

Form **990**

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 for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

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**

D Employer identification number: **56-1330792**
E Telephone number: **828-697-6224**
G Gross receipts: **27,857,255**

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

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **CFHCFOREVER.ORG** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other
L Year of formation: **1982** **M** State of legal domicile: **NC**

Part I Summary

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	72
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,488,621	Current Year 12,243,071
	9 Program service revenue (Part VIII, line 2g)		38,604
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,194,552	8,379,824
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	280,566	-120,868
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,963,739	20,540,631
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,205,947	9,231,790
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	786,828	774,457
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	174,532	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	706,888	903,942
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,699,663	10,910,189
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	13,264,076	9,630,442
	20 Total assets (Part X, line 16)	Beginning of Current Year 147,445,991	End of Year 168,191,298
	21 Total liabilities (Part X, line 26)	1,358,733	1,560,560
	22 Net assets or fund balances. Subtract line 21 from line 20	146,087,258	166,630,738

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** Date: _____
 Type or print name and title: **PRESIDENT/CEO**

Paid Preparer Use Only
 Preparer's name: **ALAN TOLER** Preparer's signature: **ALAN TOLER** Date: **05/15/26** Check if PTIN self-employed **P01522061**
 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

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 \$ **9,394,102** including grants of \$ **8,326,030**) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ **575,200** including grants of \$ **575,200**) (Revenue \$)

THE FOUNDATION WAS ORIGINALLY FOUNDED WITH FUNDS DESIGNATED FOR SCHOLARSHIP PURPOSES. OVER THE YEARS, THIS AREA OF FOCUS HAS GROWN TO NOW INCLUDE 124 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 2024-2025, ACADEMIC AWARDS AND SCHOLARSHIPS WERE AWARDED TO 244 INDIVIDUALS PRIMARILY IN HENDERSON COUNTY, NORTH CAROLINA. THE MAJORITY OF THE FOUNDATION SCHOLARSHIPS ARE BASED ON ACADEMIC ABILITY AND FINANCIAL NEED. HOWEVER, SOME SCHOLARSHIPS HAVE SPECIFIC ELIGIBILITY REQUIREMENTS BASED ON THE DONOR'S CHARITABLE DESIRES. ACTUAL AWARDS VARY DEPENDING UPON THE AVAILABLE INCOME IN EACH INDIVIDUAL SCHOLARSHIP FUND.

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

N/A

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses **9,969,302**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		X		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15				X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16				X
17	Section 501(c)(21) organizations. 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.	17				

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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 401 N MAIN ST STE 300 NC 28792 828-697-6224
HENDERSONVILLE

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) RUTH BIRGE	3.00									
CHAIR	0.00	X		X				0	0	0
(2) BILL HALE	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) DORA KATSADOUROUS	2.00									
SECRETARY	0.00	X		X				0	0	0
(5) STAN DUNCAN	2.00									
PAST CHAIR	0.00	X		X				0	0	0
(6) KEN ADAMS	2.00									
DIRECTOR	0.00	X						0	0	0
(7) JIMMY CHANDLER	2.00									
DIRECTOR	0.00	X						0	0	0
(8) STEVEN DOZIER	2.00									
DIRECTOR	0.00	X						0	0	0
(9) ANDERSON ELLIS	2.00									
DIRECTOR	0.00	X						0	0	0
(10) JULIA FAWCETT	2.00									
DIRECTOR	0.00	X						0	0	0
(11) ERIC GASH	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 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) MATT HENRY										
(12) DIRECTOR	2.00 0.00	X					0	0	0	
(13) JAN KING										
(13) DIRECTOR	2.00 0.00	X					0	0	0	
(14) RENEE KUMAR										
(14) DIRECTOR	2.00 0.00	X					0	0	0	
(15) BRYCE MALSBARY										
(15) DIRECTOR	2.00 0.00	X					0	0	0	
(16) CAROLINA MCCREADY										
(16) DIRECTOR	2.00 0.00	X					0	0	0	
(17) LUTRELLE O'CAIN										
(17) DIRECTOR	2.00 0.00	X					0	0	0	
(18) PENNY SUMMEY										
(18) DIRECTOR	2.00 0.00	X					0	0	0	
(19) KEVIN YOUNG										
(19) DIRECTOR	2.00 0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A							328,268		50,580	
d Total (add lines 1b and 1c)							328,268		50,580	

