

Form

990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

401 N MAIN ST STE 300

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

HENDERSONVILLE NC 28792

F Name and address of principal officer:

MCCRAY V BENSON

401 N MAIN ST STE 300

HENDERSONVILLE NC 28792

H(a) Is this a group return for subordinates?

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status:

☒ 501(c)(3)

☐ 501(c) ( ) (insert no.)

☐ 4947(a)(1) or

☐ 527

J Website:

CFHCFOREVER.ORG

K Form of organization:

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation:

1982

M State of legal domicile:

NC

D Employer identification number

56-1330792

E Telephone number

828-697-6224

G Gross receipts \$

34,295,327

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

BUILD, MANAGE AND GRANT CHARITABLE CAPITAL, SERVING INDIVIDUALS, FAMILY AND COMMUNITY PHILANTHROPY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

	Prior Year	Current Year
3	19	
4	19	
5	12	
6	70	
7a	0	
7b	0	
8	5,909,461	6,488,621
9		0
10	4,370,827	13,194,552
11	91,867	280,566
12	10,372,155	19,963,739
13	5,204,148	5,205,947
14		0
15	837,363	786,828
16a		0
b	150,725	
17	741,631	706,888
18	6,783,142	6,699,663
19	3,589,013	13,264,076
20	131,426,355	147,445,991
21	1,517,071	1,358,733
22	129,909,284	146,087,258

Part II Signature Block

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

Sign Here

Signature of officer

MCCRAY V BENSON

PRESIDENT/CEO

Type or print name and title

Date

Paid Preparer Use Only

Print/Type preparer's name

RUFUS W DOLLAR

Preparer's signature

RUFUS W DOLLAR

Date

11/25/24

Check ☐ if self-employed

PTIN

P01293995

Firm's name

CARTER, P. C.

Firm's EIN

38-3828234

Firm's address

301 COLLEGE ST STE 320

ASHEVILLE, NC 28801-2449

Phone no.

828-259-9900

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

DAA

**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:**SEE SCHEDULE O****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 \$ **5,335,413** including grants of \$ **4,704,148** ) (Revenue \$ )**SEE SCHEDULE O****4b** (Code: ) (Expenses \$ **501,799** including grants of \$ **501,799** ) (Revenue \$ )**SEE SCHEDULE O****4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**N/A****4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **5,837,212**

**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)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<b>X</b>	
<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? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>4 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? If "Yes," complete Schedule C, Part II		<b>X</b>
<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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<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? If "Yes," complete Schedule D, Part I	<b>X</b>	
<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? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<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? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	<b>X</b>	
<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? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<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? If "Yes," complete Schedule D, Part VII		<b>X</b>
<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? If "Yes," complete Schedule D, Part VIII		<b>X</b>
<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? If "Yes," complete Schedule D, Part IX		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
<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)? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<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? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
<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? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
<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? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<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? If "Yes," complete Schedule G, Part I. See instructions		<b>X</b>
<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? If "Yes," complete Schedule G, Part II		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<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? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	

**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>22</b> <b>X</b>	
<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>23</b> <b>X</b>	
<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>24a</b>	<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<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>25a</b>	<b>X</b>
<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>25b</b>	<b>X</b>
<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>26</b>	<b>X</b>
<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>27</b>	<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the 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>28a</b>	<b>X</b>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28b</b>	<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28c</b>	<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	<b>29</b> <b>X</b>	
<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>30</b>	<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	<b>31</b>	<b>X</b>
<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>32</b>	<b>X</b>
<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>33</b>	<b>X</b>
<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>34</b>	<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	<b>X</b>
<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>35b</b>	
<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>36</b>	<b>X</b>
<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>37</b>	<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>38</b> <b>X</b>	

**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>1a</b> 0	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	

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>	<b>12</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<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>3b</b>	
<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>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<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>6a</b>	<b>X</b>
<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>6b</b>	<b>X</b>
<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>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>
<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>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<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>7h</b>	
<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>8</b>	
<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>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<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>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<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>	
<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>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<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? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<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>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

**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**

	1a	19	1b	19	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>b</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?						<b>X</b>
<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?						<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?						<b>X</b>
<b>6</b> Did the organization have members or stockholders?						<b>X</b>
<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?						<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
<b>a</b> The governing body?					<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?					<b>X</b>	
<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						<b>X</b>

**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?		<b>X</b>
<b>b</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?	<b>X</b>	
<b>b</b> Describe on 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	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>X</b>	
<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>a</b> The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b> Other officers or key employees of the organization		<b>X</b>
If "Yes" to line 15a or 15b, describe the process on 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?		<b>X</b>
<b>b</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.

