

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 20 17

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) Room/suite
401 N MAIN ST STE 300
 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

F Name and address of principal officer: McCray V Benson
PO Box 1108, Hendersonville, NC 28793

G Gross receipts \$ 10,092,129

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

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

J Website: ▶ CFHCFORVER.ORG

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: <u>BUILD, MANAGE AND GRANT CHARITABLE CAPITAL, SERVING INDIVIDUALS, FAMILY AND COMMUNITY PHILANTHROPY.</u>		
	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	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	11
	6	Total number of volunteers (estimate if necessary)	6	80
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>4,505,218</u>	Current Year <u>1,970,966</u>
	9	Program service revenue (Part VIII, line 2g)	<u>0</u>	<u>0</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2,819,549</u>	<u>3,590,283</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>44,915</u>	<u>25,531</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>7,369,682</u>	<u>5,586,780</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>2,961,686</u>	<u>3,090,019</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>579,301</u>	<u>578,159</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>83,328</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>608,662</u>	<u>572,268</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>4,149,649</u>	<u>4,240,446</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>3,220,033</u>	<u>1,346,334</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>87,615,582</u>	End of Year <u>97,451,340</u>
	21	Total liabilities (Part X, line 26)	<u>2,181,896</u>	<u>2,150,451</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>85,433,686</u>	<u>95,300,889</u>

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
McCray V Benson, President
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
 Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 3,245,968 including grants of \$ 2,619,320) (Revenue \$ 0)

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

4b (Code: _____) (Expenses \$ 471,700 including grants of \$ 471,700) (Revenue \$ 0)

THE FOUNDATION WAS ORIGINALLY FOUNDED WITH FUNDS DESIGNATED FOR SCHOLARSHIP PURPOSES. OVER THE YEARS, THIS AREA OF FOCUS HAS GROWN TO NOW INCLUDE 90 SCHOLARSHIP FUNDS. THE FOUNDATION ADMINISTERS A SCHOLARSHIP PROGRAM THAT EACH YEAR HELPS LOCAL STUDENTS PURSUE THEIR DREAMS AND GOALS AT COLLEGES, UNIVERSITIES, AND TRADE OR TECHNICAL SCHOOLS. IN THE FISCAL YEAR 2016-2017, ACADEMIC AWARDS AND SCHOLARSHIPS WERE AWARDED TO 229 INDIVIDUALS PRIMARILY IN HENDERSON COUNTY, NORTH CAROLINA. THE MAJORITY OF THE FOUNDATION SCHOLARSHIPS ARE BASED ON ACADEMIC ABILITY AND FINANCIAL NEED. HOWEVER, SOME SCHOLARSHIPS HAVE SPECIFIC ELIGIBILITY REQUIREMENTS BASED ON THE DONOR'S CHARITABLE DESIRES. ACTUAL AWARDS VARY DEPENDING UPON THE AVAILABLE INCOME IN EACH INDIVIDUAL SCHOLARSHIP FUND.

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

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

4e Total program service expenses **▶** 3,717,668

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
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>	✓	
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>	✓	
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>	✓	
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>		✓
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>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>		✓
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>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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>		✓
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>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

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

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

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	411016		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓		
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	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		✓	
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		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓	
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	✓		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓	
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		✓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓	
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		✓	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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 in 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 in Schedule O.		
1b	Enter the number of voting members included in 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?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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 in Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
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	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?		<input checked="" type="checkbox"/>
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 (or 1024 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 in Schedule O)
- 19** Describe in 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: ►