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,243,071				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,827,901				
	h Total. Add lines 1a-1f		12,243,071				
Program Service Revenue	2a RENTAL	Business Code					
		532000	38,604	38,604			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		38,604					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,425,822			7,425,822	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		6b					
	b Less: rental expenses						
	c Rental inc. or (loss)						
	6c						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	8,270,626				
		b Less: cost or other basis and sales exps.					
	7b	7,312,118	4,506				
	c Gain or (loss)						
7c	958,508	-4,506					
d Net gain or (loss)			954,002			954,002	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
	8b						
b Less: direct expenses							
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	9b						
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold						
10b							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a ADMINISTRATIVE FEES	Business Code					
		541610	76,085			76,085	
	b OTHER INCOME	900099	21,720			21,720	
	c CHANGE IN VALUE OF SPLIT INT	525920	-218,673			-218,673	
	d All other revenue						
e Total. Add lines 11a-11d			-120,868				
12 Total revenue. See instructions			20,540,631	38,604	0	8,258,956	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,656,590	8,656,590		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	575,200	575,200		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	420,168	205,034	171,229	43,905
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	221,129	56,413	104,602	60,114
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,606	17,460	8,852	16,294
9 Other employee benefits	47,192	20,698	4,652	21,842
10 Payroll taxes	43,362	17,770	18,456	7,136
11 Fees for services (nonemployees):				
a Management				
b Legal	11,757		11,757	
c Accounting	25,565		25,565	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	169,868	84,934	84,934	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	84,331		84,331	
12 Advertising and promotion	5,392	2,200	2,696	496
13 Office expenses	81,155	32,188	37,275	11,692
14 Information technology	123,790	59,736	53,353	10,701
15 Royalties				
16 Occupancy	36,535	10,960	25,575	
17 Travel	13,226	4,397	7,202	1,627
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	100,279	10,431	89,848	
23 Insurance	15,356		14,631	725
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ANNUITY PAYMENTS	194,290	194,290		
b OTHER	42,398	21,001	21,397	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,910,189	9,969,302	766,355	174,532
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing		1
	2 Savings and temporary cash investments	8,448,091	2 10,893,061
	3 Pledges and grants receivable, net	229,182	3 207,063
	4 Accounts receivable, net	7,337	4 13,826
	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	28,747	9 22,493
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,695,031	
	b Less: accumulated depreciation	10b 950,621	10c 974,404
	11 Investments—publicly traded securities	137,683,230	11 151,235,445
	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 Total assets. Add lines 1 through 15 (must equal line 33)	147,445,991	16 168,191,298	
Liabilities	17 Accounts payable and accrued expenses	54,825	17 37,979
	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	1,303,908	25 1,522,581
	26 Total liabilities. Add lines 17 through 25	1,358,733	26 1,560,560
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.	
27 Net assets without donor restrictions		18,916,130	27 24,595,811
28 Net assets with donor restrictions		127,171,128	28 142,034,927
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
29 Capital stock or trust principal, or current funds			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 Total net assets or fund balances		146,087,258	32 166,630,738
33 Total liabilities and net assets/fund balances	147,445,991	33 168,191,298	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,540,631
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,910,189
3	Revenue less expenses. Subtract line 2 from line 1	3	9,630,442
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	146,087,258
5	Net unrealized gains (losses) on investments	5	10,913,036
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	166,630,738

Part XII Financial Statements and Reporting

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

		Yes	No
1	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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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	X	
2c	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.	X	
3a	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?		X
3b	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 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				214,737	0	30,500
(21) RACHEL W BUCHANAN										
(13) CFO	40.00 0.00			X				113,531	0	20,080
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal								328,268		50,580
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

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 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF HENDERSON COUNTY INC	Employer identification number 56-1330792
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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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,283,629	6,229,066	5,909,461	6,488,621	12,243,071	35,153,848
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,283,629	6,229,066	5,909,461	6,488,621	12,243,071	35,153,848
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,308,015
6 Public support. Subtract line 5 from line 4.						29,845,833

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	4,283,629	6,229,066	5,909,461	6,488,621	12,243,071	35,153,848
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,392,464	5,121,017	3,510,601	4,166,404	7,425,822	22,616,308
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	58,800	54,264	5,362	77,809	76,085	272,320
11 Total support. Add lines 7 through 10						58,042,476
12 Gross receipts from related activities, etc. (see instructions)					12	38,604
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	51.42 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	53.15 %
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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? <i>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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. 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	
1	Amounts paid to supported organizations to accomplish exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		8	
9	Distributable amount for 2024 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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
\$ 272,320

SUPPLEMENTAL INFORMATION
ADMINISTRATIVE FEES COLLECTED FROM ORGANIZATIONAL FUNDS.

**Schedule B
(Form 990)**
(Rev. December 2024)
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 for the latest information.

OMB No. 1545-0047

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 foundation

Check 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 33¹/₃% 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).

Name of organization

Employer identification number

COMMUNITY FOUNDATION OF HENDERSON

56-1330792

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	\$ 2,450,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 581,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 1,806,994	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 605,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 1,278,377	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 342,896	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMMUNITY FOUNDATION OF HENDERSON

56-1330792

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
1	FMV FROM SALE OF PARCEL & BUILDI	\$ 2,450,000	06/30/25
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

SCHEDULE D (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, Aggregate value of grants, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and related revenue/assets.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 in Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	122,783,533	109,083,141	109,809,079	127,011,472	98,932,450
b Contributions	2,262,377	4,908,010	3,690,426	4,679,586	2,173,566
c Net investment earnings, gains, and losses	16,322,751	13,452,374	-102,014	-17,089,841	30,553,326
d Grants or scholarships	3,751,704	3,517,815	3,256,105	3,514,509	3,374,661
e Other expenditures for facilities and programs				9,660	10,365
f Administrative expenses	1,309,760	1,142,177	1,058,245	1,267,969	1,262,844
g End of year balance	136,307,197	122,783,533	109,083,141	109,809,079	127,011,472