**RACHEL W BUCHANAN**  
**HENDERSONVILLE**

**401 N MAIN ST STE 300**

**NC 28792**

**828-697-6224**

**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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STAN DUNCAN	3.00									
CHAIR	0.00	X		X				0	0	0
(2) RUTH BIRGE	3.00									
VICE CHAIR	0.00	X		X				0	0	0
(3) TIM KRIEGEL	3.00									
TREASURER	0.00	X		X				0	0	0
(4) CAROLINE GUNTHER	2.00									
SECRETARY	0.00	X		X				0	0	0
(5) BILL MCKIBBIN	2.00									
PAST CHAIR	0.00	X		X				0	0	0
(6) KEN ADAMS	2.00									
DIRECTOR	0.00	X						0	0	0
(7) STEVEN DOZIER	2.00									
DIRECTOR	0.00	X						0	0	0
(8) ANDERSON ELLIS	2.00									
DIRECTOR	0.00	X						0	0	0
(9) JULIA FAWCETT	2.00									
DIRECTOR	0.00	X						0	0	0
(10) ERIC GASH	2.00									
DIRECTOR	0.00	X						0	0	0
(11) BILL HALE	2.00									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>MATT HENRY</b>										
(12) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(13) <b>DORA KATSADOUROUS</b>										
(13) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(14) <b>BRYCE MALSBARY</b>										
(14) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(15) <b>WENDY FRYE MASON</b>										
(15) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(16) <b>CAROLINA MCCREADY</b>										
(16) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(17) <b>LUTRELLE O'CAIN</b>										
(17) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(18) <b>BRETT SHAFFER</b>										
(18) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
(19) <b>KEVIN YOUNG</b>										
(19) <b>DIRECTOR</b>	2.00 0.00	X						0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>								308,825		56,452
<b>d Total (add lines 1b and 1c)</b>								308,825		56,452

**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 **2**

	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>		X
<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>	X	
<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>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>FUND EVALUATION GROUP INC</b> 201 E 5TH ST 1600 <b>CINCINNATI OH 45202</b> <b>CONSULTANT</b>		106,660

**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

1



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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,488,621					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,203,271					
	<b>h</b> Total. Add lines 1a-1f			6,488,621				
<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							
<b>g</b> Total. Add lines 2a-2f								
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			4,166,404			4,166,404	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6a</b> Gross rents		(i) Real	(ii) Personal				
		<b>6a</b>						
		<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		<b>7a</b>	23,359,736					
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	14,321,588	10,000			
	<b>c</b> Gain or (loss)	<b>7c</b>	9,038,148	-10,000				
	<b>d</b> Net gain or (loss)			9,028,148			9,028,148	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
		<b>8a</b>						
	<b>b</b> Less: direct expenses	<b>8b</b>						
	<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19								
	<b>9a</b>							
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10a</b> Gross sales of inventory, less returns and allowances								
	<b>10a</b>							
<b>b</b> Less: cost of goods sold	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory								
<b>Miscellaneous Revenue</b>			Business Code					
	<b>11a</b> CHANGE IN VALUE OF SPLIT INT			185,857			185,857	
	<b>b</b> MANAGEMENT FEES			77,809			77,809	
	<b>c</b> OTHER INCOME		525920	16,900			16,900	
	<b>d</b> All other revenue							
<b>e</b> Total. Add lines 11a-11d				280,566				
<b>12</b> Total revenue. See instructions				19,963,739	0	0	13,475,118	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>4,704,148</b>	<b>4,704,148</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	<b>501,799</b>	<b>501,799</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>381,506</b>	<b>190,753</b>	<b>152,602</b>	<b>38,151</b>
<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)				
<b>7</b> Other salaries and wages	<b>307,565</b>	<b>96,722</b>	<b>139,244</b>	<b>71,599</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>16,389</b>	<b>4,399</b>	<b>7,635</b>	<b>4,355</b>
<b>9</b> Other employee benefits	<b>33,791</b>	<b>11,073</b>	<b>15,171</b>	<b>7,547</b>
<b>10</b> Payroll taxes	<b>47,577</b>	<b>19,497</b>	<b>20,251</b>	<b>7,829</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	<b>2,360</b>		<b>2,360</b>	
<b>c</b> Accounting	<b>28,929</b>		<b>28,929</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	<b>156,130</b>		<b>156,130</b>	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>973</b>		<b>973</b>	
<b>12</b> Advertising and promotion	<b>27,989</b>	<b>11,073</b>	<b>13,995</b>	<b>2,921</b>
<b>13</b> Office expenses	<b>83,420</b>	<b>27,729</b>	<b>46,145</b>	<b>9,546</b>
<b>14</b> Information technology	<b>80,737</b>	<b>38,583</b>	<b>35,618</b>	<b>6,536</b>
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>20,205</b>	<b>6,061</b>	<b>14,144</b>	
<b>17</b> Travel	<b>13,555</b>	<b>4,407</b>	<b>7,517</b>	<b>1,631</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>51,798</b>	<b>10,431</b>	<b>41,367</b>	
<b>23</b> Insurance	<b>13,576</b>		<b>12,966</b>	<b>610</b>
<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> ANNUITY PAYMENTS	<b>194,351</b>	<b>194,351</b>		
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	<b>32,865</b>	<b>16,186</b>	<b>16,679</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>6,699,663</b>	<b>5,837,212</b>	<b>711,726</b>	<b>150,725</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing .....		1	
	2 Savings and temporary cash investments .....	8,551,844	2	8,448,091
	3 Pledges and grants receivable, net .....	122,406	3	229,182
	4 Accounts receivable, net .....	4,688	4	7,337
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	18,976	9	28,747
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,952,330		
	b Less: accumulated depreciation .....	10b 977,926	10c	974,404
	11 Investments—publicly traded securities .....	121,627,559	11	137,683,230
	12 Investments—other securities. See Part IV, line 11 .....		12	
	13 Investments—program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	75,000	15	75,000
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	131,426,355	16	147,445,991	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	27,306	17	54,825
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,489,765	25	1,303,908
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	1,517,071	26	1,358,733
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
27 Net assets without donor restrictions .....		14,239,180	27	18,916,130
28 Net assets with donor restrictions .....		115,670,104	28	127,171,128
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
29 Capital stock or trust principal, or current funds .....			29	
30 Paid-in or capital surplus, or land, building, or equipment fund .....			30	
31 Retained earnings, endowment, accumulated income, or other funds .....			31	
32 <b>Total net assets or fund balances</b> .....		129,909,284	32	146,087,258
33 <b>Total liabilities and net assets/fund balances</b> .....	131,426,355	33	147,445,991	