COMMUNITY FOUNDATION OF HENDERSON COUNTY, (828)697-6224
 401 N MAIN ST STE 300, HENDERSONVILLE, NC 28792

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BELL JR PAST CHAIR	2	✓		✓			0	0	0	
LES BOYD III CHAIR	2	✓		✓			0	0	0	
STEVE GREENE TREASURER	2	✓		✓			0	0	0	
DAVID MARSHALL ASSISTANT TREASURER	2	✓		✓			0	0	0	
CINDY CAUSBY VICE CHAIR	2	✓		✓			0	0	0	
TOM DARNALL DIRECTOR	2	✓					0	0	0	
CHUCK EDWARDS DIRECTOR	2	✓					0	0	0	
ELISA JARRIN DIRECTOR	2	✓					0	0	0	
JAIME LAUGHTER DIRECTOR	2	✓					0	0	0	
BETSY LUTZ DIRECTOR	2	✓					0	0	0	
SHIRLEY MCGEE SECRETARY	2	✓		✓			0	0	0	
BILL MCKIBBIN DIRECTOR	2	✓					0	0	0	
CHARLEY ROGERS DIRECTOR	2	✓					0	0	0	
PAM ROGERS DIRECTOR	2	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JUDY STROUD DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
KAYE YOUNGBLOOD DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
PATRICIA JONES DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
MIKE MOORE DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
MCCRAY BENSON PRESIDENT/CEO	40			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			154,266	0	23,723
RACHEL BUCHANAN SENIOR FINANCE OFFICER	40				<input checked="" type="checkbox"/>			66,722	0	11,710
1b Sub-total								220,988	0	35,433
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								220,988	0	35,433

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
None		

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

Part VIII Statement of Revenue

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

			(A) 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 0					
	b Membership dues	1b 0					
	c Fundraising events	1c 67,311					
	d Related organizations	1d 0					
	e Government grants (contributions)	1e 0					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,903,655					
	g Noncash contributions included in lines 1a-1f: \$	87,182					
	h Total. Add lines 1a-1f	▶	1,970,966				
Program Service Revenue	Business Code						
	2a -----						
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f	▶	0					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	1,911,030	0	0	1,911,030	
	4 Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5 Royalties	▶	0	0	0	0	
	6a Gross rents	(i) Real	4,200	0			
		(ii) Personal	0	0			
		b Less: rental expenses	0	0			
		c Rental income or (loss)	4,200	0			
	d Net rental income or (loss)	▶	4,200	0	0	4,200	
	7a Gross amount from sales of assets other than inventory	(i) Securities	6,168,858	0			
		(ii) Other	0	0			
		b Less: cost or other basis and sales expenses	4,489,605	0			
		c Gain or (loss)	1,679,253	0			
	d Net gain or (loss)	▶	1,679,253	0	0	1,679,253	
	8a Gross income from fundraising events (not including \$ 41,811 of contributions reported on line 1c). See Part IV, line 18	a 25,500					
		b Less: direct expenses	15,744				
		c Net income or (loss) from fundraising events . ▶	9,756		0	9,756	
	9a Gross income from gaming activities. See Part IV, line 19	a 0					
		b Less: direct expenses	0				
		c Net income or (loss) from gaming activities . . ▶	0	0	0	0	
	10a Gross sales of inventory, less returns and allowances	a 0					
b Less: cost of goods sold		0					
c Net income or (loss) from sales of inventory . . ▶		0	0	0	0		
Miscellaneous Revenue		Business Code					
11a -----							
b -----							
c -----							
d All other revenue		11,575	0	0	11,575		
e Total. Add lines 11a-11d	▶	11,575					
12 Total revenue. See instructions.	▶	5,586,780	0	0	3,615,814		

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	2,666,373	2,666,373		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	423,646	423,646		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	220,988	109,480	87,438	24,070
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	244,667	104,374	120,611	19,682
7 Other salaries and wages	0	0	0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,592	10,488	10,893	4,211
9 Other employee benefits	54,350	22,274	23,134	8,942
10 Payroll taxes	32,562	13,344	13,860	5,358
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	16,687	0	16,687	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	40,192	40,192	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	73,657	36,828	36,829	0
12 Advertising and promotion	42,785	18,601	14,920	9,264
13 Office expenses	59,846	19,529	34,489	5,828
14 Information technology	49,959	23,108	23,528	3,323
15 Royalties	0	0	0	0
16 Occupancy	17,455	5,236	12,219	0
17 Travel	7,226	2,168	4,335	723
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	9,392	2,305	5,512	1,575
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	37,523	10,328	27,195	0
23 Insurance	8,152	0	7,800	352
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ANNUITY PAYMENTS	209,394	209,394	0	0
b				
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	4,240,446	3,717,668	439,450	83,328
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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	5,717,924	2	6,077,268
	3 Pledges and grants receivable, net	981,387	3	797,231
	4 Accounts receivable, net	983	4	13,785
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	34,759	9	55,699
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,270,032		
	b Less: accumulated depreciation	705,438		
	11 Investments—publicly traded securities	74,311,053	11c	564,594
	12 Investments—other securities. See Part IV, line 11	5,640,288	12	85,924,706
	13 Investments—program-related. See Part IV, line 11	388,000	13	3,630,057
	14 Intangible assets		14	388,000
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	87,615,582	16	97,451,340	
Liabilities	17 Accounts payable and accrued expenses	24,518	17	9,885
	18 Grants payable	420,500	18	476,700
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	1,736,878	25	1,663,866
	26 Total liabilities. Add lines 17 through 25	2,181,896	26	2,150,451
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,499,927	27	1,962,227
	28 Temporarily restricted net assets	16,176,479	28	21,955,377
	29 Permanently restricted net assets	67,757,280	29	71,383,285
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	85,433,686	33	95,300,889
34 Total liabilities and net assets/fund balances	87,615,582	34	97,451,340	

