1,061,318</u> |   |
| <b>Net Assets or Fund Balances</b>   | <b>20</b> Total assets (Part X, line 16) . . . . . <b>Beginning of Current Year</b> <u>111,153,905</u> <b>End of Year</b> <u>105,983,718</u>  |
|  | <b>21</b> Total liabilities (Part X, line 26) . . . . . <u>1,645,233</u> <u>1,692,157</u>   |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . . <u>109,508,672</u> <u>104,291,561</u>  |

**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.

|                               |   |                      |      |   |      |
|-------------------------------|---|----------------------|------|---|------|
| <b>Sign Here</b>              | Signature of officer  | Date                 |      |   |      |
|                               | <u>McCray V Benson, President</u><br>Type or print name and title |                      |      |   |      |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name  | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name ▶   | Firm's EIN ▶         |      |   |      |
|                               | Firm's address ▶  | Phone no.            |      |   |      |

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:

HELPING PEOPLE WHO CARE MAKE LASTING CONTRIBUTIONS TO CAUSES THAT MATTER, COMMUNITY FOUNDATION OF HENDERSON COUNTY IS A HIGHLY VISIBLE, PHILANTHROPIC LEADER DIRECTED BY AN ENGAGED AND COMMITTED BOARD, STAFFED BY QUALIFIED EMPLOYEES, EMPOWERING DONORS AT ALL LEVELS TO INVEST IN PROFESSIONALLY MANAGED CHARITABLE FUNDS THAT ADDRESS COMMUNITY NEEDS.

**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 \$ 4,681,901 including grants of \$ 4,010,186 ) (Revenue \$ 0 )

FOUNDED IN 1982, COMMUNITY FOUNDATION OF HENDERSON COUNTY SERVES THE ENTIRE COMMUNITY BY RECEIVING, MANAGING, DISTRIBUTING FUNDS FOR CHARITABLE PURPOSES, AND CONSULTATION ON CHARITABLE PROGRAMS TO FULFILL DONOR'S WISHES, CONTRIBUTIONS MAY BE POOLED AND INVESTED, SO THAT THE INCOME PROVIDES A PERMANENT SOURCE OF GRANT MONIES FOR GENERAL OR SPECIFIC PURPOSES. THE FOUNDATION AWARDS GRANTS THROUGH BOTH COMPETITIVE AND NON-COMPETITIVE PROCESSES WITH THE GREATEST NUMBER OF GRANTS BEING NON-COMPETITIVE, INCLUDING DESIGNATED AND DONOR ADVISED GRANTS. GRANTS WERE AWARDED TO 247 ORGANIZATIONS REPRESENTING A BROAD SPECTRUM OF SERVICES, GRANTS ARE CATEGORIZED INTO EIGHT PROGRAM AREAS: ANIMAL CARE, ARTS AND CULTURE, CIVIC AND COMMUNITY AFFAIRS, CONSERVATION, EDUCATION, HEALTH, HUMAN SERVICES AND OTHER. THE FOUNDATION USES STRATEGIES ON CONVENING COMMUNITY INTERESTS; ENGAGE LEADERSHIP, VOLUNTEERS AND ORGANIZATIONS TO WORK COLLABORATIVELY ON COMMUNITY ISSUES.

**4b** (Code: \_\_\_\_\_) (Expenses \$ 430,758 including grants of \$ 430,758 ) (Revenue \$ 0 )

THE FOUNDATION WAS ORIGINALLY FOUNDED WITH FUNDS DESIGNATED FOR SCHOLARSHIP PURPOSES. OVER THE YEARS, THIS AREA OF FOCUS HAS GROWN TO NOW INCLUDE 108 SCHOLARSHIP FUNDS. THE FOUNDATION ADMINISTERS A SCHOLARSHIP PROGRAM THAT EACH YEAR HELPS LOCAL STUDENTS PURSUE THEIR DREAMS AND GOALS AT COLLEGES, UNIVERSITIES, AND TRADE OR TECHNICAL SCHOOLS. IN THE FISCAL YEAR 2019-2020, ACADEMIC AWARDS AND SCHOLARSHIPS WERE AWARDED TO 227 INDIVIDUALS PRIMARILY IN HENDERSON COUNTY, NORTH CAROLINA. THE MAJORITY OF THE FOUNDATION SCHOLARSHIPS ARE BASED ON ACADEMIC ABILITY AND FINANCIAL NEED. HOWEVER, SOME SCHOLARSHIPS HAVE SPECIFIC ELIGIBILITY REQUIREMENTS BASED ON THE DONOR'S CHARITABLE DESIRES. ACTUAL AWARDS VARY DEPENDING UPON THE AVAILABLE INCOME IN EACH INDIVIDUAL SCHOLARSHIP FUND.

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses **▶** 5,112,659

**Part IV Checklist of Required Schedules**

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>1</b> 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>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3</b> 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>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5</b> 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>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>6</b> 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>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>7</b> 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>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>9</b> 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>           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10</b> 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>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>11</b> 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.  |                                     |                                     |
| <b>a</b> 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>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</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>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>c</b> 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>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>d</b> 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>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>f</b> 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>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</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>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</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> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>15</b> 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>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>16</b> 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>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> 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 (see instructions) . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>18</b> 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>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>19</b> 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>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>21</b> 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>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**Part IV Checklist of Required Schedules** *(continued)*

|            |   | Yes | No |
|------------|---|-----|----|
| <b>22</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and III</i>  |     | ✓  |
| <b>23</b>  | 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? <i>If "Yes," complete Schedule J</i>   | ✓   |    |
| <b>24a</b> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>   |     | ✓  |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>  |     | ✓  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i>  |     | ✓  |
| <b>26</b>  | 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? <i>If "Yes," complete Schedule L, Part II</i>   |     | ✓  |
| <b>27</b>  | 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? <i>If "Yes," complete Schedule L, Part III</i> |     | ✓  |
| <b>28</b>  | 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):  |     |    |
| <b>a</b>   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>   |     | ✓  |
| <b>b</b>   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>  |     | ✓  |
| <b>c</b>   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>  |     | ✓  |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>   | ✓   |    |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>   |     | ✓  |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>   |     | ✓  |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>   |     | ✓  |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>   |     | ✓  |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>   |     | ✓  |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | ✓  |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  |     |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  |     | ✓  |
| <b>37</b>  | 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? <i>If "Yes," complete Schedule R, Part VI</i>  |     | ✓  |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.  | ✓   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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



**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                                  |
|-----------|---|-------------------------------------|-------------------------------------|
| <b>1a</b> | 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.           |                                     |                                     |
| <b>1b</b> | Enter the number of voting members included on line 1a, above, who are independent . . . . .  |                                     |                                     |
| <b>2</b>  | 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? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>3</b>  | 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? . . . . . |                                     | <input checked="" type="checkbox"/> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>7a</b> | 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? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |                                     |                                     |
| <b>8a</b> | The governing body? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>9</b>  | 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 . . . . .      |                                     | <input checked="" type="checkbox"/> |

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

|            |  | Yes                                 | No                                  |
|------------|--|-------------------------------------|-------------------------------------|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>10b</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? . . . . .   |                                     |                                     |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .  |                                     |                                     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>15</b>  | 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?   |                                     |                                     |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>15b</b> | Other officers or key employees of the organization . . . . .  | <input checked="" type="checkbox"/> |                                     |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |                                     |                                     |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>16b</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? . . . . . |                                     |                                     |