**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>	<b>19,963,739</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>6,699,663</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>13,264,076</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>129,909,284</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>1,537,812</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>1,376,086</b>
<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>	<b>146,087,258</b>

**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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>X</b>
<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		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) MCCRAY V BENSON										
(12) PRESIDENT/CEO	40.00 0.00			X				196,332	0	36,269
(21) RACHEL W BUCHANAN										
(13) CFO	40.00 0.00			X				112,493	0	20,183
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Subtotal</b>								<b>308,825</b>		<b>56,452</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

	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>		
<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>		
<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>		

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**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

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF HENDERSON  
COUNTY INC

Employer identification number

56-1330792

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).)
- 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 1/3% 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 1/3% 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 on 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)						
Total						

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,265,975	4,283,629	6,229,066	5,909,461	6,488,621	27,176,752
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	4,265,975	4,283,629	6,229,066	5,909,461	6,488,621	27,176,752
<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)						2,949,253
<b>6</b> Public support. Subtract line 5 from line 4						24,227,499

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	4,265,975	4,283,629	6,229,066	5,909,461	6,488,621	27,176,752
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,971,479	2,392,464	5,121,017	3,510,601	4,166,404	18,161,965
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	52,383	58,800	54,264	5,362	77,809	248,618
<b>11 Total support.</b> Add lines 7 through 10						45,587,335
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	

**13 First 5 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>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	53.15 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	57.37 %
<b>16a 33 1/3% support test — 2023.</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 — 2022.</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 — 2023.</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 — 2022.</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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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.)						
<b>14 First 5 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>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33 1/3% support tests — 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 33 1/3% support tests — 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> 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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
<b>b</b> <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?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>		
<b>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</b> 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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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 Part VI 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 Part VI 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 Part VI 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<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 line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<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? If "Yes" or "No," provide details in Part VI.			
<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 Part VI 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.

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7 ☐ 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)

Section D – Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 .....			
<b>b</b> From 2019 .....			
<b>c</b> From 2020 .....			
<b>d</b> From 2021 .....			
<b>e</b> From 2022 .....			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 .....			
<b>b</b> Excess from 2020 .....			
<b>c</b> Excess from 2021 .....			
<b>d</b> Excess from 2022 .....			
<b>e</b> Excess from 2023 .....			

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 170,809

SUPPLEMENTAL INFORMATION

MANAGEMENT FEES COLLECTED FROM ORGANIZATIONAL FUNDS

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**COMMUNITY FOUNDATION OF HENDERSON  
COUNTY INC**

Employer identification number

**56-1330792**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- <sup>1</sup>
- /
- <sub>3</sub>
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization <b>COMMUNITY FOUNDATION OF HENDERSON</b>	Employer identification number <b>56-1330792</b>
--	---

**Part I**   **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 208,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 500,150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,970,585	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 149,583	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 203,746	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 260,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Part II

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PUBLICLY TRADED STOCK	\$ 1,059,730	06/04/23
3	PUBLICLY TRADED STOCK	\$ 1,710,855	06/05/23
4	PUBLICLY TRADED STOCK	\$ 149,583	09/11/23
5	PUBLICLY TRADED STOCK	\$ 42,347	07/06/23
5	PUBLICLY TRADED STOCK	\$ 35,607	07/10/23
		\$	



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	130	
2 Aggregate value of contributions to (during year)	996,321	
3 Aggregate value of grants from (during year)	1,440,312	
4 Aggregate value at end of year	21,124,550	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

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

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

**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 **d** ☐ Loan or exchange program  
**b** ☐ Scholarly research **e** ☐ Other .....

**c** ☐ Preservation for future generations

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

	Amount
<b>c</b> Beginning balance .....	<b>1c</b> .....
<b>d</b> Additions during the year .....	<b>1d</b> .....
<b>e</b> Distributions during the year .....	<b>1e</b> .....
<b>f</b> Ending balance .....	<b>1f</b> .....

**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 .....	109,083,141	109,809,079	127,011,472	98,932,450	104,460,079
<b>b</b> Contributions .....	4,908,010	3,690,426	4,679,586	2,173,566	2,447,905
<b>c</b> Net investment earnings, gains, and losses .....	13,452,374	-102,014	-17,089,841	30,553,326	-3,744,685
<b>d</b> Grants or scholarships .....	3,517,815	3,256,105	3,514,509	3,374,661	3,041,730
<b>e</b> Other expenditures for facilities and programs .....			9,660	10,365	10,236
<b>f</b> Administrative expenses .....	1,142,177	1,058,245	1,267,969	1,262,844	1,178,883
<b>g</b> End of year balance .....	122,783,533	109,083,141	109,809,079	127,011,472	98,932,450

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

**a** Board designated or quasi-endowment **3.95 %**

**b** Permanent endowment **96.05 %**

**c** Term endowment %

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

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

**(i)** Unrelated organizations? .....

**(ii)** Related organizations? .....

	Yes	No
<b>3a(i)</b> .....		<b>X</b>
<b>3a(ii)</b> .....		<b>X</b>
<b>3b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....		

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

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		449,300		449,300
<b>b</b> Buildings .....		848,935	639,683	209,252
<b>c</b> Leasehold improvements .....		559,790	232,924	326,866
<b>d</b> Equipment .....		94,305	105,319	-11,014
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				974,404

**Part VII Investments – Other Securities**

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

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

**Part VIII Investments – Program Related**

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

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

**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, line 15, col. (B))	

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LIABILITY UNDER TRUST AGREEMENTS</b>	<b>1,303,908</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>1,303,908</b>

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.