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	5,586,780
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,240,446
3	Revenue less expenses. Subtract line 2 from line 1	3	1,346,334
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,433,686
5	Net unrealized gains (losses) on investments	5	8,378,266
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	142,603
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	95,300,889

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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33¹/₃% 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 33¹/₃% 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,662,048	1,953,209	5,885,651	4,426,223	1,860,597	17,787,728
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	3,662,048	1,953,209	5,885,651	4,426,223	1,860,597	17,787,728
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)						0
6 Public support. Subtract line 5 from line 4						17,787,728

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	3,662,048	1,953,209	5,885,651	4,426,223	1,860,597	17,787,728
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,751,034	1,611,656	1,801,179	1,949,208	1,945,901	9,058,978
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	62,955	43,806	48,862	42,436	43,058	241,117
11 Total support. Add lines 7 through 10						27,087,823
12 Gross receipts from related activities, etc. (see instructions)				12		0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	65.67 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	41.96 %
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>	1	
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>	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?	1	
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>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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 government entity (see instructions).			
2 Activities Test. Answer (a) and (b) 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 those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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>	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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013 . . .			
c Excess from 2014 . . .			
d Excess from 2015 . . .			
e Excess from 2016 . . .			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and compliance questions.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for held easements at the end of the tax year.

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 with questions (1a, 1b, 2) regarding collections of art and historical treasures, including revenue and asset reporting.

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 are a 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 programs
- 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	81,581,663	84,658,657	80,065,222	68,992,977	60,904,527
b Contributions	1,987,180	3,442,252	5,592,646	1,737,523	3,275,851
c Net investment earnings, gains, and losses	11,527,706	-2,792,581	2,242,955	12,217,109	7,566,623
d Grants or scholarships	2,798,332	2,751,029	2,334,244	2,012,316	2,005,239
e Other expenditures for facilities and programs	10,328	11,700	11,471	31,823	10,876
f Administrative expenses	1,033,678	963,936	896,451	838,248	737,909
g End of year balance	91,254,211	81,581,663	84,658,657	80,065,222	68,992,977

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

- a** Board designated or quasi-endowment ▶ 11 %
- b** Permanent endowment ▶ 80 %
- c** Temporarily restricted endowment ▶ 9 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	24,300		24,300
b Buildings	0	848,935	705,438	143,497
c Leasehold improvements	0	284,094	0	284,094
d Equipment	0	112,703	0	112,703
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				564,594

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, col. (B) line 12.) ►		

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: 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, col. (B) line 13.) ►		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
(2) ANNUITY PAYMENTS PAYABLE	1,663,866	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	1,663,866	

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 FIN 48 (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	13,169,667
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	7,810,036	
b	Donated services and use of facilities	2b	0	
c	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIII.)	2d	185,753	
e	Add lines 2a through 2d			2e 7,995,789
3	Subtract line 2e from line 1			3 5,173,878
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	0	
b	Other (Describe in Part XIII.)	4b	412,902	
c	Add lines 4a and 4b			4c 412,902
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 5,586,780

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	4,043,078
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	0	
b	Prior year adjustments	2b	0	
c	Other losses	2c	0	
d	Other (Describe in Part XIII.)	2d	-202,265	
e	Add lines 2a through 2d			2e -202,265
3	Subtract line 2e from line 1			3 4,245,343
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	0	
b	Other (Describe in Part XIII.)	4b	-4,897	
c	Add lines 4a and 4b			4c -4,897
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 4,240,446

Part XIII Supplemental Information.