**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 ►

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check 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)<br>Name and title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| MCCRAY BENSON<br>PRESIDENT/CEO             | 40.00  | ✓  |                       | ✓       | ✓            |                              |        | 170,868  | 0   | 28,044  |
| RACHEL BUCHANAN<br>CHIEF FINANCIAL OFFICER | 40.00  |  |                       |         | ✓            |                              |        | 96,622   | 0   | 16,130  |
| DAVID MARSHALL<br>TREASURER                | 2.00<br>0.00   | ✓  |                       | ✓       |              |                              |        | 0  | 0   | 0   |
| ELISA JARRIN<br>DIRECTOR                   | 2.00<br>0.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| BETSY LUTZ<br>DIRECTOR                     | 2.00<br>0.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| JUDY STROUD<br>DIRECTOR                    | 2.00<br>0.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| JIMMY COWAN<br>DIRECTOR                    | 2.00<br>0.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| STAN DUNCAN<br>DIRECTOR                    | 2.00<br>0.00   | ✓  |                       | ✓       |              |                              |        | 0  | 0   | 0   |
| KEVIN PARRIES<br>DIRECTOR                  | 2.00<br>0.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| CAROLINE GUNTHER<br>DIRECTOR               | 2.00<br>0.00   | ✓  |                       | ✓       |              |                              |        | 0  | 0   | 0   |
| MATT HENRY<br>DIRECTOR                     | 2.00<br>0.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| WENDY FRYE<br>DIRECTOR                     | 2.00<br>0.00   | ✓  |                       |         |              |                              |        | 0  | 0   | 0   |
| CINDY CAUSBY<br>CHAIR                      | 2.00<br>0.00   | ✓  |                       | ✓       |              |                              |        | 0  | 0   | 0   |
| BILL MCKIBBIN<br>VICE CHAIR                | 2.00<br>0.00   | ✓  |                       | ✓       |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |                                     |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|-------------------------------------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer                             | Key employee | Highest compensated employee | Former |  |   |   |
| LES BOYD III<br>PAST CHAIR                                     | 2.00   |   |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| BILL HALE<br>DIRECTOR  | 2.00   | <input checked="" type="checkbox"/>   |                       |                                     |              |                              |        | 0  | 0   | 0   |
| MARILYN GORDON<br>DIRECTOR                                     | 2.00   | <input checked="" type="checkbox"/>   |                       |                                     |              |                              |        | 0  | 0   | 0   |
| EDWARD ROWE<br>DIRECTOR  | 2.00   | <input checked="" type="checkbox"/>   |                       |                                     |              |                              |        | 0  | 0   | 0   |
| <b>1b Subtotal</b>   |  |   |                       |                                     |              |                              |        | 267,490  | 0   | 44,174  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |                                     |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |                                     |              |                              |        | 267,490  | 0   | 44,174  |

**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                                  |
|--|-------------------------------------|-------------------------------------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |                                     | <input checked="" type="checkbox"/> |
| <b>4</b> 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> | <input checked="" type="checkbox"/> |                                     |
| <b>5</b> 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>                       |                                     | <input checked="" type="checkbox"/> |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| None                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 **▶** 0