1	Total revenue, gains, and other support per audited financial statements	1	21,345,421
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,537,812
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,537,812
3	Subtract line 2e from line 1	3	19,807,609
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	156,130
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	156,130
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,963,739

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

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

1	Total expenses and losses per audited financial statements	1	6,543,533
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,543,533
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	156,130
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	156,130
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,699,663

**Part XIII Supplemental Information**

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

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

THE PURPOSE OF ENDOWMENTS ARE TO PROVIDE A PERMANENT SOURCE OF GRANT MONIES FOR GENERAL OR SPECIFIC PURPOSES. THE FOUNDATION AWARD GRANTS THROUGH COMPETITIVE, DESIGNATED, FIELD OF INTEREST AND DONOR ADVISED ENDOWMENTS.

**PART X - FIN 48 FOOTNOTE**

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SEC 501C3 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.

**Part XIII** Supplemental Information *(continued)*

THE FOUNDATION'S FORM 990 FOR THE TAX YEARS ENDED JUNE 30, 2023, 2022, AND 2021 ARE SUBJECT TO EXAMINATION BY THE IRS GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

**PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION**

CONTRIBUTIONS TO ORGANIZATIONAL ENDOWMENTS AND INVESTMENT INCOME FROM ORGANIZATIONAL ENDOWMENTS.

SCHEDULE I  
(Form 990)

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

2023

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
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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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ADVENTHEALTH HENDERSONVILLE FOUNDAT 100 HOSPITAL DR HENDERSONVILLE NC 28792	59-2219301	501C3	81,577				
(2)	AGUDAS ISRAEL CONGREGATION 505 GLASGOW LN HENDERSONVILLE NC 28739	56-1150425	501C3	10,621				
(3)	ALL SAINTS ANGLICAN CHURCH 15 MCDOWELL RD MILLS RIVER NC 28759	56-2096652	501C3	5,979				
(4)	APPALACHIAN WILDLIFE REFUGE P.O. BOX 824 CANDLER NC 28715	47-2214085	501C3	13,000				
(5)	ARTHRITIS FOUNDATION 1355 PEACHTREE ST ATLANTA GA 30309	58-1341679	501C3	5,177				
(6)	ARTS COUNCIL OF HENDERSON COUNTY PO BOX 767 HENDERSONVILLE NC 28793	58-1430933	501C3	6,652				
(7)	ASHEVILLE ART MUSEUM P.O. BOX 1717 ASHEVILLE NC 28802	56-6060776	501C3	11,804				
(8)	ASPCA 424 EAST 92ND ST NEW YORK NY 10128	13-1623829	501C3	10,412				
(9)	BABIES NEED BOTTOMS PO BOX 5171 ASHEVILLE NC 28813	82-3574436	501C3	20,000				

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	128
3	Enter total number of other organizations listed in the line 1 table	0

SCHEDULE I  
(Form 990)

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

2023

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
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BAT CAVE BAPTIST CHURCH P. O. BOX 247 BAT CAVE NC 28710	56-1291944	501C3	11,269				
(2)	BIG BROTHERS BIG SISTERS OF WESTERN 50 S FRENCH BROAD ST ASHEVILLE NC 28801	58-1505917	501C3	13,300				
(3)	BILTMORE CHURCH 35 CLAYTON RD ARDEN NC 28704	56-6090142	501C3	20,000				
(4)	BLACK HISTORY RESEARCH COMMITTEE OF 418 MINE GAP RD FLAT ROCK NC 28726	87-4481269	501C3	25,000				
(5)	BLACK MOUNTAIN HOME FOR CHILDREN, Y 80 LAKE EDEN RD BLACK MOUNTAIN NC 28711	56-0538018	501C3	33,931				
(6)	BLUE RIDGE COMMUNITY COLLEGE EDUCAT 180 WEST CAMPUS DR FLAT ROCK NC 28731	51-0175113	501C3	20,676				
(7)	BLUE RIDGE COMMUNITY HEALTH SERVICE 304 CHADWICK AVE HENDERSONVILLE NC 28792	58-2009280	501C3	6,085				
(8)	BLUE RIDGE HUMANE SOCIETY 1214 GREENVILLE HWY HENDERSONVILLE NC 28792	56-6048726	501C3	176,530				
(9)	BOUNTIFUL CITIES PROJECT PO BOX 898 ASHEVILLE NC 28802	05-0587434	501C3	32,000				

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

SCHEDULE I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
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OMB No. 1545-0047