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

Schedule D, Part V, Line 4 - THE PURPOSE OF ENDOWMENTS ARE TO PROVIDE A PERMANENT SOURCE OF GRANT MONIES FOR GENERAL OR SPECIFIC PURPOSES. THE FOUNDATION AWARDS GRANTS THROUGH 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 332 ORGANIZATIONS REPRESENTING A BROAD SPECTRUM OF SERVICES. GRANTS ARE CATEGORIZED INTO EIGHT PROGRAM AREAS: ANIMAL CARE, ARTS AND CULTURE, CIVIC AND COMMUNITY AFFAIRS, CONSERVATION, EDUCATION, HEALTH, HUMAN SERVICES AND OTHER.

Schedule D, Part X, Line 2 - THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS MATERIAL TO THE FINANCIAL STATEMENTS. THE FOUNDATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM990) FOR THE TAX YEARS ENDED JUNE 30, 2014, 2015, AND 2016 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

Schedule D, Part XI, Line 2d - CHANGE IN VALUE OF SPLIT INTEREST TRUST \$142,603 ORGANIZATIONAL FUND FEES \$43,150

Schedule D, Part XI, Line 4b - ORGANIZATIONAL ENDOWMENT RECEIPTS \$300,293 AND ORGANIZATIONAL ENDOWMENT INVESTMENT EARNINGS AND REALIZED GAINS \$112,609

Schedule D, Part XII, Line 2d - ORGANIZATIONAL ENDOWMENT GRANTS \$202,265

Schedule D, Part XII, Line 4b - OTHER EXPENSE \$4,897

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

Employer identification number

56-1330792

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		2017 Vintage Carolina (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	83,055			83,055
	2 Less: Contributions	25,500			25,500
	3 Gross income (line 1 minus line 2)	57,555			57,555
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	4,518			4,518
	7 Food and beverages	3,611		0	3,611
	8 Entertainment	300		0	300
	9 Other direct expenses	7,315			7,315
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				15,744
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				41,811	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

56-1330792

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) <i>Sch I, Stmt 1</i>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 273
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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 CFHC DID NOT GRANT TO ANY INDIVIDUALS	0	0	0 0		NO ASSISTANCE WAS GIVEN
2					
3					
4					
5					
6					
7					

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

Schedule I, Part I, Line 2 - THE FOUNDATION AWARDS GRANTS THROUGH BOTH COMPETITIVE AND NON-COMPETITIVE PROCESS WITH THE GREATEST NUMBER OF GRANTS BEING NON-COMPETITIVE, INCLUDING DESIGNATED AND DONOR ADVISED GRANTS. GRANTS WERE AWARDED TO 273 ORGANIZATIONS REPRESENTING A BROAD SPECTRUM OF SERVICES. GRANTS ARE CATEGORIZED INTO EIGHT PROGRAM AREAS: ANIMAL CARE, ARTS AND CULTURE, CIVIC AND COMMUNITY AFFAIRS, CONSERVATION, EDUCATION, HEALTH, HUMAN SERVICES AND OTHER PHILANTHROPIC INTERESTS. THE FOUNDATION STRIVES TO CONNECT THOSE WHO HAVE PHILANTHROPIC RESOURCES TO THE ORGANIZATIONS AND CAUSES THAT MEET DONORS' CHARITABLE INTERESTS.