**Part VIII Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue                                 | (B)<br>Related or exempt<br>function revenue        | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |           |        |
|---|--|--|--|---|--------------------------------------|---|-----------|--------|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b>  | Federated campaigns . . . . .  | <b>1a</b> 0  |   |                                      |   |           |        |
|   | <b>b</b>   | Membership dues . . . . .  | <b>1b</b> 0  |   |                                      |   |           |        |
|   | <b>c</b>   | Fundraising events . . . . .   | <b>1c</b> 75,248                                     |   |                                      |   |           |        |
|   | <b>d</b>   | Related organizations . . . . .  | <b>1d</b> 0  |   |                                      |   |           |        |
|   | <b>e</b>   | Government grants (contributions)  | <b>1e</b> 0  |   |                                      |   |           |        |
|   | <b>f</b>   | All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b> 4,265,975                                  |   |                                      |   |           |        |
|   | <b>g</b>   | Noncash contributions included in<br>lines 1a-1f . . . . .   | <b>1g</b> \$ 722,841                                 |   |                                      |   |           |        |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . . ▶  |  | 4,341,223   |                                      |   |           |        |
|   | <b>Program Service Revenue</b>                                     |  |  | Business Code                                       |                                      |   |           |        |
| <b>2a</b>   |  | -----  |  |   |                                      |   |           |        |
| <b>b</b>  |  | -----  |  |   |                                      |   |           |        |
| <b>c</b>  |  | -----  |  |   |                                      |   |           |        |
| <b>d</b>  |  | -----  |  |   |                                      |   |           |        |
| <b>e</b>  |  | -----  |  |   |                                      |   |           |        |
| <b>f</b>  |  | All other program service revenue . .  |  | 0   | 0                                    | 0   |           |        |
| <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . . ▶                          |  | 0  |   |                                      |   |           |        |
| <b>Other Revenue</b>  | <b>3</b>   | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . ▶  |  | 2,971,479   | 0                                    | 0   | 2,971,479 |        |
|   | <b>4</b>   | Income from investment of tax-exempt bond proceeds ▶   |  | 0   | 0                                    | 0   | 0         |        |
|   | <b>5</b>   | Royalties . . . . . ▶  |  | 0   | 0                                    | 0   | 0         |        |
|   | <b>6a</b>  | Gross rents . . . . .  | (i) Real   | 0   |                                      |   |           |        |
|   |  |  | (ii) Personal  | 0   |                                      |   |           |        |
|   |  |  | <b>6b</b>  | Less: rental expenses                               | 0                                    |   |           |        |
|   |  |  | <b>6c</b>  | Rental income or (loss)                             | 0                                    |   |           |        |
|   | <b>d</b>   | Net rental income or (loss) . . . . . ▶  |  | 0   | 0                                    | 0   | 0         |        |
|   | <b>7a</b>  | Gross amount from<br>sales of assets<br>other than inventory   | (i) Securities                                       | 7,972,777   |                                      |   |           |        |
|   |  |  | (ii) Other   | 0   |                                      |   |           |        |
|   |  |  | <b>7b</b>  | Less: cost or other basis<br>and sales expenses . . | 8,515,384                            |   |           |        |
|   |  |  | <b>7c</b>  | Gain or (loss) . . . . .                            | -542,607                             |   |           |        |
|   | <b>d</b>   | Net gain or (loss) . . . . . ▶   |  | -542,607  | 0                                    | 0   | -542,607  |        |
|   | <b>8a</b>  | Gross income from fundraising<br>events (not including \$ 75,248<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b>  | 61,448  |                                      |   |           |        |
|   |  |  | <b>8b</b>  | Less: direct expenses . . . . .                     | 17,702                               |   |           |        |
|   |  |  | <b>c</b>   | Net income or (loss) from fundraising events . . ▶  |                                      | 43,746  | 0         | 43,746 |
|   | <b>9a</b>  | Gross income from gaming<br>activities. See Part IV, line 19 . . . . .   | <b>9a</b>  | 0   |                                      |   |           |        |
| <b>9b</b>   |  |  | Less: direct expenses . . . . .                      | 0   |                                      |   |           |        |
| <b>c</b>  |  |  | Net income or (loss) from gaming activities . . . ▶  |   | 0                                    | 0   | 0         |        |
| <b>10a</b>  | Gross sales of inventory, less<br>returns and allowances . . . . . | <b>10a</b>   | 0  |   |                                      |   |           |        |
|   |  | <b>10b</b>   | Less: cost of goods sold . . . . .                   | 0   |                                      |   |           |        |
|   |  | <b>c</b>   | Net income or (loss) from sales of inventory . . . ▶ |   | 0                                    | 0   | 0         |        |
| <b>Miscellaneous Revenue</b>                                  |  |  | Business Code  |   |                                      |   |           |        |
|   | <b>11a</b>   | -----  |  |   |                                      |   |           |        |
|   | <b>b</b>   | -----  |  |   |                                      |   |           |        |
|   | <b>c</b>   | -----  |  |   |                                      |   |           |        |
|   | <b>d</b>   | All other revenue . . . . .  |  | 11,590  | 0                                    | 0   | 11,590    |        |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . ▶                        |  | 11,590   |   |                                      |   |           |        |
| <b>12</b>   | <b>Total revenue.</b> See instructions . . . . . ▶                 |  | 6,825,431  | 0   | 0                                    | 2,484,208   |           |        |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b>  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 4,440,944             | 4,440,944                       |  |                             |
| <b>2</b>  | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 0                     | 0                               |  |                             |
| <b>3</b>  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 0                     | 0                               |  |                             |
| <b>4</b>  | Benefits paid to or for members . . . . .   | 0                     | 0                               |  |                             |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees . . . . .  | 267,490               | 129,575                         | 110,353                                | 27,562                      |
| <b>6</b>  | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>7</b>  | Other salaries and wages . . . . .  | 342,419               | 155,683                         | 159,714                                | 27,022                      |
| <b>8</b>  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 45,982                | 18,843                          | 19,572                                 | 7,567                       |
| <b>9</b>  | Other employee benefits . . . . .   | 68,031                | 27,880                          | 28,957                                 | 11,194                      |
| <b>10</b>   | Payroll taxes . . . . .   | 44,119                | 18,080                          | 18,779                                 | 7,260                       |
| <b>11</b>   | Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b>  | Management . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>b</b>  | Legal . . . . .   | 20,079                | 0                               | 20,079                                 | 0                           |
| <b>c</b>  | Accounting . . . . .  | 25,639                | 0                               | 25,639                                 | 0                           |
| <b>d</b>  | Lobbying . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>e</b>  | Professional fundraising services. See Part IV, line 17 . . . . .   | 0                     |                                 |  | 0                           |
| <b>f</b>  | Investment management fees . . . . .  | 40,929                | 40,929                          | 0                                      | 0                           |
| <b>g</b>  | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>12</b>   | Advertising and promotion . . . . .   | 45,611                | 11,668                          | 25,694                                 | 8,249                       |
| <b>13</b>   | Office expenses . . . . .   | 30,531                | 15,391                          | 13,072                                 | 2,068                       |
| <b>14</b>   | Information technology . . . . .  | 62,007                | 29,673                          | 27,549                                 | 4,785                       |
| <b>15</b>   | Royalties . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>16</b>   | Occupancy . . . . .   | 11,677                | 3,503                           | 8,174                                  | 0                           |
| <b>17</b>   | Travel . . . . .  | 14,533                | 4,360                           | 8,720                                  | 1,453                       |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>19</b>   | Conferences, conventions, and meetings . . . . .  | 8,853                 | 1,171                           | 5,975                                  | 1,707                       |
| <b>20</b>   | Interest . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>21</b>   | Payments to affiliates . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>22</b>   | Depreciation, depletion, and amortization . . . . .   | 50,959                | 10,236                          | 40,723                                 | 0                           |
| <b>23</b>   | Insurance . . . . .   | 9,243                 | 0                               | 8,858                                  | 385                         |
| <b>24</b>   | 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.) . . . . .   |                       |                                 |  |                             |
| <b>a</b>  | <b>ANNUITY PAYMENTS</b> . . . . .   | 200,241               | 200,241                         | 0                                      | 0                           |
| <b>b</b>  | -----   |                       |                                 |  |                             |
| <b>c</b>  | -----   |                       |                                 |  |                             |
| <b>d</b>  | -----   |                       |                                 |  |                             |
| <b>e</b>  | All other expenses . . . . .  | 34,826                | 4,482                           | 30,344                                 | 0                           |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .   | 5,764,113             | 5,112,659                       | 552,202                                | 99,252                      |
| <b>26</b>   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 0                        | <b>1</b>    | 0                  |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 7,114,310                | <b>2</b>    | 7,818,355          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 198,937                  | <b>3</b>    | 163,303            |
|   | <b>4</b> Accounts receivable, net . . . . .  | 12,649                   | <b>4</b>    | 9,425              |
|   | <b>5</b> 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 . . . . . | 0                        | <b>5</b>    | 0                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   | 0                        | <b>6</b>    | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0                        | <b>7</b>    | 0                  |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0                        | <b>8</b>    | 0                  |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 54,554                   | <b>9</b>    | 46,544             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | 1,561,806                | <b>10a</b>  |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | 847,260                  | <b>10b</b>  |                    |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 99,881,272               | <b>11</b>   | 93,947,847         |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 3,359,836                | <b>12</b>   | 3,283,698          |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 0                        | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets . . . . .  | 0                        | <b>14</b>   |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   |                          | <b>15</b>   |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 111,153,905  | <b>16</b>                | 105,983,718 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 18,773                   | <b>17</b>   | 23,172             |
|   | <b>18</b> Grants payable . . . . .   | 64,544                   | <b>18</b>   | 35,000             |
|   | <b>19</b> Deferred revenue . . . . .   | 0                        | <b>19</b>   | 0                  |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0                        | <b>20</b>   | 0                  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | 0                        | <b>21</b>   | 0                  |
|   | <b>22</b> 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 . . . . .     | 0                        | <b>22</b>   | 0                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0                        | <b>23</b>   | 0                  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0                        | <b>24</b>   | 0                  |
|   | <b>25</b> 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 . . . . .  | 1,561,916                | <b>25</b>   | 1,633,985          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 1,645,233                | <b>26</b>   | 1,692,157          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 4,631,116                | <b>27</b>   | 4,753,308          |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 104,877,556              | <b>28</b>   | 99,538,253         |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>31</b>   |                    |
| <b>32</b> Total net assets or fund balances . . . . .                         | 109,508,672  | <b>32</b>                | 104,291,561 |                    |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 111,153,905  | <b>33</b>                | 105,983,718 |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 6,825,431   |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 5,764,113   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 1,061,318   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 109,508,672 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -6,100,047  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0           |
| <b>7</b>  | Investment expenses  | <b>7</b>  | -178,382    |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0           |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0           |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 104,291,561 |

**Part XII Financial Statements and Reporting**

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

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |                                     |                                     |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                 | <input checked="" type="checkbox"/> |                                     |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | <input checked="" type="checkbox"/> |                                     |
| <b>3a</b> 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?  |                                     | <input checked="" type="checkbox"/> |
| <b>b</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.  |                                     |                                     |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

|   |   |
|---|---|
| Name of the organization<br><b>COMMUNITY FOUNDATION OF HENDERSON COUNTY INC</b> | Employer identification number<br><b>56-1330792</b> |
|---|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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  |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 4,426,223 | 1,860,597 | 7,745,638 | 5,553,192 | 4,265,975 | 23,851,625 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   | 0         | 0         | 0         | 0         |           | 0          |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   | 0         | 0         | 0         | 0         |           | 0          |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 4,426,223 | 1,860,597 | 7,745,638 | 5,553,192 | 4,265,975 | 23,851,625 |
| <b>5</b> 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) . . . . . |           |           |           |           |           | 0          |
| <b>6 Public support.</b> Subtract line 5 from line 4   |           |           |           |           |           | 23,851,625 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total  |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| <b>7</b> Amounts from line 4 . . . . .  | 4,426,223 | 1,860,597 | 7,745,638 | 5,553,192 | 4,265,975 | 23,851,625 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 1,949,208 | 1,945,901 | 2,516,351 | 3,571,491 | 2,971,479 | 12,954,430 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   | 0         | 0         | 0         | 0         | 0         | 0          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   | 42,436    | 43,058    | 50,029    | 52,994    | 52,383    | 240,900    |
| <b>11 Total support.</b> Add lines 7 through 10   |           |           |           |           |           | 37,046,955 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |           |           |           |           | 12        | 0          |
| <b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |           |           |           |           |           |            |

**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> | 64.38 % |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | 67.94 % |
| <b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>  |           |         |
| <b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |           |         |
| <b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>   |           |         |



**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 |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .         |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (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 |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (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** . . . . .