2023

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 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
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BOYS & GIRLS CLUB OF HENDERSON COUN P.O. BOX 1460 HENDERSONVILLE NC 28793	56-1803125	501C3	147,020				
(2)	CENTER FOR CULTURAL PRESERVATION, I PO BOX 1066 FLAT ROCK NC 28731	27-1043702	501C3	40,000				
(3)	CHAMPIONS FOR WILDLIFE PO BOX 128 LYNN NC 28750	87-4584220	501C3	8,700				
(4)	CHATHAM HALL 800 CHATHAM HALL CIR CHATHAM VA 24531	54-0505878	501C3	10,000				
(5)	CHILDREN & FAMILY RESOURCE CENTER O 851 CASE ST HENDERSONVILLE NC 28792	56-2113878	501C3	129,435				
(6)	CHILDREN'S CANCER PARTNERS FOR THE 900 S PINE ST SPARTANBURG SC 29302	56-2496146	501C3	15,000				
(7)	CHIMNEY ROCK BAPTIST CHURCH 270 BOYS CAMP RD LAKE LURE NC 28746	56-0752157	501C3	10,000				
(8)	COLABORATIVA LA MILPA 528 EMMA RD ASHEVILLE NC 28806	20-8303608	501C3	8,000				
(9)	CONSERVING CAROLINA 847 CASE ST HENDERSONVILLE NC 28792	56-6449365	501C3	101,799				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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(1)	CORNELL LAB OF ORNITHOLOGY 159 SAPSUCKER WOOD RD ITHACA NY 14850	15-0532082	501C3	10,662				
(2)	CROSSNORE COMMUNITIES FOR CHILDREN 709 5TH AVE HENDERSONVILLE NC 28739	56-0567980	501C3	25,000				
(3)	EAGLE MARKET STREETS DEVELOPMENT CO 70 S MARKET ST ASHEVILLE NC 28801	58-2140995	501C3	68,000				
(4)	EAST FLAT ROCK CARE CENTER 103 W BLUE RD FLAT ROCK NC 28726	56-1942796	501C3	18,400				
(5)	ENVIRONMENTAL DEFENSE FUND, INC. 257 PARK AVE S NEW YORK NY 10010	11-6107128	501C3	14,943				
(6)	FAIRFIELD MOUNTAINS CHAPEL 1384 BUFFALO CREEK RD LAKE LURE NC 28746	58-1494631	501C3	35,000				
(7)	FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 6544 HENDERSONVILLE NC 28793	44-0610626	501C3	8,500				
(8)	FIRST BAPTIST CHURCH 312 5TH AVE HENDERSONVILLE NC 28739	62-0721470	501C3	9,637				
(9)	FIRST BAPTIST CHURCH CAROLINA BEACH 409 NORTH LAKE BLVD CAROLINA BEACH NC 28428	56-0886986	501C3	7,160				

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(1)	FIRST CONGREGATIONAL CHURCH 1735 5TH AVE HENDERSONVILLE NC 28739		501C3	9,816				
(2)	FIRST CONGREGATIONAL UNITED CHURCH 1031 SOUTH EUCLID AVE SARASOTA FL 34237	59-0896302	501C3	5,520				
(3)	FIRST UNITED METHODIST CHURCH OF HE 204 6TH AVE HENDERSONVILLE NC 28739	26-2664469	501C3	67,173				
(4)	FLAT ROCK PARK AND RECREATION FOUN 110 VILLAGE CENTER DR FLAT ROCK NC 28731	61-1717036	501C3	12,500				
(5)	FLAT ROCK PLAYHOUSE P.O. BOX 310 FLAT ROCK NC 28731	56-0571518	501C3	29,119				
(6)	FLETCHER ACADEMY P.O. BOX 5440 FLETCHER NC 28732	56-1432644	501C3	11,582				
(7)	FLYING CLOUD INSTITUTE 20 STOCKBRIDGE RD GREAT BARRINGTON MA 01230	04-2730172	501C3	20,000				
(8)	FOUR SEASONS COMPASSION FOR LIFE FO 571 SOUTH ALLEN RD FLAT ROCK NC 28731	56-1252665	501C3	33,500				
(9)	FOUR SEASONS HOSPICE 211 N MAIN ST HENDERSONVILLE NC 28792	47-5508988	501C3	10,683				

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(1)	FRIENDS OF CARL SANDBURG AT CONNEMA P.O. BOX 16 FLAT ROCK NC 28731	56-1597460	501C3	5,019				
(2)	FRIENDS OF HENDERSON COUNTY PUBLIC P.O. BOX 2317 HENDERSONVILLE NC 28793	56-6095455	501C3	90,299				
(3)	GREEN RIVER COMMUNITY ASSOCIATION PO BOX 82 ZIRCONIA NC 28790	01-0968313	501C3	11,000				
(4)	HAWAII COMMUNITY FOUNDATION 444 HANA HWY KAHULUI HI 96732	99-0261283	501C3	10,000				
(5)	HELPING HAND DEVELOPMENTAL CENTER P.O. BOX 222 FLAT ROCK NC 28726	51-0138781	501C3	7,443				
(6)	HENDERSON COUNTY COUNCIL ON AGING 105 KING CREEK BLVD HENDERSONVILLE NC 28792	56-0936674	501C3	26,450				
(7)	HENDERSON COUNTY EDUCATION FOUNDATI P.O. BOX 1267 HENDERSONVILLE NC 28793	58-1734733	501C3	48,826				
(8)	HENDERSON COUNTY FREE MEDICAL CLINI 841 CASE ST HENDERSONVILLE NC 28792	56-2212024	501C3	44,541				
(9)	HENDERSON COUNTY GENEALOGICAL & HIS 400 N. MAIN ST HENDERSONVILLE NC 28792	56-1386421	501C3	6,042				

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(1)	HENDERSON COUNTY PUBLIC LIBRARY 301 NORTH WASHINGTON ST HENDERSONVILLE NC 28739	56-6000307	501C3	71,862				
(2)	HENDERSON COUNTY PUBLIC SCHOOLS 414 FOURTH AVE HENDERSONVILLE NC 28739	56-1821543	501C3	99,672				
(3)	HENDERSON COUNTY YOUNG LEADERS PROG PO BOX 751 HENDERSONVILLE NC 28793	26-0770191	501C3	38,342				
(4)	HENDERSONVILLE HIGH SCHOOL ALUMNI A PO BOX 179 HENDERSONVILLE NC 28793	56-2235074	501C3	5,981				
(5)	HENDERSONVILLE LIONS CLUB FOUNDATIO PO BOX 2093 HENDERSONVILLE NC 28793	20-3156947	501C3	5,808				
(6)	HENDERSONVILLE PRESBYTERIAN CHURCH 699 NORTH GROVE ST HENDERSONVILLE NC 28792	47-1424434	501C3	30,362				
(7)	HENDERSONVILLE RESCUE MISSION P.O. BOX 1512 HENDERSONVILLE NC 28793	58-1480173	501C3	23,111				
(8)	HENDERSONVILLE SYMPHONY ORCHESTRA P.O. BOX 1811 HENDERSONVILLE NC 28793	56-1063207	501C3	48,745				
(9)	HOMES FOR YOUTH INC. PO BOX 1581 FLAT ROCK NC 28731	47-1768022	501C3	14,500				