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **3.36** %
 - b** Permanent endowment **96.64** %
 - 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,437,800		2,437,800
b Buildings		3,710,435	731,424	2,979,011
c Leasehold improvements		474,338	169,419	304,919
d Equipment		72,458	49,778	22,680
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				5,744,410

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)		
Total. (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)		
Total. (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)	
Total. (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) LIABILITY UNDER TRUST AGREEMENTS	1,522,581
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,522,581

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	29,191,213
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	10,913,036	
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	10,913,036	
3	Subtract line 2e from line 1	3	18,278,177	
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	1,737,483	
b	Other (Describe in Part XIII.)	4b	524,971	
c	Add lines 4a and 4b	4c	2,262,454	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,540,631	

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	10,333,677
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	10,333,677	
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	169,867	
b	Other (Describe in Part XIII.)	4b	406,645	
c	Add lines 4a and 4b	4c	576,512	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,910,189	

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. THE FOUNDATION'S FORM 990 FOR THE TAX YEARS ENDED JUNE 30, 2024, 2023, AND 2022 ARE SUBJECT TO EXAMINATION BY THE IRS GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

ADD: FAS CONTRIBUTIONS \$ 524,971

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

ADD: FAS GRANTS \$ 330,560
 ADD: MANAGEMENT FEES \$ 76,085

PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FISCAL SPONSORSHIP ALLIES, INC. 3500 DEPAUW BLVD INDIANAPOLIS IN 46268	85-0839183		9,550				
(2)	RUTHERFORD RAILROAD DEVELOPMENT COR PO BOX 1491 RUTHERFORDTON NC 28139	88-4265374		286,016				
(3)	826 BOSTON 3035 WASHINGTON STREET ROXBURY MA 02119	20-8065915	501C3	10,000				
(4)	ADVENTHEALTH HENDERSONVILLE FOUNDAT 100 HOSPITAL DR HENDERSONVILLE NC 28792	59-2219301	501C3	110,627				
(5)	AMERICAN CIVIL LIBERTIES UNION OF K 325 WMAIN ST LOUISVILLE KY 40202	61-6058569	501C3	5,500				
(6)	ART LEAGUE OF HENDERSON COUNTY 730 LOCUST ST HENDERSONVILLE NC 28792	56-1424425	501C3	12,788				
(7)	ARTHRITIS FOUNDATION, INC. 1355 PEACHTREE ST ATLANTA GA 30309	58-1341679	501C3	5,307				
(8)	ARTS COUNCIL OF HENDERSON COUNTY PO BOX 767 HENDERSONVILLE NC 28793	58-1430933	501C3	38,051				
(9)	ASHEVILLE ART MUSEUM P.O. BOX 1717 ASHEVILLE NC 28802	56-6060776	501C3	16,826				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **132**

3 Enter total number of other organizations listed in the line 1 table **41**

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	ASPCA 424 EAST 92ND ST NEW YORK NY 10128	13-1623829	501C3	11,650				
(2)	AURA HOME WOMEN VETS ST MATTHIAS CHURCH PARISH HOUSE 1 D ASHEVILLE NC 28801	47-2041216	501C3	10,000				
(3)	BABIES NEED BOTTOMS PO BOX 5171 ASHEVILLE NC 28813	82-3574436	501C3	20,000				
(4)	BIG BROTHERS BIG SISTERS OF WESTERN 50 S FRENCH BROAD AVE ASHEVILLE NC 28801	58-1505917	501C3	13,000				
(5)	BLACK MOUNTAIN HOME FOR CHILDREN, Y 80 LAKE EDEN RD BLACK MOUNTAIN NC 28711	56-0538018	501C3	10,137				
(6)	BLUE RIDGE BROADCASTING CORPORATION PO BOX 159 BLACK MOUNTAIN NC 28711	56-0750258	501C3	8,500				
(7)	BLUE RIDGE COMMUNITY COLLEGE EDUCAT 180 WEST CAMPUS DR FLAT ROCK NC 28731	51-0175113	501C3	17,036				
(8)	BLUE RIDGE COMMUNITY HEALTH SERVICE 220 5TH AVE E HENDERSONVILLE NC 28792	58-2009280	501C3	5,081				
(9)	BLUE RIDGE COMMUNITY HEALTH SERVICE 220 5TH AVE E HENDERSONVILLE NC 28792	56-0794933	501C3	22,453				

- 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

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF HENDERSON
COUNTY INC**

Employer identification number
56-1330792

Part I General Information on Grants and Assistance

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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)	BLUE RIDGE HUMANE SOCIETY 1214 GREENVILLE HWY HENDERSONVILLE NC 28792	56-6048726	501C3	161,726				
(2)	BOYS AND GIRLS CLUB OF HENDERSON P.O. BOX 1460 HENDERSONVILLE NC 28793	56-1803125	501C3	367,066				
(3)	BOYS AND GIRLS CLUB OF TRANSYLVANIA 11 GALLIMORE RD BREVARD NC 28712	56-2142829	501C3	20,000				
(4)	BULLINGTON GARDENS INC 95 UPPER RED OAK TRL HENDERSONVILLE NC 28792	47-5564883	501C3	19,273				
(5)	CAMPLIFY, INC. PO BOX 751 HENDERSONVILLE NC 28793	26-0770191	501C3	14,756				
(6)	CAREGIVERS OF MOTHER EARTH 726 ST JOHNS WAY HENDERSONVILLE NC 28791	87-1661336	501C3	50,268				
(7)	CAROLINA VILLAGE 600 CAROLINA VILLAGE RD HENDERSONVILLE NC 28792	23-7179679	501C3	25,657				
(8)	CHAMPIONS FOR WILDLIFE PO BOX 128 LYNN NC 28750	87-4584220	501C3	15,000				
(9)	CHILDREN & FAMILY RESOURCE CENTER 851 CASE ST HENDERSONVILLE NC 28792	56-2113878	501C3	194,331				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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