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                         | <b>18</b> | % |

**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? <i>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.</i>   |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| 3b  | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
| 3c  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| 4b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>   |     |    |
| 4c  | 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)? <i>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.</i>  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| 5b  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| 5c  | <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 9b  | 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 9c  | 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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)? <i>If "Yes," answer 10b below.</i>  |     |    |
| 10b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes        | No |
|--|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |    |
| <b>a</b> 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>11a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .                                       | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> 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 <b>Part VI</b> 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. | <b>1</b> |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> 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? | <b>1</b> |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | <b>2</b> |    |
| <b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |           |  |
|---|-----------|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |           |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |           |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |           |  |
| <b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>  |           |  |
| <b>a</b> 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 <b>Part VI</b> 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>2a</b> |  |
| <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  | <b>2b</b> |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |           |  |
| <b>a</b> 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 <b>Part VI</b> .   | <b>3a</b> |  |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.   | <b>3b</b> |  |

**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.

| <b>Section A—Adjusted Net Income</b>  |           | (A) Prior Year | (B) Current Year (optional) |
|---|-----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>  |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>  |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>  |                |                             |
| <b>4</b> Add lines 1 through 3.   | <b>4</b>  |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b>  |                |                             |
| <b>6</b> 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) | <b>6</b>  |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>  |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)   | <b>8</b>  |                |                             |
| <b>Section B—Minimum Asset Amount</b>   |           | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |           |                |                             |
| <b>a</b> Average monthly value of securities  | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances  | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets   | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):   |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d.  | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035.   | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions   | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>  |                |                             |
| <b>Section C—Distributable Amount</b>   |           |                | Current Year                |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>  |                |                             |
| <b>2</b> Enter 85% of line 1.   | <b>2</b>  |                |                             |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>  |                |                             |
| <b>4</b> Enter greater of line 2 or line 3.   | <b>4</b>  |                |                             |
| <b>5</b> Income tax imposed in prior year   | <b>5</b>  |                |                             |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | <b>6</b>  |                |                             |
| <b>7</b> <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).                                |           |                |                             |

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

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

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

**Part VI** **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.)

Schedule A, Part II, Line 10 - MANAGEMENT FEES COLLECTED FROM ORGANIZATIONAL FUNDS

Lined area for supplemental information.



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: COMMUNITY FOUNDATION OF HENDERSON COUNTY INC; Employer identification number: 56-1330792

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value of contributions, grants, and end of year, plus Yes/No questions for donor advisement.

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

Form for Conservation Easements including checkboxes for preservation types, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and various questions about monitoring and expenses.

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.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts for revenue and assets.

**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 exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 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 |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 104,460,079      | 102,459,155    | 91,254,211         | 81,581,663           | 84,658,657          |
| <b>b</b> Contributions                                  | 2,447,905        | 4,019,391      | 7,745,638          | 1,987,180            | 3,442,252           |
| <b>c</b> Net investment earnings, gains, and losses     | -3,744,685       | 2,611,347      | 8,182,473          | 11,527,706           | -2,792,581          |
| <b>d</b> Grants or scholarships                         | 3,041,730        | 3,381,961      | 3,585,592          | 2,798,332            | 2,751,029           |
| <b>e</b> Other expenditures for facilities and programs | 10,236           | 10,876         | 10,876             | 10,328               | 11,700              |
| <b>f</b> Administrative expenses                        | 1,178,883        | 1,236,977      | 1,126,699          | 1,033,678            | 963,936             |
| <b>g</b> End of year balance                            | 98,932,450       | 104,460,079    | 102,459,155        | 91,254,211           | 81,581,663          |

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

- a** Board designated or quasi-endowment **▶** 14 %
- b** Permanent endowment **▶** 86 %
- c** Term endowment **▶** 0 %

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:

|   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |

**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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   | 24,300                               | 0                               | 0                            | 24,300         |
| <b>b</b> Buildings   | 848,935                              | 0                               | 596,701                      | 252,234        |
| <b>c</b> Leasehold improvements  | 502,561                              | 0                               | 250,559                      | 252,002        |
| <b>d</b> Equipment   | 186,010                              | 0                               | 0                            | 186,010        |
| <b>e</b> Other   | 0                                    | 0                               | 0                            | 0              |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 714,546        |

**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<br>(including name of security)             | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely held equity interests . . . . .   |                |  |
| (3) Other _____   |                |  |
| (A) _____   |                |  |
| (B) _____   |                |  |
| (C) _____   |                |  |
| (D) _____   |                |  |
| (E) _____   |                |  |
| (F) _____   |                |  |
| (G) _____   |                |  |
| (H) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . . |                |  |

**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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (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)   |                |
| <b>Total.</b> (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  | 0              |
| (2) ANNUITY PAYMENTS PAYABLE  | 1,633,985      |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . | 1,633,985      |

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 .

**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.

|          |  |           |          |                    |
|----------|--|-----------|----------|--------------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b> | 6,748,466          |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |          |                    |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | 0        |                    |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> | 0        |                    |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> | 0        |                    |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | -38,148  |                    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           |          | <b>2e</b> -38,148  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           |          | <b>3</b> 6,786,614 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |          |                    |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 0        |                    |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | 38,817   |                    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           |          | <b>4c</b> 38,817   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           |          | <b>5</b> 6,825,431 |

**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.

|          |   |           |          |                    |
|----------|---|-----------|----------|--------------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b> | 5,450,072          |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |          |                    |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> | 26,729   |                    |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> | -94,200  |                    |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> | 0        |                    |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | -241,061 |                    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           |          | <b>2e</b> -308,532 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           |          | <b>3</b> 5,758,604 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |          |                    |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 5,509    |                    |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> | 0        |                    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           |          | <b>4c</b> 5,509    |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           |          | <b>5</b> 5,764,113 |

**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.

Schedule D, Part V, Line 4 - THE PURPOSE OF ENDOWMENTS ARE TO PROVIDE A PERMANENT SOURCE OF GRANT MONIES FOR GENERAL OR SPECIFIC PURPOSES. THE FOUNDATION AWARDS GRANTS THROUGH COMPETITIVE, DESIGNATED, FIELD OF INTEREST AND DONOR ADVISED ENDOWMENTS.

Schedule D, Part X, Line 2 - THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS MATERIAL TO THE FINANCIAL STATEMENTS. THE FOUNDATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR THE TAX YEARS ENDED JUNE 30, 2017, 2018 AND 2019 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

Schedule D, Part XI, Line 2d - CHANGE IN VALUE OF SPLIT INTEREST

Schedule D, Part XI, Line 4b - MANAGEMENT FEES FROM ORGANIZATIONAL FUNDS

Schedule D, Part XII, Line 2d - ORGANIZATIONAL ENDOWMENT GRANTS \$241,061

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF HENDERSON COUNTY INC**

Employer identification number

**56-1330792**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a) Event #1                     | (b) Event #2 | (c) Other events | (d) Total events<br>(add col. (a) through col. (c)) |
|--|---|----------------------------------|--------------|------------------|---|
|  |   | VINTAGE CAROLINA<br>(event type) | (event type) | (total number)   |   |
| Revenue  | <b>1</b> Gross receipts . . . . .   | 92,950                           |              |                  | 92,950  |
|  | <b>2</b> Less: Contributions . . . . .  | 13,800                           |              |                  | 13,800  |
|  | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             | 79,150                           |              |                  | 79,150  |
| Direct Expenses  | <b>4</b> Cash prizes . . . . .  | 0                                |              |                  | 0   |
|  | <b>5</b> Noncash prizes . . . . .   | 0                                |              |                  | 0   |
|  | <b>6</b> Rent/facility costs . . . . .  | 4,639                            |              |                  | 4,639   |
|  | <b>7</b> Food and beverages . . . . .   | 5,586                            |              | 0                | 5,586   |
|  | <b>8</b> Entertainment . . . . .  | 400                              |              | 0                | 400   |
|  | <b>9</b> Other direct expenses . . . . .  | 7,077                            |              |                  | 7,077   |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                                  |              |                  | 17,702  |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |                                  |              | 61,448           |   |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|   |   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|---|---|---|------------------|--|
|   |   | <b>1</b> Gross revenue . . . . .                                    |   |                  |  |
| Direct Expenses   | <b>2</b> Cash prizes . . . . .                                      |   |   |                  |  |
|   | <b>3</b> Noncash prizes . . . . .                                   |   |   |                  |  |
|   | <b>4</b> Rent/facility costs . . . . .                              |   |   |                  |  |
|   | <b>5</b> Other direct expenses . . . . .                            |   |   |                  |  |
| <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                  |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |                  |  |
| <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |                  |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_



- 11** Does the organization conduct gaming activities with nonmembers?  **Yes**  **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  **Yes**  **No**
- 13** Indicate the percentage of gaming activity conducted in:
 

|                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► .....