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(1)	HOPE COALITION - HENDERSONVILLE 109 FLORENCE ST HENDERSONVILLE NC 28792	86-1730600	501C3	50,500				
(2)	HOUSING ASSISTANCE CORPORATION 214 N KING ST HENDERSONVILLE NC 28792	58-1831757	501C3	53,910				
(3)	IMMACULATE CONCEPTION CHURCH 611 N CHURCH ST HENDERSONVILLE NC 28792	53-0196617	501C3	8,353				
(4)	INTERFAITH ASSISTANCE MINISTRY P.O. BOX 2562 HENDERSONVILLE NC 28793	58-1556963	501C3	94,688				
(5)	IRENE WORTHAM CENTER 916 WEST CHAPEL RD ASHEVILLE NC 28803	56-0733452	501C3	15,000				
(6)	JEWISH FAMILY SERVICES OF WNC, INC. 2 DOCTORS PARK ASHEVILLE NC 28801	45-2497063	501C3	15,000				
(7)	JEWISH FEDERATION OF GREATER ATLANT 1440 SPRING ST ATLANTA GA 30309	58-1021791	501C3	50,000				
(8)	KENTUCKY HEALTH JUSTICE NETWORK INC PO BOX 4761 LOUISVILLE KY 40204	27-1246514	501C3	10,500				
(9)	LITERACY CONNECTION 59 E CLAIRMONT DR HENDERSONVILLE NC 28791	56-1691110	501C3	21,209				

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(1)	LOVE AND RESPECT COMMUNITY FOR RECO 120 CHADWICK SQUARE CT HENDERSONVILLE NC 28739	86-2022683	501C3	25,000				
(2)	MANNA FOOD BANK 627 SWANNANOA RIVER RD ASHEVILLE NC 28805	58-1514800	501C3	41,350				
(3)	MARS HILL UNIVERSITY 100 ATHLETIC ST MARS HILL NC 28754	56-0554207	501C3	9,100				
(4)	MEDICAL LOAN CLOSET OF HENDERSON CO 1225 7TH AVE HENDERSONVILLE NC 28792	26-2933780	501C3	37,425				
(5)	MERIDIAN BEHAVIORAL HEALTH SERVICES 131 WALNUT ST WAYNESVILLE NC 28786	56-2280613	501C3	15,000				
(6)	MILLS RIVER LIFE ENRICHMENT CENTER 137 OLD TURNPIKE RD MILLS RIVER NC 28759	83-4700354	501C3	12,000				
(7)	MILLS RIVER UNITED METHODIST CHURCH 137 OLD TURNPIKE RD MILLS RIVER NC 28759		501C3	6,000				
(8)	MINISTRY SEVEN D/B/A HENDERSONVILLE P.O. BOX 1512 HENDERSONVILLE NC 28793	58-1480173	501C3	112,489				
(9)	MOUNTAINCARE, INC. PO BOX 5956 ASHEVILLE NC 28813	56-2005198	501C3	13,631				

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(1)	MOUNTAINTRUE 29 N. MARKET ST ASHEVILLE NC 28801	56-1422691	501C3	22,188				
(2)	MT. PISGAH LUTHERAN CHURCH 2606 CHIMNEY ROCK RD HENDERSONVILLE NC 28792	56-6166242	501C3	8,500				
(3)	NAMI WESTERN CAROLINA 356 BILTMORE AVE ASHEVILLE NC 28801	58-1769796	501C3	7,935				
(4)	NATIONAL ALLIANCE FOR RESEARCH/SCHI 747 THIRD AVE NEW YORK NY 10017	31-1020010	501C3	15,840				
(5)	NATIONAL AUDOBON SOCIETY 225 VARICK ST NEW YORK NY 10014	13-1624102	501C3	10,412				
(6)	OPEN DOORS OF ASHEVILLE 290 HAYWOOD RD ASHEVILLE NC 28806	27-1543937	501C3	10,000				
(7)	PACK PLACE PERFORMING ARTS CENTER 18 BILTMORE AVE ASHEVILLE NC 28801	31-1524883	501C3	5,500				
(8)	PARDEE HOSPITAL FOUNDATION 561 FLEMING ST HENDERSONVILLE NC 28739	56-1930028	501C3	459,016				
(9)	PERKIOMEN SCHOOL 200 SEMINARY ST PENNSBURG PA 18073	23-1352667	501C3	10,412				