Part I General Information on Grants and Assistance

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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)	CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON SC 29633	57-0426335	501C3	500,000				
(2)	CONSERVING CAROLINA 847 CASE ST HENDERSONVILLE NC 28792	56-6449365	501C3	60,278				
(3)	CORNELL LAB OF ORNITHOLOGY 159 SAPSUCKER WOOD RD ITHACA NY 14850	15-0532082	501C3	10,900				
(4)	CROSSNORE COMMUNITIES FOR CHILDREN 709 5TH AVE W HENDERSONVILLE NC 28739	56-0567980	501C3	45,500				
(5)	EAGLE MARKET STREETS DEVELOPMENT 70 S MARKET ST ASHEVILLE NC 28801	58-2140995	501C3	25,000				
(6)	ENVIRONMENTAL DEFENSE FUND, INC. 257 PARK AVE S NEW YORK NY 10010	11-6107128	501C3	15,348				
(7)	FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 6544 HENDERSONVILLE NC 28793	44-0610626	501C3	11,500				
(8)	FIRST CONTACT DRUG ADDICTION MINIST 106 CHADWICK AVE HENDERSONVILLE NC 28792	47-4399326	501C3	24,732				
(9)	FLAT ROCK PLAYHOUSE P.O. BOX 310 FLAT ROCK NC 28731	56-0571518	501C3	133,637				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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(1)	FLYING CLOUD INSTITUTE 20 STOCKBRIDGE RD GREAT BARRINGTON MA 01230	04-2730172	501C3	6,000				
(2)	FOOD CONNECTION 1 SCHOOL RD ASHEVILLE NC 28806	81-4190128	501C3	15,000				
(3)	FOUR SEASONS COMPASSION FOR LIFE 211 N MAIN ST HENDERSONVILLE NC 28792	47-5508988	501C3	27,475				
(4)	FRIENDS OF CARL SANDBURG AT CONNEMA PO BOX 16 FLAT ROCK NC 28731	56-1597460	501C3	5,046				
(5)	FRIENDS OF ECUSTA TRAIL PO BOX 265 BREVARD NC 28712	27-2820132	501C3	13,000				
(6)	FRIENDS OF HENDERSON COUNTY PUBLIC P.O. BOX 2317 HENDERSONVILLE NC 28793	56-6095455	501C3	92,158				
(7)	HANDS ON CHILDREN'S MUSEUM 318 N MAIN ST HENDERSONVILLE NC 28792	83-0397594	501C3	25,000				
(8)	HELPMATE, INC. PO BOX 2263 ASHEVILLE NC 28802	56-1276293	501C3	25,000				
(9)	HENDERSON COUNTY & THERMAL BELT HAB 1111 KEITH ST HENDERSONVILLE NC 28792	56-1642263	501C3	110,186				

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
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(Rev. December 2024)

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(1)	HENDERSON COUNTY COUNCIL ON AGING, 105 KING CREEK BLVD HENDERSONVILLE NC 28792	56-0936674	501C3	86,992				
(2)	HENDERSON COUNTY EDUCATION FOUNDATI 414 4TH AVE W HENDERSONVILLE NC 28739	58-1734733	501C3	352,463				
(3)	HENDERSON COUNTY FOSTER PARENT ASSO 1507 HAYWOOD RD HENDERSONVILLE NC 28791	56-2025492	501C3	29,943				
(4)	HENDERSON COUNTY FREE MEDICAL CLINI 841 CASE ST HENDERSONVILLE HENDERSONVILLE NC 28792	56-2212024	501C3	27,152				
(5)	HENDERSON COUNTY GENEALOGICAL & HIS 400 N. MAIN ST HENDERSONVILLE HENDERSONVILLE NC 28792	56-1386421	501C3	7,582				
(6)	HENDERSONVILLE CENTER FOR THE ARTS, 211 PINEHOLT LN FLAT ROCK NC 28731	52-2382432	501C3	32,855				
(7)	HENDERSONVILLE COMMUNITY BAND P.O. BOX 194 HENDERSONVILLE NC 28793	56-1731243	501C3	5,200				
(8)	HENDERSONVILLE HIGH SCHOOL ALUMNI A PO BOX 179 HENDERSONVILLE NC 28793	56-2235074	501C3	5,461				
(9)	HENDERSONVILLE KIWANIS CLUB FOUNDAT PO BOX 2138 HENDERSONVILLE NC 28793	56-1831941	501C3	5,872				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