Address ► .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  **Yes**  **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....
- c** If "Yes," enter name and address of the third party:

Name ► .....

Address ► .....

**16** Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

- Director/officer                     
  Employee                                     
  Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  **Yes**  **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

Employer identification number

56-1330792

**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 noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) Sch I, Stmt 1                                    |         |                                 |                          |                                   |   |                                       |                                    |
| (2)  |         |                                 |                          |                                   |   |                                       |                                    |
| (3)  |         |                                 |                          |                                   |   |                                       |                                    |
| (4)  |         |                                 |                          |                                   |   |                                       |                                    |
| (5)  |         |                                 |                          |                                   |   |                                       |                                    |
| (6)  |         |                                 |                          |                                   |   |                                       |                                    |
| (7)  |         |                                 |                          |                                   |   |                                       |                                    |
| (8)  |         |                                 |                          |                                   |   |                                       |                                    |
| (9)  |         |                                 |                          |                                   |   |                                       |                                    |
| (10)   |         |                                 |                          |                                   |   |                                       |                                    |
| (11)   |         |                                 |                          |                                   |   |                                       |                                    |
| (12)   |         |                                 |                          |                                   |   |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 379

3 Enter total number of other organizations listed in the line 1 table ▶ 18

**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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1                               |                          |                          |                                  |   |                                       |
| 2                               |                          |                          |                                  |   |                                       |
| 3                               |                          |                          |                                  |   |                                       |
| 4                               |                          |                          |                                  |   |                                       |
| 5                               |                          |                          |                                  |   |                                       |
| 6                               |                          |                          |                                  |   |                                       |
| 7                               |                          |                          |                                  |   |                                       |

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

Schedule I, Part I, Line 2 - THE FOUNDATION AWARDS GRANTS THROUGH BOTH COMPETITIVE AND NON-COMPETITIVE PROCESS WITH THE GREATEST NUMBER OF GRANTS BEING NON-COMPETITIVE, INCLUDING DESIGNATED AND DONOR ADVISED GRANTS, GRANTS WERE AWARDED TO XXX ORGANIZATIONS REPRESENTING A BROAD SPECTRUM OF SERVICES, GRANTS ARE CATEGORIZED INTO EIGHT PROGRAM AREAS: ANIMAL CARE, ARTS AND CULTURE, CIVIC AND COMMUNITY, CONSERVATION, HEALTH, HUMAN SERVICES AND OTHER PHILANTHROPIC INTERESTS. THE FOUNDATION STRIVES TO CONNECT THOSE WHO HAVE PHILANTHROPIC RESOURCES TO THE ORGANIZATIONS AND CAUSES THAT MEET DONORS' CHARITABLE INTERESTS.

## Description of Grants and Other Assistance to Governments and Organizations in the United States

|                                |  | Recipient EIN | Amt. of cash<br>grant | Amt. of non-<br>cash asst. |
|--------------------------------|--|---------------|-----------------------|----------------------------|
| <b>Name and address</b>        | Advent Health Foundation<br>100 Hospital Dr Dept 867<br>Hendersonville, NC 28792           | 59-2219301    | 67,283                |                            |
| <b>IRC code section</b>        | 501(c)(3)  |               |                       |                            |
| <b>Method of valuation</b>     |  |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        |  |               |                       |                            |
| <b>Name and address</b>        | Agudas Israel Congregation<br>505 Glasgow Ln<br>Hendersonville, NC 28739                   | 56-1150425    | 7,963                 |                            |
| <b>IRC code section</b>        | other  |               |                       |                            |
| <b>Method of valuation</b>     |  |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        |  |               |                       |                            |
| <b>Name and address</b>        | All Saints Anglican Church<br>15 McDowell Rd<br>Mills River, NC 28759-2079                 | 56-1969028    | 5,648                 |                            |
| <b>IRC code section</b>        | other  |               |                       |                            |
| <b>Method of valuation</b>     |  |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        |  |               |                       |                            |
| <b>Name and address</b>        | Amazing Grace Ministries<br>317 7th Ave<br>Hendersonville, NC 28792                        | 81-1349247    | 10,000                |                            |
| <b>IRC code section</b>        | 501(c)(3)  |               |                       |                            |
| <b>Method of valuation</b>     |  |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        |  |               |                       |                            |
| <b>Name and address</b>        | Anchor Baptist Church and Ministries<br>3232 Hendersonville Hwy<br>Pisgah Forest, NC 28768 | 56-1419926    | 10,000                |                            |
| <b>IRC code section</b>        | other  |               |                       |                            |
| <b>Method of valuation</b>     |  |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        |  |               |                       |                            |
| <b>Name and address</b>        | Appalachian Wildlife Refuge<br>PO Box 1211<br>Skyland, NC 28776                            | 47-2214085    | 8,494                 |                            |
| <b>IRC code section</b>        | 501(c)(3)  |               |                       |                            |
| <b>Method of valuation</b>     |  |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        |  |               |                       |                            |
| <b>Name and address</b>        | Arts Council of Henderson County<br>PO Box 767<br>Hendersonville, NC 28793                 | 58-1430933    | 17,449                |                            |
| <b>IRC code section</b>        | 501(c)(3)  |               |                       |                            |
| <b>Method of valuation</b>     |  |               |                       |                            |
| <b>Desc. of Non-Cash Asst.</b> |  |               |                       |                            |
| <b>Purpose of grant</b>        |  |               |                       |                            |

## Schedule I, Part IV, Statement 1

## COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

|                                |   |            |         |
|--------------------------------|---|------------|---------|
| <b>Name and address</b>        | Bat Cave Baptist Church<br>PO Box 247<br>Bat Cave, NC 28710                               | 56-1291944 | 11,212  |
| <b>IRC code section</b>        | other   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        |   |            |         |
| <b>Name and address</b>        | Biltmore Church<br>35 Clayton Rd<br>Arden, NC 28704                                       | 56-6090142 | 23,000  |
| <b>IRC code section</b>        | other   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        |   |            |         |
| <b>Name and address</b>        | Black Mountain Home for Children<br>80 Lake Eden Rd<br>Black Mountain, NC 28711           | 56-0538018 | 42,023  |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        |   |            |         |
| <b>Name and address</b>        | Blue Ridge Community College Educational<br>180 W Campus Dr<br>Flat Rock, NC 28731        | 51-0175113 | 27,283  |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        |   |            |         |
| <b>Name and address</b>        | Blue Ridge Community Health Services Inc<br>PO Box 5151<br>Hendersonville, NC 28793       | 56-0794933 | 13,378  |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        |   |            |         |
| <b>Name and address</b>        | Blue Ridge Humane Society<br>1214 Greenville Hwy<br>Hendersonville, NC 28792              | 56-6048726 | 137,568 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        |   |            |         |
| <b>Name and address</b>        | Blue Ridge Literacy Council<br>PO Box 1728<br>Hendersonville, NC 28793                    | 56-1691110 | 19,295  |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        |   |            |         |
| <b>Name and address</b>        | Blue Ridge National Heritage Area Inc<br>195 Hemphill Knob Rd<br>Asheville, NC 28803-8686 | 20-4714123 | 6,500   |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        |   |            |         |