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(1)	PETA 501 FRONT ST NORFOLK VA 23510	52-1218336	501C3	10,412				
(2)	PISGAH LEGAL SERVICES PO BOX 2276 ASHEVILLE NC 28802	56-1191115	501C3	56,422				
(3)	RED CLOUD INDIAN SCHOOL 100 MISSION DR PINE RIDGE SD 57770	46-0275071	501C3	10,412				
(4)	SAFELIGHT INC 317 N WASHINGTON ST HENDERSONVILLE NC 28739	56-1469847	501C3	119,804				
(5)	SALVATION ARMY OF HENDERSON COUNTY P.O. BOX 2387 HENDERSONVILLE NC 28793	58-0660607	501C3	282,172				
(6)	SCRIPTURE AWAKENING, INC. 512 N GROVE ST HENDERSONVILLE NC 28792	54-1886930	501C3	19,000				
(7)	SHRINERS HOSPITALS FOR CHILDREN 950 WEST FARIS RD GREENVILLE SC 29605	36-2193608	501C3	16,332				
(8)	SIERRA CLUB FOUNDATION 2101 WEBSTER ST OAKLAND CA 94612	94-6069890	501C3	12,984				
(9)	SIXTH AVE PSYCHIATRIC AND REHAB. PA 218 WEST ALLEN HENDERSONVILLE NC 28739	20-5599815	501C3	42,391				

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SMART START OF HENDERSON COUNTY, IN 525 NORTH JUSTICE ST HENDERSONVILLE NC 28739	56-2092325	501C3	11,000				
(2)	ST. GERARD HOUSE 620 OAKLAND ST HENDERSONVILLE NC 28791	45-0948760	501C3	42,200				
(3)	ST. JAMES EPISCOPAL CHURCH 766 NORTH MAIN HENDERSONVILLE NC 28792	56-0682484	501C3	14,827				
(4)	ST. JOHN IN THE WILDERNESS EPISCOPA P.O. BOX 185 FLAT ROCK NC 28731	56-0843429	501C3	10,738				
(5)	ST. JOSEPH'S INDIAN SCHOOL N. MAIN STREET ST CHAMBERLAIN SD 57326	46-0235912	501C3	10,412				
(6)	ST. JUDE CHILDREN'S RESEARCH HOSPIT 501 ST JUDE PL MEMPHIS TN 38105	62-0646012	501C3	8,568				
(7)	ST. LABRE INDIAN SCHOOL P.O. BOX 216 ASHLAND MT 59003	81-0244542	501C3	10,412				
(8)	ST. PAUL'S EPISCOPAL CHURCH P.O. BOX 70 EDNEYVILLE NC 28727		501C3	7,979				
(9)	STEAP, INC PUBLIC ART: MURALS 110 OAKVALE PL HENDERSONVILLE NC 28791	46-0781022	501C3	15,000				

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

SCHEDULE I  
(Form 990)

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

2023

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 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE HOPE CENTER 552 RIDGE RD HENDERSONVILLE NC 28792	82-4305125	501C3	66,250				
(2)	THE METROPOLITAN OPERA ASSOCIATION, 30 LINCOLN CTR NEW YORK NY 10023	13-1624087	501C3	10,000				
(3)	THE PEREGRINE FUND, INC. 5668 WEST FLYING HAWK LN BOISE ID 83709	23-1969973	501C3	11,000				
(4)	THRIVE 218 W ALLEN ST HENDERSONVILLE NC 28739	20-5599815	501C3	5,055				
(5)	TRINITY PRESBYTERIAN CHURCH 900 BLYTHE ST HENDERSONVILLE NC 28739	56-0898465	501C3	23,000				
(6)	TULANE UNIVERSITY 1555 POYDRAS ST NEW ORLEANS LA 70118	72-0423889	501C3	10,412				
(7)	UNITARIAN UNIVERSALIST FELLOWSHIP 409 E PATTERSON ST HENDERSONVILLE NC 28739	56-2001581	501C3	15,000				
(8)	UNITED WAY OF HENDERSON COUNTY PO BOX 487 HENDERSONVILLE NC 28793	56-0890133	501C3	90,364				
(9)	UNITY CENTER OF ASHEVILLE, INC. 130 SHELBURNE RD ASHEVILLE NC 28806		501C3	6,800				

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

SCHEDULE I  
(Form 990)

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

2023

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
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF FLORIDA-DEPT WILDLIFE ATTN HEATHER BRADLEY GAINESVILLE FL 32611		501C3	7,000				
(2)	UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK ST MINNEAPOLIS MN 55455	41-6042488	501C3	10,412				
(3)	VETERANS HEALING FARM 38 YALE RD HENDERSONVILLE NC 28739	46-5689396	501C3	27,281				
(4)	VOCATIONAL SOLUTIONS OF HENDERSON C 2110 SPARTANBURG HWY FLAT ROCK NC 28720	56-0897854	501C3	17,103				
(5)	WAKE FOREST BAPTIST MEDICAL CENTER PO BOX 571021 WINSTON-SALEM NC 27157	22-3849199	501C3	16,157				
(6)	WESTERN CAROLINA RESCUE MINISTRIES PO BOX 909 ASHEVILLE NC 28802	56-1249407	501C3	10,000				
(7)	WESTERN NORTH CAROLINA PUBLIC RADIO 73 BROADWAY ASHEVILLE NC 28801	58-1445328	501C3	10,000				
(8)	WILL AND DENI MCINTYRE FOUNDATION 77 BEAR ROCK RD HENDERSONVILLE NC 28739	26-3029274	501C3	40,000				
(9)	WNC PILOTS ASSOCIATION EDUCATIONAL 36 FRANKLIN FARM RD FLETCHER NC 28732	46-1959190	501C3	111,091				

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

SCHEDULE I  
(Form 990)

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

2023

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 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WNCSOURCE P.O. BOX 685 HENDERSONVILLE NC 28793	56-0846319	501C3	27,267				
(2)	WORLD WILDLIFE FUND INC 1250 24TH ST WASHINGTON DC 20037	52-1693387	501C3	10,412				
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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 SCHOLARSHIPS		501,799			
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.