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(1)	HENDERSONVILLE LIONS CLUB FOUNDATIO PO BOX 2093 HENDERSONVILLE NC 28793	20-3156947	501C3	5,650				
(2)	HENDERSONVILLE SYMPHONY ORCHESTRA P.O. BOX 1811 HENDERSONVILLE NC 28793	56-1063207	501C3	44,300				
(3)	HENDERSONVILLE THEATRE 229 S WASHINGTON ST HENDERSONVILLE NC 28739	23-7026989	501C3	25,000				
(4)	HISTORIC JOHNSON FARM FOUNDATION, I 3346 HAYWOOD RD HENDERSONVILLE NC 28791	84-1874209	501C3	6,935				
(5)	HOLA CAROLINA PO BOX 5146 ASHEVILLE NC 28813	82-2943079	501C3	25,000				
(6)	HOPE COALITION - HENDERSONVILLE 109 FLORENCE ST HENDERSONVILLE NC 28792	86-1730600	501C3	58,000				
(7)	HOUSING ASSISTANCE CORPORATION 214 N KING ST HENDERSONVILLE NC 28792	58-1831757	501C3	85,044				
(8)	INTERFAITH ASSISTANCE MINISTRY P.O. BOX 2562 HENDERSONVILLE NC 28793	58-1556963	501C3	55,250				
(9)	IPTAY PO BOX 1529 CLEMSON SC 29633	46-5666637	501C3	100,000				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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(1)	IRENE WORTHAM CENTER FREEZER FOR 916 WEST CHAPEL RD ASHEVILLE NC 28803	56-0733452	501C3	15,000				
(2)	JEWISH COMMUNITY CENTER OF ASHEVILL 236 CHARLOTTE ST ASHEVILLE NC 28801	56-1874077	501C3	15,000				
(3)	JEWISH FAMILY SERVICES OF WNC, INC. 2 DOCTORS PARK ASHEVILLE NC 28801	45-2497063	501C3	24,000				
(4)	JEWISH INTEREST FREE LOAN OF ATLANT 4549 CHAMBLEE DUNWOODY RD ATLANTA GA 30338	27-3711475	501C3	10,000				
(5)	KENTUCKY HEALTH JUSTICE NETWORK INC PO BOX 4761 LOUISVILLE KY 40204	27-1246514	501C3	7,500				
(6)	LATINO ADVOCACY COALITION 508 N GROVE ST HENDERSONVILLE NC 28792	56-2267574	501C3	22,000				
(7)	LITERACY CONNECTION 59 E CLAIRMONT DR HENDERSONVILLE NC 28791	56-1691110	501C3	54,233				
(8)	LOVE AND RESPECT COMMUNITY FOR RECO 120 CHADWICK SQUARE CT HENDERSONVILLE NC 28739	86-2022683	501C3	69,150				
(9)	MANNA FOOD BANK 627 SWANNANOA RIVER RD ASHEVILLE NC 28805	58-1514800	501C3	7,250				

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- 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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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)	MEDICAL LOAN CLOSET OF HENDERSON 1225 7TH AVE E HENDERSONVILLE NC 28792	CO 26-2933780	501C3	26,000				
(2)	MINISTRY SEVEN D/B/A HENDERSONVILLE P.O. BOX 1512 HENDERSONVILLE NC 28793	58-1480173	501C3	181,697				
(3)	MOUNTAINTRUE 29 N. MARKET ST ASHEVILLE NC 28801	56-1422691	501C3	182,618				
(4)	MY FATHERS STOREHOUSE PO BOX 6146 HENDERSONVILLE NC 28793	01-0787966	501C3	71,700				
(5)	NATIONAL ALLIANCE FOR RESEARCH/SCHI 747 THIRD AVE NEW YORK NY 10017	31-1020010	501C3	16,187				
(6)	NATIONAL AUDUBON SOCIETY 225 VARICK ST NEW YORK NY 10014	13-1624102	501C3	10,650				
(7)	NECHAMA-JEWISH RESPONSE TO DISASTER PO BOX 17249 SAINT PAUL MN 55117	41-1998750	501C3	25,000				
(8)	NORTH CAROLINA SYNOD OF THE EVANGEL 1988 LUTHERAN SYNOD DR SALISBURY NC 28144	36-3514275	501C3	25,000				
(9)	ONLY HOPE WNC INC. PO BOX 394 HENDERSONVILLE NC 28793	45-3751833	501C3	22,500				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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(1)	PARDEE HOSPITAL FOUNDATION, INC. 561 FLEMING ST HENDERSONVILLE NC 28739	56-1930028	501C3	515,597				
(2)	PERKIOMEN SCHOOL 200 SEMINARY ST ST PENNSBURG PA 18073	23-1352667	501C3	10,650				
(3)	PETA 501 FRONT ST NORFOLK VA 23510	52-1218336	501C3	10,650				
(4)	PISGAH LEGAL SERVICES PO BOX 2276 ASHEVILLE NC 28802	56-1191115	501C3	188,068				
(5)	PROJECT DIGNITY OF WESTERN NORTH PO BOX 6104 HENDERSONVILLE NC 28793	81-5123670	501C3	11,200				
(6)	RED CLOUD INDIAN SCHOOL 100 MISSION DR PINE RIDGE SD 57770	46-0275071	501C3	10,650				
(7)	RIVERLINK 170 LYMAN ST ASHEVILLE NC 28801	58-1867958	501C3	22,859				
(8)	SAFELIGHT INC 317 N WASHINGTON ST HENDERSONVILLE NC 28739	56-1469847	501C3	104,933				
(9)	SALUDA COMMUNITY LAND TRUST, INC. PO BOX 732 SALUDA NC 28773	20-8869652	501C3	27,000				