|                                |  |            |         |
|--------------------------------|--|------------|---------|
| <b>Name and address</b>        | Border Kindness<br>125 E 3RD St Pmb 4<br>Calexico, CA 92231  | 84-3140868 | 25,000  |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        |  |            |         |
| <b>Name and address</b>        | Bountiful Cities Project<br>PO Box 898<br>Asheville, NC 28802  | 05-0587434 | 8,000   |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        |  |            |         |
| <b>Name and address</b>        | Boys and Girls Club of Henderson County<br>PO Box 1460<br>Hendersonville, NC 28793-1460                  | 56-1803125 | 179,492 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        |  |            |         |
| <b>Name and address</b>        | Bullington Gardens a Horticultural Educational Center<br>95 Upper Red Oak Tr<br>Hendersonville, NC 28792 | 46-5564883 | 17,195  |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        |  |            |         |
| <b>Name and address</b>        | Calvary Episcopal Church<br>PO Box 187<br>Fletcher, NC 28732   | 56-0543224 | 6,173   |
| <b>IRC code section</b>        | other  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        |  |            |         |
| <b>Name and address</b>        | Center for Cultural Preservation Inc<br>PO Box 1066<br>Flat Rock, NC 28731                               | 27-1043702 | 15,000  |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        |  |            |         |
| <b>Name and address</b>        | Children and Family Resource Center of Henderson County<br>PO Box 1105<br>Hendersonville, NC 28793-1105  | 56-2113878 | 51,831  |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        |  |            |         |
| <b>Name and address</b>        | Childrens Hope Alliance<br>PO Box 1<br>Barium Springs, NC 28010  | 56-0529993 | 5,250   |
| <b>IRC code section</b>        |  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |

## Purpose of grant

|                                |  |            |        |
|--------------------------------|--|------------|--------|
| <b>Name and address</b>        | Chimney Rock Baptist Church<br>PO Box 157<br>Lake Lure, NC 28746                     | 56-0752157 | 10,000 |
| <b>IRC code section</b>        | Other  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Clemson University Foundation<br>Clemson Fund<br>Clemson, SC 29631                   | 57-0426335 | 25,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Community Food Pantry in Edneyville<br>1020 St Pauls Rd<br>Hendersonville, NC 28792  | 00-0000000 | 8,000  |
| <b>IRC code section</b>        | other  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Community Foundation of Henderson County<br>PO Box 1108<br>Hendersonville, NC 28793  | 56-1330792 | 67,491 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Conserving Carolina<br>847 Case st<br>Hendersonville, NC 28792                       | 56-6449365 | 6,351  |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Cornell Lab of Ornithology<br>159 Sapsucker Wood Rd<br>Ithaca, NY 14850              | 15-0532082 | 5,329  |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Crossnore School and Childrens Home<br>709 5th Ave W<br>Hendersonville, NC 28792     | 56-0567980 | 31,900 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Dorchester Youth Collaborative Inc<br>1514 A Dorchester Ave<br>Dorechester, MA 02122 | 04-2743166 | 45,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |



## Desc. of Non-Cash Asst.

## Purpose of grant

|                                |   |            |        |
|--------------------------------|---|------------|--------|
| <b>Name and address</b>        | East Flat Rock Care Center<br>103 W Blue Ridge Rd<br>E Flat Rock, NC 28726            | 56-1942796 | 8,814  |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | Economic Investment Fund of Henderson Co<br>330 N King St<br>Hendersonville, NC 28792 | 81-2984122 | 15,500 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | Environmental Defense Fund Inc<br>257 Park Ave S 17th Fl<br>New York, NY 10010        | 11-6107128 | 7,314  |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | Etowah United Methodist Church<br>PO Box 1268<br>Etowah, NC 28729                     | 56-1333035 | 10,000 |
| <b>IRC code section</b>        | other   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | Fairfield Mountain Chapel<br>1384 Buffalo Creek Rd<br>Lake Lure, NC 28746             | 58-1494631 | 40,000 |
| <b>IRC code section</b>        | Other   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | Fairness Education Fund<br>2263 Frankfort Ave<br>Louisville, KY 40206                 | 61-1230383 | 5,500  |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | Fellowship of Christian Athletes<br>PO Box 6544<br>Hendersonville, NC 28793           | 44-0610626 | 6,100  |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | First Baptist Church<br>312 5th Ave W<br>Hendersonville, NC 28739                     | 00-0000000 | 12,043 |
| <b>IRC code section</b>        | Other   |            |        |

| Method of valuation     |  |            |        |
|-------------------------|--|------------|--------|
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | First Congregational Church<br>1735 Fifth Ave W<br>Hendersonville, NC 28739-4013         | 00-0000000 | 14,737 |
| <b>IRC code section</b> | Other  |            |        |
| Method of valuation     |  |            |        |
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | First United Methodist Church<br>204 6th Ave W<br>Hendersonville, NC 28739-4397          | 26-2664469 | 56,824 |
| <b>IRC code section</b> | Other  |            |        |
| Method of valuation     |  |            |        |
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | FISH Inc<br>PO Box 2411<br>Hendersonville, NC 28793                                      | 58-1969979 | 5,849  |
| <b>IRC code section</b> | 501(c)(3)  |            |        |
| Method of valuation     |  |            |        |
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | Flat Rock Playhouse<br>PO Box 310<br>Flat Rock, NC 28731-0310                            | 56-0571518 | 31,785 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |
| Method of valuation     |  |            |        |
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | Fletcher Academy<br>PO Box 5440<br>Fletcher, NC 28732-5440                               | 56-1432644 | 11,110 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |
| Method of valuation     |  |            |        |
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | Four Seasons Compassion For Life Foundation<br>211 N Main St<br>Hendersonville, NC 28792 | 47-5508988 | 47,850 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |
| Method of valuation     |  |            |        |
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | Four Seasons Hospice<br>571 S Allen Rd<br>Flat Rock, NC 28731                            | 56-1252665 | 16,357 |
| <b>IRC code section</b> | 501(c)(3)  |            |        |
| Method of valuation     |  |            |        |
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | Freedom for immigrants<br>1322 Webster St Ste 300<br>Oakland, CA 94612                   | 80-0875881 | 25,000 |

## Schedule I, Part IV, Statement 1

## COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

|                         |  |            |        |
|-------------------------|--|------------|--------|
| IRC code section        | 501(c)(3)  |            |        |
| Method of valuation     |  |            |        |
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | Friends of Henderson County Public Library<br>PO Box 2317<br>Hendersonville, NC 28739    | 56-6095455 | 84,245 |
| IRC code section        | 501(c)(3)  |            |        |
| Method of valuation     |  |            |        |
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | Hands On Childrens Museum<br>318 N Main St<br>Hendersonville, NC 28792                   | 83-0397594 | 21,000 |
| IRC code section        | 501(c)(3)  |            |        |
| Method of valuation     |  |            |        |
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | Hawk Mountain Sanctuary<br>1700 Hawk Mtn Rd<br>Kempton, PA 19529                         | 23-1392700 | 15,000 |
| IRC code section        | 501(c)(3)  |            |        |
| Method of valuation     |  |            |        |
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | Helping Hand Developmental Center<br>PO Box 222<br>East Flat Rock, NC 28726              | 51-0138781 | 11,704 |
| IRC code section        | 501(c)(3)  |            |        |
| Method of valuation     |  |            |        |
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | Henderson County Cancer Service<br>600 Carolina Village Rd<br>Hendersonville, NC 28792   | 23-7259362 | 5,611  |
| IRC code section        | 501(c)(3)  |            |        |
| Method of valuation     |  |            |        |
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | Henderson County Council on Aging Inc<br>105 King Creek Blvd<br>Hendersonville, NC 28784 | 56-0936674 | 43,562 |
| IRC code section        | 501(c)(3)  |            |        |
| Method of valuation     |  |            |        |
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | Henderson County Education Foundation Inc<br>PO Box 1267<br>Hendersonville, NC 28793     | 58-1734733 | 42,791 |
| IRC code section        | 501(c)(3)  |            |        |
| Method of valuation     |  |            |        |
| Desc. of Non-Cash Asst. |  |            |        |
| Purpose of grant        |  |            |        |
| <b>Name and address</b> | Henderson County Free Medical Clinic Inc<br>841 Case St                                  | 56-2212024 | 40,423 |