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

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Agudas Israel Congregation 505 Glasgow Ln Hendersonville, NC 28739	56-1150425	9,843	
IRC code section	Other			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant				
Name and address	All Saints Anglican Church 15 McDowell Rd Mills River, NC 28759-2079	56-1969028	5,631	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant				
Name and address	All Souls Counseling Services Program 35 Arlington St Hendersonville, NC 28793	56-2200862	20,000	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant				
Name and address	Art League of Henderson County PO Box 514 Hendersonville, NC 28793	56-1424425	6,500	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant				
Name and address	Arts Council of Henderson County PO Box 767 Hendersonville, NC 28793	58-1430933	9,998	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant				
Name and address	Asheville Buncombe Community Christian Ministry 20 Twentieth St Asheville, NC 28806	56-0945001	61,000	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant				
Name and address	Bat Cave Baptist Church PO Box 247 Bat Cave, NC 28710-0247	56-1291944	11,218	
IRC code section	Other			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant				

Schedule I, Part IV, Statement 1

COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

Name and address	Blue Ridge Community College Educational 180 W Campus Dr Flat Rock, NC 28731-4728	51-0175113	12,813
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Blue Ridge Community Health Services Inc PO Box 5151 Hendersonville, NC 28793-5151	56-0794933	5,982
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Blue Ridge Humane Society 1214 Greenville Hwy Hendersonville, NC 28792	56-6048726	101,422
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Blue Ridge Literacy Council PO Box 1728 Hendersonville, NC 28739	56-1691110	26,123
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Boys and Girls Club of Henderson County PO Box 1460 Hendersonville, NC 28793-1460	56-1803125	121,963
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Bullington Gardens a Horticultural Educ 95 Upper Red Oak Tr Hendersonville, NC 28792	46-5564883	5,899
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Caring for Children PO Box 19113 Asheville, NC 28815	56-1182686	20,000
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Carolina Mountain Land Conservancy 847 Case St Hendersonville, NC 28792	56-6449365	19,189
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			

Name and address	Center for Cultural Preservation Inc PO Box 1066 Flat Rock, NC 28731	27-1043762	12,500
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Central United Methodist Church 27 Church St Asheville, NC 28801	20-5446516	20,000
IRC code section	Other		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Charlies Angels Animal Rescue 5526 Hendersonville Rd Asheville, NC 28732	27-1614841	10,000
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Children & Family Resource Center of Henderson County PO Box 1105 Hendersonville, NC 28793-1105	56-2113878	37,925
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Children FirstCommunities in Schools 50 S French Broad Ave Ste 246 Asheville, NC 28801	59-1721943	15,000
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Chimney Rock Baptist Church PO Box 157 Lake Lure, NC 28746	56-0752157	10,000
IRC code section	Other		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Community Foundation of Henderson County PO Box 1108 Hendersonville, NC 28793-1108	56-1330792	64,446
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Community Partnership for Pets PO Box 1021 Flat Rock, NC 28731	20-2972350	13,153
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			

Purpose of grant

Name and address	Doctors Without Borders USA Inc 333 Seventh Ave 2nd Fl New York, NY 10001	13-3433452	8,800
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Fairfield Mountain Chapel 1384 Buffalo Creek Rd Lake Lure, NC 28746	58-1494631	35,000
IRC code section	Other		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	First Congregational Church 1735 Fifth Ave W Hendersonville, NC 28739-4013	00-0000000	6,440
IRC code section	Other		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	First United Methodist Church 204 6th Ave W Hendersonville, NC 28739-4397	26-2664469	46,614
IRC code section	Other		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	FISH Inc PO Box 2411 Hendersonville, NC 28793	58-1969979	5,831
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Flat Rock Playhouse PO Box 310 Flat Rock, NC 28731-0310	56-0571518	43,823
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Fletcher Academy PO Box 5440 Fletcher, NC 28732-5440	56-1432644	11,537
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Four Seasons Hospice 571 S Allen Rd Flat Rock, NC 28731	56-1252665	19,276
IRC code section	501(c)(3)		
Method of valuation			