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Schedule I (Form 990) (Rev. 12-2024)

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OMB No. 1545-0047

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(1)	SALVATION ARMY OF HENDERSON COUNTY P.O. BOX 2387 HENDERSONVILLE NC 28793	58-0660607	501C3	305,815				
(2)	SAMARITAN'S PURSE PO BOX 3000 BOONE NC 28607	58-1437002	501C3	5,100				
(3)	SCRIPTURE AWAKENING, INC. 512 N GROVE ST STE 202 HENDERSONVILLE NC 28792	54-1886930	501C3	10,000				
(4)	SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA FL 33607	36-2193608	501C3	19,129				
(5)	SIERRA CLUB FOUNDATION 2101 WEBSTER ST OAKLAND CA 94612	94-6069890	501C3	13,275				
(6)	SIXTH AVE PSYCHIATRIC AND REHAB. 218 WEST ALLEN HENDERSONVILLE NC 28739	20-5599815	501C3	56,723				
(7)	SMART START OF HENDERSON COUNTY, 525 NORTH JUSTICE ST HENDERSONVILLE NC 28739	56-2092325	501C3	6,000				
(8)	SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVE MONTGOMERY AL 36104	63-0598743	501C3	5,462				
(9)	SPEAK LIFE COMMUNITY CHURCH PO BOX 6232 HENDERSONVILLE NC 28793	26-3627457	501C3	9,460				

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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(1)	ST JOHN IN THE WILDERNESS P.O. BOX 185 FLAT ROCK NC 28731	56-0843429	501C3	7,787				
(2)	ST. GERARD HOUSE 620 OAKLAND ST HENDERSONVILLE NC 28791	45-0948760	501C3	20,000				
(3)	ST. JOSEPH'S INDIAN SCHOOL N. MAIN ST CHAMBERLAIN SD 57326	46-0235912	501C3	10,650				
(4)	ST. JUDE CHILDREN'S RESEARCH HOSPIT 501 ST JUDE PL MEMPHIS TN 38105	62-0646012	501C3	10,908				
(5)	ST. LABRE INDIAN SCHOOL P.O. BOX 216 ASHLAND MT 59003	81-0244542	501C3	10,650				
(6)	TEAM ECCO, INC. 511 N MAIN ST HENDERSONVILLE NC 28792	20-0260187	501C3	6,000				
(7)	TEXAS WOMEN'S UNIVERSITY FOUNDATION 304 ADMINISTRATION DR DENTON TX 76204	75-1292762	501C3	7,500				
(8)	THE EPISCOPAL CHURCH OF THE TRANSFI PO BOX 130 BAT CAVE NC 28710	56-1196354	501C3	11,000				
(9)	THE HAVEN OF TRANSYLVANIA COUNTY PO BOX 25 BREVARD NC 28712	27-1124164	501C3	20,234				

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Department of the Treasury
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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Inspection**

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

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(1)	THE HOPE CENTER 552 RIDGE RD HENDERSONVILLE NC 28792	82-4305125	501C3	41,863				
(2)	THE MEDIATION CENTER, ASHEVILLE OFF 50 S FRENCH BROAD AVE ASHEVILLE NC 28801	56-1424025	501C3	12,500				
(3)	THE MISSION ON THE MOUNTAIN 2500 MORGAN MILL RD BREVARD NC 28712	47-3398590	501C3	59,307				
(4)	THE NORTH CAROLINA ARBORETUM SOCIETY 100 FREDERICK LAW OLMSTED WAY ASHEVILLE NC 28806	56-1712373	501C3	15,600				
(5)	THE PEREGRINE FUND, INC. 5668 W FLYING HAWK LN BOISE ID 83709	23-1969973	501C3	11,000				
(6)	THE TRYON GARDEN CLUB, INC. PO BOX 245 TRYON NC 28782	56-0850156	501C3	57,000				
(7)	TRANSYLVANIA VOCATIONAL SERVICES PO BOX 1115 BREVARD NC 28712	56-1261616	501C3	6,000				
(8)	TRUE RIDGE FOUNDATION 204 6TH AVE. WEST WEST HENDERSONVILLE NC 28739	82-1094679	501C3	104,500				
(9)	UNITED WAY OF HENDERSON COUNTY PO BOX 487 HENDERSONVILLE NC 28793	56-0890133	501C3	95,012				

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**Grants and Other Assistance to Organizations,
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Name of the organization **COMMUNITY FOUNDATION OF HENDERSON COUNTY INC** Employer identification number **56-1330792**