## Schedule I, Part IV, Statement 1

## COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

|                                |  |            |        |
|--------------------------------|--|------------|--------|
|                                | Hendersonville, NC 28792-6503  |            |        |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Henderson County Genealogical and Historic<br>400 N Main St<br>Hendersonville, NC 28792-4901 | 56-1386421 | 6,021  |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Henderson County Habitat for Humanity<br>1111 Keith St<br>Hendersonville, NC 28792           | 56-1642263 | 30,378 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Henderson County Hunger Coalition<br>PO Box 6151<br>Hendersonville, NC 28793                 | 58-1491454 | 8,172  |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Henderson County Public Library<br>301 N Washington St<br>Hendersonville, NC 28739-4300      | 56-6000307 | 27,506 |
| <b>IRC code section</b>        | 509(a)(1)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Henderson County Young Leaders Program<br>PO Box 751<br>Hendersonville, NC 28793             | 26-0770191 | 37,519 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Hendersonville Lions Club Foundation<br>PO Box 2093<br>Hendersonville, NC 28794              | 20-3156947 | 5,426  |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Hendersonville Little Theater<br>229 S Washington St<br>Hendersonville, NC 28739             | 23-7026989 | 10,100 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Hendersonville Presbyterian Church   | 47-1424434 | 20,362 |

## Schedule I, Part IV, Statement 1

## COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

699 N Grove St  
Hendersonville, NC 28792

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Hendersonville Spanish SDA Church<br>827 Fruitland Rd<br>Hendersonville, NC 28792 | 52-0643036 | 12,000 |
|-------------------------|---|------------|--------|

IRC code section other

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Hendersonville Symphony Orchestra<br>PO Box 1811<br>Hendersonville, NC 28793-1811 | 56-1063207 | 27,956 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Hola Community Arts<br>PO Box 5146<br>Asheville, NC 28813 | 82-2943079 | 39,054 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Immaculate Conception Church<br>208 Seventh Ave W<br>Hendersonville, NC 28791-3602 | 53-0196617 | 14,626 |
|-------------------------|--|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

|                         |   |            |        |
|-------------------------|---|------------|--------|
| <b>Name and address</b> | Immigrant Defenders Law Center<br>634 S Spring St 10th Floor<br>Los Angeles, CA 90014 | 47-4473312 | 20,000 |
|-------------------------|---|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Interfaith Assistance Ministry<br>PO Box 2562<br>Hendersonville, NC 28793-2562 | 58-1556963 | 89,738 |
|-------------------------|--|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

|                         |  |            |        |
|-------------------------|--|------------|--------|
| <b>Name and address</b> | Kentucky Health Justice Network Inc<br>PO Box 4761<br>Louisville, KY 40204 | 27-1246514 | 10,000 |
|-------------------------|--|------------|--------|

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

## Schedule I, Part IV, Statement 1

## COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

|                                |   |            |        |
|--------------------------------|---|------------|--------|
| <b>Name and address</b>        | La Capilla De Santa Maria<br>PO Box 2906<br>Hendersonville, NC 28793                        | 56-0552779 | 8,803  |
| <b>IRC code section</b>        | other   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | Latino Advocacy Coalition<br>508 N Grove St<br>Hendersonville, NC 28792                     | 56-2267574 | 41,200 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | Manna Food Bank<br>627 Swannanoa River Rd<br>Asheville, NC 28805-2445                       | 58-1514800 | 55,750 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | Medical Loan Closet of Henderson County<br>1225 7th Ave E<br>Hendersonville, NC 28792       | 26-2933780 | 5,100  |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | Ministry Seven dba Hendersonville Rescue Mission<br>PO Box 1512<br>Hendersonville, NC 28793 | 58-1480173 | 87,466 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | MountainCare Inc<br>PO Box 5956<br>Asheville, NC 28813                                      | 56-2005198 | 5,315  |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | My Fathers Storehouse<br>PO Box 6146<br>Hendersonville, NC 28793                            | 01-0787966 | 7,100  |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | National Alliance for Research Schizophrenia<br>90 Park Ave<br>New York, NY 10016           | 31-1020010 | 20,492 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |

|                                |  |            |         |
|--------------------------------|--|------------|---------|
| <b>Name and address</b>        | National Day Laborer Organizing Network<br>1030 S Arroyo Pkwy Ste 106<br>Pasadena, CA 91105              | 20-8802586 | 20,000  |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        |  |            |         |
| <b>Name and address</b>        | North Carolina Cooperative Extension Henderson County<br>100 Jackson Park Rd<br>Hendersonville, NC 28792 | 00-0000000 | 16,000  |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        |  |            |         |
| <b>Name and address</b>        | Only Hope WNC Inc<br>416 Allen Rd<br>East Flat Rock, NC 28726  | 45-3751833 | 13,500  |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        |  |            |         |
| <b>Name and address</b>        | Open Arms Pregnancy Support Services<br>329 N Washington St<br>Hendersonville, NC 28739                  | 56-2158105 | 13,100  |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        |  |            |         |
| <b>Name and address</b>        | Pack Place Performing Arts Center<br>18 Biltmore Ave<br>Asheville, NC 28801                              | 31-1524883 | 15,000  |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        |  |            |         |
| <b>Name and address</b>        | Pardee Hospital Foundation<br>561 Fleming St<br>Hendersonville, NC 28739                                 | 56-1930028 | 401,585 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        |  |            |         |
| <b>Name and address</b>        | Pisgah Legal Services<br>PO Box 2276<br>Asheville, NC 28802-2276   | 56-1191115 | 111,457 |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |
| <b>Purpose of grant</b>        |  |            |         |
| <b>Name and address</b>        | Roxbury Youthworks Inc<br>841 Parker St Ste 104<br>Roxbury Crossing, MA 02120                            | 04-2733854 | 45,000  |
| <b>IRC code section</b>        | 501(c)(3)  |            |         |
| <b>Method of valuation</b>     |  |            |         |
| <b>Desc. of Non-Cash Asst.</b> |  |            |         |



## Purpose of grant

|                                |   |            |         |
|--------------------------------|---|------------|---------|
| <b>Name and address</b>        | Safelight<br>133 Fifth Ave W<br>Hendersonville, NC 28792-5083                             | 56-1469847 | 39,169  |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        |   |            |         |
| <b>Name and address</b>        | Saint James Episcopal Church<br>766 North Main St<br>Hendersonville, NC 28792-3612        | 56-0682484 | 52,961  |
| <b>IRC code section</b>        | Other   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        |   |            |         |
| <b>Name and address</b>        | Salvation Army of Henderson County<br>PO Box 2387<br>Hendersonville, NC 28793             | 58-0660607 | 268,411 |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        |   |            |         |
| <b>Name and address</b>        | Samaritans Purse<br>PO Box 3000<br>Boone, NC 28607  | 58-1437002 | 7,400   |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        |   |            |         |
| <b>Name and address</b>        | Shriners Hospitals for Children<br>950 West Faris St<br>Greenville, SC 29605              | 36-2193608 | 10,729  |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        |   |            |         |
| <b>Name and address</b>        | Sierra Club Foundation<br>2101 Webster St Ste 1250<br>Oakland, CA 94612                   | 94-6069890 | 5,741   |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        |   |            |         |
| <b>Name and address</b>        | Sixth Ave Psychiatric and Rehab Partner<br>522 Kanuga Rd<br>Hendersonville, NC 28739-5226 | 36-2193608 | 52,720  |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |
| <b>Desc. of Non-Cash Asst.</b> |   |            |         |
| <b>Purpose of grant</b>        |   |            |         |
| <b>Name and address</b>        | Smart Start of Henderson County<br>722 5th Ave W<br>Hendersonville, NC 28739              | 56-2092325 | 7,500   |
| <b>IRC code section</b>        | 501(c)(3)   |            |         |
| <b>Method of valuation</b>     |   |            |         |