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Friends of Henderson County Public Library PO Box 2317 Hendersonville, NC 28739	56-6095455	84,688
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Hawk Mountain Sanctuary 1700 Hawk Mtn Rd Kempton, PA 19259	23-1392700	7,000
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Helping Hand Developmental Center PO Box 222 East Flat Rock, NC 28726	51-0138781	7,750
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Henderson County Cancer Service 600 Carolina Village Rd Hendersonville, NC 28792	23-7259362	5,640
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Henderson County Council on Aging Inc 105 King Creek Blvd Hendersonville, NC 28784	56-0936674	32,807
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Henderson County Free Medical Clinic Inc 841 Case St Hendersonville, NC 28792-6503	56-2212024	28,630
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Henderson County Genealogical and Historic 400 N Main St Hendersonville, NC 28792-4901	56-1386421	5,963
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Henderson County Public Library 301 N Washington St Hendersonville, NC 28739-4300	56-6000307	52,394
IRC code section	509(a)(1)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Henderson County Public Schools 414 4th Ave W Hendersonville, NC 28739	56-1821543	12,464
IRC code section	509(a)(1)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Henderson County Young Leaders Program PO Box 751 Hendersonville, NC 28793	26-0770191	14,842
IRC code section	501(c)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Hendersonville Community Music Center 900 Blythe St Hendersonville, NC 28791	47-3172130	8,000
IRC code section	501(c)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Hendersonville Symphony Orchestra PO Box 1811 Hendersonville, NC 28793-1811	56-1063207	24,167
IRC code section	501(c)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Immaculate Conception Church 208 Seventh Ave W Hendersonville, NC 28791-3602	53-0196617	8,445
IRC code section	501(c)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Interfaith Assistance Ministry PO Box 2562 Hendersonville, NC 28793-2562	58-1556963	110,158
IRC code section	501(c)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Jewish Family Services of WNC Inc 2 Doctors Park Ste E Asheville, NC 28801	45-2497063	6,000
IRC code section	501(c)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Kanuga Conferences Inc PO Box 250 Hendersonville, NC 28793	56-0599223	9,280
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Schedule I, Part IV, Statement 1

COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Kentucky Health Justice Network Inc PO Box 4761 Louisville, KY 40204	27-1246514	7,000
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Latino Advocacy Coalition 508 N Grove St Hendersonville, NC 28792	56-2267574	15,714
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	MAHEC - Mountain Area Health Education C 121 Hendersonville Rd Asheville, NC 28803	56-1071426	7,070
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Mainstay DBA Safelight 133 Fifth Ave W Hendersonville, NC 28792-5083	56-1469847	32,223
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Manna Food Bank 627 Swannanoa River Rd Asheville, NC 28805-2445	58-1514800	15,000
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Medical Loan Closet of Henderson County 1225 7th Ave E Hendersonville, NC 28792	26-2933780	5,344
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Hendersonville Rescue Mission PO Box 1512 Hendersonville, NC 28793	58-1480173	24,227
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Mountain Housing Opportunities Inc 64 Clingman Ave Ste 101	58-1816998	8,250
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Schedule I, Part IV, Statement 1

COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

	Asheville, NC 28801		
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	MountainTrue 29 N Market St Ste 610 Asheville, NC 28801	56-1732182	7,714
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	My Fathers Storehouse PO Box 6146 Hendersonville, NC 28739	01-0787966	25,500
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Pardee Memorial Hospital Foundation Inc 561 Fleming St Hendersonville, NC 28739	56-1930028	335,388
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Park Ridge Health Foundation 100 Hospital Dr Dept 867 Hendersonville, NC 28792	59-2219301	38,554
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Pisgah Legal Services PO Box 2276 Asheville, NC 28802-2276	56-1191115	46,315
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Saint James Episcopal Church 766 North Main St Hendersonville, NC 28792-3612	56-0682484	51,712
IRC code section	Other		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Saint John In the Wilderness PO Box 185 Flat Rock, NC 28731	56-0843429	9,067
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Salvation Army of Henderson County	58-0660607	258,725

Schedule I, Part IV, Statement 1

COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

PO Box 2387
Hendersonville, NC 28793

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Shriners Hospitals for Children 950 West Faris St Greenville, SC 29605	36-2193608	10,369
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Sixth Ave Psychiatric and Rehab Partner 522 Kanuga Rd Hendersonville, NC 28739-5226	36-2193608	19,900
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Smart Start of Henderson County 722 5th Ave W Hendersonville, NC 28739	56-2092325	6,500
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	St Paul's Episcopal Church PO Box 70 Edneyville, NC 28727	00-0000000	7,304
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IRC code section Other