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(1)	UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK ST MINNEAPOLIS MN 55455	41-6042488	501C3	10,650				
(2)	VETERANS HEALING FARM 136 KIMZEY RD MILLS RIVER NC 28759	46-5689396	501C3	407,853				
(3)	WAKE FOREST BAPTIST MEDICAL CENTER PO BOX 571021 SALEM NC 27157	22-3849199	501C3	17,576				
(4)	WAYPOINT ADVENTURE 151 HIGHWAY 9 BLACK MOUNTAIN NC 28711	27-3045996	501C3	12,781				
(5)	WILL AND DENI MCINTYRE FOUNDATION 77 BEAR ROCK RD HENDERSONVILLE NC 28739	26-3029274	501C3	50,000				
(6)	WNC AIR MUSEUM PO BOX 2343 HENDERSONVILLE NC 28793	56-1672170	501C3	35,000				
(7)	WNC SOURCE PO BOX 685 HENDERSONVILLE NC 28793	56-0846319	501C3	68,278				
(8)	WORLD WILDLIFE FUND INC 1250 24TH ST WASHINGTON DC 20037	52-1693387	501C3	10,650				
(9)	YMCA OF WESTERN NORTH CAROLINA 40 N. MERRIMON AVE ASHEVILLE NC 28804	56-0530013	501C3	22,500				

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

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(1)	YOUTH FOR CHRIST 56 MONTGOMERY ST WAYNESVILLE NC 28786	36-2193619	501C3	8,000				
(2)	AGUDAS ISRAEL CONGREGATION 505 GLASGOW LN HENDERSONVILLE NC 28739	56-1150425	CHURCH	12,355				
(3)	ALL SAINTS ANGLICAN CHURCH 15 MCDOWELL RD MILLS RIVER NC 28759	56-2096652	CHURCH	6,155				
(4)	BAT CAVE BAPTIST CHURCH P. O. BOX 247 5095 CHIMNEY ROCK RD BAT CAVE NC 28710	56-1291944	CHURCH	11,303				
(5)	BILTMORE CHURCH 35 CLAYTON RD ARDEN NC 28704	56-6090142	CHURCH	20,000				
(6)	CHIMNEY ROCK BAPTIST CHURCH 270 BOYS CAMP RD LAKE LURE NC 28746	56-0752157	CHURCH	10,000				
(7)	FAIRFIELD MOUNTAIN CHAPEL 1384 BUFFALO CREEK RD LAKE LURE NC 28746	58-1494631	CHURCH	35,000				
(8)	FIRST BAPTIST CHURCH 312 5TH AVE HENDERSONVILLE NC 28739	62-0721470	CHURCH	27,459				
(9)	FIRST CONGREGATIONAL CHURCH 1735 5TH AVE HENDERSONVILLE NC 28739		CHURCH	33,632				

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(1)	FIRST CONGREGATIONAL UNITED CHURCH 1031 SOUTH EUCLID AVE SARASOTA FL 34237	59-0896302	CHURCH	5,669				
(2)	FIRST UNITED METHODIST CHURCH OF 206 6TH AVE W HENDERSONVILLE NC 28739	26-2664469	CHURCH	45,157				
(3)	FLETCHER UNITED METHODIST CHURCH 50 LIBRARY RD FLETCHER NC 28732		CHURCH	11,800				
(4)	FRANKLIN CHURCH OF CHRIST PO BOX 656 FRANKLIN NC 28744	56-6170402	CHURCH	7,000				
(5)	HENDERSONVILLE CHURCH OF CHRIST 1975 HAYWOOD RD HENDERSONVILLE NC 28791		CHURCH	14,500				
(6)	HENDERSONVILLE PRESBYTERIAN CHURCH 699 NORTH GROVE ST HENDERSONVILLE NC 28792	47-1424434	CHURCH	31,216				
(7)	IMMACULATE CONCEPTION CHURCH 611 N CHURCH ST HENDERSONVILLE NC 28792	53-0196617	CHURCH	8,584				
(8)	MIDDLEFORK BAPTIST CHURCH 2824 PICKENS HWY ROSMAN NC 28772		CHURCH	5,471				
(9)	MILLS RIVER UNITED METHODIST CHURCH 137 OLD TURNPIKE RD MILLS RIVER NC 28759		CHURCH	12,100				

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(Rev. December 2024)

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OMB No. 1545-0047

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

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(1)	SAINT JAMES EPISCOPAL CHURCH 766 N MAIN ST HENDERSONVILLE NC 28792	56-0682484	CHURCH	175,899				
(2)	ST. PAUL'S EPISCOPAL CHURCH P.O. BOX 70 EDNEYVILLE NC 28727		CHURCH	8,214				
(3)	TRINITY PRESBYTERIAN CHURCH 900 BLYTHE ST HENDERSONVILLE NC 28791	56-0898465	CHURCH	21,000				
(4)	UNITARIAN UNIVERSALIST FELLOWSHIP 409 E PATTERSON ST HENDERSONVILLE NC 28739	56-2001581	CHURCH	8,000				
(5)	ADVANCED DERMATOLOGY AND SKIN SURGE 16 MEDICAL PARK DR ASHEVILLE NC 28803	55-0801575	DISAST	8,000				
(6)	ASHEVILLE THERMOFORM PLASTICS, INC 200 CANE DRK INDUSTRIAL PARK RD FLETCHER NC 28732	56-2110280	DISAST	10,000				
(7)	BARKERS ANONYMOUS BOUTIQUE AND TRAI 23 RIVOLI BLVD HENDERSONVILLE NC 28739	84-3146526	DISAST	9,000				
(8)	BAY BREEZE SEAFOOD RESTAURANT 1830 ASHEVILLE HWY HENDERSONVILLE NC 28791	56-2182256	DISAST	6,000				
(9)	BEARWALLOW VALLEY FARM 3325 OLD CLEAR CRK RD HENDERSONVILLE NC 28792	83-2968330	DISAST	6,000				