## Schedule I, Part IV, Statement 1

## COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

## Desc. of Non-Cash Asst.

## Purpose of grant

|                                |   |            |        |
|--------------------------------|---|------------|--------|
| <b>Name and address</b>        | SPARC Foundation<br>225 E Chesnut St Ste 100<br>Asheville, NC 28801                 | 81-3036310 | 24,006 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | St Pauls Episcopal Church<br>PO Box 70<br>Edneyville, NC 28727                      | 00-0000000 | 7,533  |
| <b>IRC code section</b>        | Other   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | St Gerard House<br>620 Oakland St<br>Hendersonville, NC 28791                       | 45-0948760 | 8,500  |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | The Housing Assistance Corporation<br>602 Kanuga Rd<br>Hendersonville, NC 28739     | 58-1831757 | 37,104 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | The Stony Brook School<br>1 Chapman Pkwy<br>Stony Brook, NY 11790                   | 11-6112414 | 50,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | The Trustees of Reservations<br>200 High St 4th Floor<br>Boston, MA 02110           | 04-2105780 | 90,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | True Ridge Foundation<br>110 Edney St Ste A<br>Hendersonville, NC 28792             | 82-1094679 | 25,000 |
| <b>IRC code section</b>        | 501(c)(3)   |            |        |
| <b>Method of valuation</b>     |   |            |        |
| <b>Desc. of Non-Cash Asst.</b> |   |            |        |
| <b>Purpose of grant</b>        |   |            |        |
| <b>Name and address</b>        | Unitarian Universalist Fellowship<br>409 E Patterson St<br>Hendersonville, NC 28739 | 56-2001581 | 26,655 |
| <b>IRC code section</b>        | other   |            |        |

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

|                                |  |            |        |
|--------------------------------|--|------------|--------|
| <b>Name and address</b>        | United Way of Henderson County<br>PO Box 487<br>Hendersonville, NC 28793-0487                | 56-0890133 | 84,014 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | United Way of Transylvania County<br>PO Box 53<br>Brevard, NC 28712-0053                     | 23-7145022 | 15,359 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | University of Florida Foundation<br>PO Box 14425<br>Gainesville, FL 32604                    | 59-0974739 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Veterans Healing Farm<br>19 Mahshie Ln<br>Hendersonville, NC 28739                           | 46-5689396 | 11,700 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Vocational Solutions of Henderson County<br>2110 Spartanburg Hwy<br>East Flat Rock, NC 28726 | 56-0897854 | 60,823 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Wake Forest Baptist Medical Center<br>Medical Center Blvd<br>Winston Salem, NC 27157         | 22-3849199 | 16,438 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Western Carolina Community Action<br>PO Box 685<br>Hendersonville, NC 28793                  | 56-0846319 | 10,000 |
| <b>IRC code section</b>        | 501(c)(3)  |            |        |
| <b>Method of valuation</b>     |  |            |        |
| <b>Desc. of Non-Cash Asst.</b> |  |            |        |
| <b>Purpose of grant</b>        |  |            |        |
| <b>Name and address</b>        | Will and Deni McIntyre Foundation<br>77 Bear Rock Rd<br>Hendersonville, NC 28739             | 26-3029274 | 30,000 |

Schedule I, Part IV, Statement 1

COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

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|                         |                       |            |        |
|-------------------------|-----------------------|------------|--------|
| <b>Name and address</b> | WNC Bridge Foundation | 56-2110357 | 10,439 |
|-------------------------|-----------------------|------------|--------|

PO Box 25338

Asheville, NC 28813

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

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|                         |                    |            |        |
|-------------------------|--------------------|------------|--------|
| <b>Name and address</b> | Wolf Creek Academy | 54-2164774 | 20,000 |
|-------------------------|--------------------|------------|--------|

41 Beaty Spot Cove Rd

Mars Hill, NC 28754

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**COMMUNITY FOUNDATION OF HENDERSON COUNTY INC**

Employer identification number

**56-1330792**

**Part I Questions Regarding Compensation**

|   | Yes       | No |
|---|-----------|----|
| <p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use<br/> <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence<br/> <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees<br/> <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p> |           |    |
| <p><b>b</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 . . . . .</p>  | <b>1b</b> |    |
| <p><b>2</b> 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? . . . . .</p>  | <b>2</b>  |    |
| <p><b>3</b> 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.</p> <p> <input type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract<br/> <input type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study<br/> <input checked="" type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>   |           |    |
| <p><b>4</b> 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:</p>  |           |    |
| <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>   | <b>4a</b> | ✓  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>   | <b>4b</b> | ✓  |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>   | <b>4c</b> | ✓  |
| <p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>  |           |    |
| <p><b>5</b> 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:</p>  |           |    |
| <p><b>a</b> The organization? . . . . .</p>   | <b>5a</b> | ✓  |
| <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>   | <b>5b</b> | ✓  |
| <p><b>6</b> 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:</p>  |           |    |
| <p><b>a</b> The organization? . . . . .</p>   | <b>6a</b> | ✓  |
| <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>   | <b>6b</b> | ✓  |
| <p><b>7</b> 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 . . . . .</p>   | <b>7</b>  | ✓  |
| <p><b>8</b> 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 . . . . .</p>   | <b>8</b>  | ✓  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>  | <b>9</b>  |    |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                    |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1                  | (i)  | 170,868  | 0                                   | 0                                   | 13,669   | 14,375                  | 198,912                         | 0   |
|                    | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 3                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 4                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 5                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 6                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 7                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 8                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

Employer identification number

**COMMUNITY FOUNDATION OF HENDERSON COUNTY INC**

**56-1330792**

**Part I Types of Property**

|    | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|----|----------------------------|---|--|---|
| 1  |                            |   |  |   |
| 2  |                            |   |  |   |
| 3  |                            |   |  |   |
| 4  |                            |   |  |   |
| 5  |                            |   |  |   |
| 6  |                            |   |  |   |
| 7  |                            |   |  |   |
| 8  |                            |   |  |   |
| 9  | ✓                          | 25  | 708,441  | FMV   |
| 10 |                            |   |  |   |
| 11 |                            |   |  |   |
| 12 |                            |   |  |   |
| 13 |                            |   |  |   |
| 14 |                            |   |  |   |
| 15 |                            |   |  |   |
| 16 |                            |   |  |   |
| 17 |                            |   |  |   |
| 18 |                            |   |  |   |
| 19 |                            |   |  |   |
| 20 |                            |   |  |   |
| 21 |                            |   |  |   |
| 22 |                            |   |  |   |
| 23 |                            |   |  |   |
| 24 |                            |   |  |   |
| 25 | ✓                          | 3   | 14,400   | APPRAISAL   |
| 26 |                            |   |  |   |
| 27 |                            |   |  |   |
| 28 |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | ✓  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .   | ✓   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  | ✓   |    |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

Employer identification number

56-1330792

Form 990, Part VI, Section B, Line 11b - FORM 990 IS REVIEWED IN A BOARD MEETING WITH STAFF AND BOARD MEMBERS

Form 990, Part VI, Section B, Line 12c - AT THE FIRST BOARD MEETING OF EACH FISCAL YEAR, EACH OF THE BOARD OF DIRECTORS IS REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST FORM, INCLUDING REQUESTS FOR SELF-DISCLOSURE DURING FUTURE VOTES AND ACTIONS.

Form 990, Part VI, Section B, Line 15 - THE PRIMARY SOURCE FOR COMPARABILITY DATA IS THE "GRANTMAKER'S SALARY AND BENEFITS REPORT" PUBLISHED BY THE COUNCIL ON FOUNDATIONS.

Form 990, Part VI, Section C, Line 19 - ALL GOVERNING DOCUMENTS ARE MAINTAINED ONLINE AND MADE AVAILABLE UPON REQUEST, FINANCIAL AUDIT RESULTS ARE PUBLISHED ON THE ORGANIZATIONS'S WEBSITE AND ARE MAINTAINED ON FILE.

Form 990, Part XI, Line 9 - CHANGE IN ACCOUNTING STANDARDS