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	St Gerard House 620 Oakland St Hendersonville, NC 28791	45-0948760	12,100
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	The Haven of Transylvania County PO Box 25 Brevard, NC 28712	27-1124164	8,250
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	The North Carolina Arboretum Society 100 Frederick Olmstead Way Asheville, NC 28806	56-1712373	15,100
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IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Schedule I, Part IV, Statement 1

COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

Name and address	Unitarian Universalist Fellowship 409 E Patterson St Hendersonville, NC 28739	56-2001581	11,688
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	United Way of Henderson County PO Box 487 Hendersonville, NC 28793-0487	56-0890133	88,338
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	United Way of Transylvania County PO Box 53 Brevard, NC 28712-0053	23-7145022	15,562
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Veterans Healing Farm 19 Mahshie Lane Hendersonville, NC 28739	46-5689396	23,000
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Vocational Solutions of Henderson County 2110 Spartanburg Hwy East Flat Rock, NC 28726	56-0897854	12,344
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Wake Forest Baptist Medical Center Medical Center Blvd Winston Salem, NC 27157	22-3849199	15,644
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Will and Deni McIntyre Foundation 77 Bear Rock Rd Hendersonville, NC 28739	26-3029274	20,000
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Winston Salem Industries for the Blind 240 Sardis Rd Asheville, NC 28806	56-6001467	10,000
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			

Name and address	WNC Pilots Association Educational Found 36 Franklin Farm Rd Fletcher, NC 28732	46-1959190	10,000
IRC code section	501(c)(3)		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant			

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

Employer identification number

56-1330792

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing 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 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 type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- | | | |
|--|-----------|-------------------------------------|
| a Receive a severance payment or change-of-control payment? | 4a | <input checked="" type="checkbox"/> |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | <input checked="" type="checkbox"/> |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | <input checked="" type="checkbox"/> |

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 | <input checked="" type="checkbox"/> |
| b Any related organization? | 5b | <input checked="" type="checkbox"/> |

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 | <input checked="" type="checkbox"/> |
| b Any related organization? | 6b | <input checked="" type="checkbox"/> |

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	154,266	0	0	0	0	154,266	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

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	✓	8	87,182	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF HENDERSON COUNTY INC

56-1330792

Form 990, Part VI, Section A, Line 2 - CHARLIE AND PAM ROGERS HAVE A FAMILY RELATIONSHIP STEVE GREENE AND LES BOYD HAVE A FAMILY RELATIONSHIP

Form 990, Part VI, Section A, Line 8b - THE EXECUTIVE COMMITTEE OF THE BOARD CONSISTS OF THE OFFICERS OF THE ORGANIZATION AND PRESIDENT/CEO WHO SERVES AS A NON-VOTING MEMBER. THE COMMITTEE HAS THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE ORGANIZATION BETWEEN MEETINGS OF THE BOARD OF DIRECTORS SUBJECT TO ANY LIMITATIONS IMPOSED BY THE BOARD BY THE BYLAWS OR BYLAW. THE COMMITTEE KEEPS MINUTES OF ITS PROCEEDINGS AND REPORTS TO THE BOARD OF DIRECTORS ON ACTION TAKEN. MINUTES OF MEETINGS OF THE EXECUTIVE COMMITTEE ARE PREPARED AND KEPT WITH THE RECORDS OF THE ORGANIZATION. NO COMMITTEES OF THE BOARD, INCLUDING THE EXECUTIVE COMMITTEE, SHALL BE AUTHORIZED TO TAKE THE FOLLOWING ACTIONS: AUTHORIZE DISTRIBUTIONS, DISSOLVE, MERGE, SELL, PLEDGE OR TRANSFER THE CORPORATION'S ASSETS EXCEPT WITHIN THE GUIDELINES PREVIOUSLY APPROVED BY THE BOARD OF DIRECTORS, ELECT, APPOINT, OR REMOVE DIRECTORS OR FILL VACANCIES ON THE BOARD OF DIRECTORS OR ANY OF ITS COMMITTEES, OR ADOPT, AMEND, OR REPEAL THE ARTICLES OF THE CORPORATION OR THE BYLAWS CORPORATION.

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

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

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

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

Form 990, Part XI, Line 9 - CHANGE IN VALUE OF SPLIT INTEREST TRUST (\$142,603)