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(Rev. December 2024)

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OMB No. 1545-0047

**Open to Public
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Name of the organization **COMMUNITY FOUNDATION OF HENDERSON
COUNTY INC**

Employer identification number
56-1330792

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(1)	CAMP MATTERS, LLC PO BOX 7 TUXEDO NC 28784	81-3428208	DISAST	6,000				
(2)	CAPSTONE LIFESTYLE, INC. 157 RUGBY HOLLOW DR HENDERSONVILLE NC 28791	83-1495389	DISAST	8,000				
(3)	COSTON FARMS LLC 3748 CHIMNEY ROCK RD HENDERSONVILLE NC 28792	30-0407454	DISAST	6,000				
(4)	DAVE ANDERS ENTERPRISES INC 5349 ASHEVILLE HWY ASHEVILLE NC 28791	56-2251273	DISAST	6,000				
(5)	FIELER AUTOMOTIVE, INC. 912 7TH AVE E HENDERSONVILLE NC 28792	46-5437015	DISAST	10,000				
(6)	HENDERSONVILLE PEDIATRICS, PA 600 BEVERLY HANKS CTR HENDERSONVILLE NC 28792	56-1024215	DISAST	6,500				
(7)	HILLCREST ORCHARD LLC 170 STEPP ORCHARD DR HENDERSONVILLE NC 28792	47-2728368	DISAST	10,000				
(8)	MAX'S ZOO LLC 1794 ASHEVILLE HWY HENDERSONVILLE NC 28791	46-1517786	DISAST	8,000				
(9)	MIND YOUR BUSINESS, LLC 500 BEVERLY HANKS CTR HENDERSONVILLE NC 28792	22-3455336	DISAST	8,000				

- 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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF HENDERSON
COUNTY INC**

Employer identification number
56-1330792

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ROBERT STINE 106 SANDY CREEK TR FLETCHER NC 28732		DISAST	9,071				
(2)	STERLING/MCMURRAY INC. 920 7TH AVE E HENDERSONVILLE NC 28792	56-2280045	DISAST	10,000				
(3)	THE BAKER'S BOX LLC 1508 ASHEVILLE HWY HENDERSONVILLE NC 28791	83-4666047	DISAST	6,000				
(4)	VALIANT FABRICS CORP. 175 MILLS GAP RD FLETCHER NC 28732	13-2536772	DISAST	6,000				
(5)	COUNTY OF RUTHERFORD 289 N MAIN ST RUTHERFORDTON NC 28139		GOVERN	170,000				
(6)	FLETCHER RECREATION PARK INC. 33 STONEY BROOK CT FLETCHER NC 28732	58-1899680	GOVERN	10,000				
(7)	HENDERSON COUNTY PUBLIC LIBRARY 301 NORTH WASHINGTON ST HENDERSONVILLE NC 28739	56-6000307	GOVERN	32,591				
(8)	HENDERSON COUNTY PUBLIC SCHOOLS 414 FOURTH AVE HENDERSONVILLE NC 28739	56-1821543	GOVERN	121,667				
(9)	VILLAGE OF CHIMNEY ROCK PO BOX 300 ROCK NC 28720		GOVERN	12,194				

- 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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FLETCHER ACADEMY P.O. BOX 5440 FLETCHER NC 28732	56-1432644	SCHOOL	11,488				
(2)	THE MOUNTAIN COMMUNITY SCHOOL 613 GLOVER ST HENDERSONVILLE NC 28792	56-2097916	SCHOOL	16,050				
(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

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

Schedule I (Form 990) (Rev. 12-2024)

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	282	575,200			
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.

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)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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				
MCCRAY V BENSON	(i) 214,737	(ii) 0	(iii) 0	30,500	0	245,237	0
1 PRESIDENT/CEO	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	(i)	(ii)	(iii)				
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

**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 for instructions and the latest information.

OMB No. 1545-0047

2024

**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	X	15	377,901	FAIR MARKET VALUE
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	X	1	2,450,000	FMV APPRAISAL
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**
(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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 389 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, FAITH BASED NEEDS, AND OTHER. THE FOUNDATION USES STRATEGIES ON CONVENING COMMUNITY INTEREST; ENGAGE LEADERSHIP, VOLUNTEERS AND ORGANIZATIONS TO WORK COLLABORATIVELY ON COMMUNITY ISSUES. 68 DISASTER GRANTS WERE AWARDED TO 48 NONPROFITS AND 137 BUSINESSES WERE IMPACTED BY HURRICANE HELENE.

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.

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	\$ 1,685,943
FSA ADJUSTMENT	\$ -1,685,941
TOTAL	\$ 2