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

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Supplemental Information

SCHEDULE I  
(Form 990)

For calendar year 2023, or tax year beginning 07/01/23 , and ending 06/30/24

2023

Name of the organization  
COMMUNITY FOUNDATION OF HENDERSON  
COUNTY INC

Employer identification number  
56-1330792

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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 388  
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,  
EDUCATION AND OTHER PHILANTHROPIC INTERESTS.

THE FOUNDATION STRIVES TO CONNECT THOSE WHO HAVE PHILANTHROPIC RESOURCES TO  
THE ORGANIZATIONS AND CAUSES THAT MEET DONOR CHARITABLE INTERESTS.

**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

**2023****Open to Public  
Inspection****COMMUNITY FOUNDATION OF HENDERSON  
COUNTY INC**

Employer identification number

**56-1330792****Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

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

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

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

**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 and/or 1099-NEC 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	MCCRAY V BENSON PRESIDENT/CEO	(i) 196,332	(ii) 0	(iii) 0	16,272	19,997	232,601	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2		(i)	(ii)	(iii)				
		(ii)						
3		(i)	(ii)	(iii)				
		(ii)						
4		(i)	(ii)	(iii)				
		(ii)						
5		(i)	(ii)	(iii)				
		(ii)						
6		(i)	(ii)	(iii)				
		(ii)						
7		(i)	(ii)	(iii)				
		(ii)						
8		(i)	(ii)	(iii)				
		(ii)						
9		(i)	(ii)	(iii)				
		(ii)						
10		(i)	(ii)	(iii)				
		(ii)						
11		(i)	(ii)	(iii)				
		(ii)						
12		(i)	(ii)	(iii)				
		(ii)						
13		(i)	(ii)	(iii)				
		(ii)						
14		(i)	(ii)	(iii)				
		(ii)						
15		(i)	(ii)	(iii)				
		(ii)						
16		(i)	(ii)	(iii)				
		(ii)						



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

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

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.

OMB No. 1545-0047

**2023****Open To Public  
Inspection****COUNTY INC**

Employer identification number

**56-1330792****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art .....				
2 Art — Historical treasures .....				
3 Art — Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities — Publicly traded .....	<b>X</b>	<b>14</b>	<b>3,203,271</b>	<b>FAIR MARKET VALUE</b>
10 Securities — Closely held stock .....				
11 Securities — Partnership, LLC, or trust interests .....				
12 Securities — Miscellaneous .....				
13 Qualified conservation contribution — Historic structures .....				
14 Qualified conservation contribution — Other .....				
15 Real estate — Residential .....				
16 Real estate — Commercial .....				
17 Real estate — Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement .....**29****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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....**Yes No**

<b>30a</b>		<b>X</b>

**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? .....

<b>31</b>	<b>X</b>	
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**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

<b>32a</b>		<b>X</b>
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**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.

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - SUPPLEMENTAL INFORMATION

14 CONTRIBUTIONS OF DONATED STOCK IS BASED ON INDIVIDUAL CONTRIBUTORS,

REGARDLESS OF HOW MANY SHARES OR HOW MANY TIMES THEY CONTRIBUTED.

SCHEDULE O  
(Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization	COMMUNITY FOUNDATION OF HENDERSON COUNTY INC	Employer identification number	56-1330792
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FORM 990 - 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.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

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 398 ORGANIZATIONS REPRESENTING A BROAD SPECTRUM OF SERVICES.

GRANTS ARE CATEGORIZED INTO NINE PROGRAM AREAS: ANIMAL CARE, ARTS AND  
CULTURE, CIVIC AND COMMUNITY AFFAIRS, CONSERVATION, EDUCATION, HEALTH,  
HUMAN SERVICES, RELIGIOUS, AND OTHER. THE FOUNDATION USES STRATEGIES ON  
CONVENING COMMUNITY INTEREST; ENGAGE LEADERSHIP, VOLUNTEERS AND  
ORGANIZATIONS TO WORK COLLABORATIVELY ON COMMUNITY ISSUES.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF HENDERSON

56-1330792

THE FOUNDATION WAS ORIGINALLY FOUNDED WITH FUNDS DESIGNATED FOR SCHOLARSHIP PURPOSES. OVER THE YEARS, THIS AREA OF FOCUS HAS GROWN TO NOW INCLUDE 117 SCHOLARSHIPS 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 2023-2024, ACADEMIC AWARDS AND SCHOLARSHIPS WERE AWARDED TO 266 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.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT. UPON COMPLETION AND REVIEW, THE RETURN WAS PROVIDED TO THE GOVERNING BODY BEFORE SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
AT THE FIRST BOARD MEETING OF EACH FISCAL YEAR, EACH OF BOARD OF DIRECTOR IS REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST FORM, INCLUDING REQUEST FOR SELF-DISCLOSURE DURING FUTURE VOTES AND ACTIONS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE PRIMARY SOURCE FOR COMPARABILITY DATA IS "GRANT MAKERS SALARY AND BENEFITS REPORT" PUBLISHED ANNUALLY BY COUNCIL ON FOUNDATIONS.

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF HENDERSON	56-1330792

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ALL GOVERNING DOCUMENTS ARE MAINTAINED ONLINE AND MADE AVAILABLE UPON  
REQUEST, FINANCIAL AUDIT RESULTS ARE PUBLISHED ON THE ORGANIZATIONS  
WEBSITE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

CHANGE IN FUNDS HELD AS ORG ENDOWMENTS \$ 1,376,086