Form	990
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Department of the Treasury Internal Revenue Service

# EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



AF	or th	e 2020 calendar year, or tax year beginning and	ending					
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number			
	Address PISGAH HEALTH FOUNDATION							
	Name Chang	pe Doing business as		56-1458024				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final Feturn	153 W JORDAN ST.		828-435-3				
	termin ated	· · · · · · · · · · · · · · · · · · ·		G Gross receipts \$	5,850,939.			
	Amen	BREVARD, NC 20712		H(a) Is this a group re				
	Applie tion	F Name and address of principal officer: DEA GREEN, CFA		for subordinates	? Yes X No			
	pendi	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No			
		empt status: 🚺 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) (	or 527	lf "No," attach a	list. See instructions			
		te: WWW.PISGAHHEALTHFOUNDATION.ORG		H(c) Group exemption				
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year of	of formation: 1985 N	I State of legal domicile: NC			
Pa	rt I	Summary						
e	1	Briefly describe the organization's mission or most significant activities: <u>RECE</u> : CHARITABLE CONTRIBUTIONS •	IVE AN	D ADMINISTER	2			
Activities & Governance	2	Check this box      if the organization discontinued its operations or disposed in the organization dis	sed of more	than 25% of its net ass	ets			
veri	3			3	9			
ĝ		Number of independent voting members of the governing body (Part VI, line 1b)			9			
ళ		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			6			
itie		Total number of volunteers (estimate if necessary)			200			
cti∖				7a	0.			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
•	8	Contributions and grants (Part VIII, line 1h)		132,237.	5,296,554.			
nu	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		116,326.	554,385.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		248,563.	5,850,939.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	5,134,143.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		125,746.	416,289.			
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25)						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		347,986.	1,338,823.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		473,732.	6,889,255.			
	19	Revenue less expenses. Subtract line 18 from line 12		-225,169.	-1,038,316.			
s or Ices				ginning of Current Year	End of Year			
Assets Balanc	20	Total assets (Part X, line 16)		<u>13,883,059.</u>	13,771,281.			
et A:	21	Total liabilities (Part X, line 26)		1,472,000.	2,107,538.			
Ž,		Net assets or fund balances. Subtract line 21 from line 20		12,411,059.	11,663,743.			
Pa	rt 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         LEX GREEN, CPA, PRESIDI         Type or print name and title	ENT	Date			
Paid	Print/Type preparer's name AMY BIBBY	Preparer's signature Date AMY BIBBY 11/04	1/21 Check PTIN if self-employed P00445891			
Preparer	Firm's name DIXON HUGHES GOO	DMAN LLP	Firm's EIN <b>56-0747981</b>			
Use Only	Firm's address 500 RIDGEFIELD C	OURT				
ASHEVILLE, NC 28806 Phone no. (828) 254-						
May the IRS discuss this return with the preparer shown above? See instructions						
032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2020)						

	990 (2020) PISGAH HEALTH FOUNDATION	56-1458024	Page <b>2</b>	
Pa	rt III Statement of Program Service Accomplishments			
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	. []	
	PISGAH HEALTH FOUNDATION'S MISSION IS TO PURPOSEFULLY, C	REATIVELY. AN	JD	
COLLABORATIVELY ENHANCE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES				
	BY ADDRESSING LOCAL HEALTH AND WELLNESS INEQUITIES THROU			
	AND MEANINGFUL PARTNERSHIPS.			
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	XNo	
	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	XNo	
	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			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, and	d	
	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 6,150,936. including grants of \$ 5,134,143.) (Reven			
4a	(Code:) (Expenses \$6,150,936. including grants of \$5,134,143. ) (Rever OUR ORGANIZATION BEGAN AWARDING MODERATE LEVEL GRANTS TO		)	
	NON-PROFIT ORGANIZATIONS DESIGNED TO IMPROVE THE SOCIAL		OF	
	HEALTH IN WESTERN NORTH CAROLINA. WE ALSO LAUNCHED A CO			
	HEALTH AND WELLNESS PROGRAM IN TRANSYLVANIA COUNTY. OUR			
	ACCOMPLISHMENTS AND NOTEWORTHY NEWS DEVELOPMENTS CAN BE			
	WEBSITE: PISGAHHEALTHFOUNDATION.ORG			
4b	(Code:) (Expenses \$ including grants of \$) (Reven	iue \$	)	
4-				
4c	(Code:) (Expenses \$ including grants of \$) (Reven	iue \$	)	
<u>/</u> ~	Other program services (Describe on Schedulo O.)			
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	١		
4e	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ▶     6,150,936.			
		Form <b>9</b> 9	90 (2020)	
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<b> </b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9	х	
10	<i>If</i> "Yes," <i>complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	- 9	43	<u> </u>
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VI, VII, VI, VII,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 12, K V/column (A), line 14, k V/column		х	
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21		<u> </u> (2020)
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			Vee	Na
00	Did the eventiation was strong than $f$ 000 of events on other assistance to suffer demonstrational individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	л	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				·
	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 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Part V         Statements Regarding Other IRS Filings and Tax Compliance (continued)         Yes         No           2a         Enter the number of employees reported on from W-3, Transmittal of Wage and Tax Statements, 2a         6         6           b         It a least one is reported on line 2a, did the organization file all required fedral employment tax returns?         6         8           a         Did the organization have unrulated business prose income of \$1,000 or more during the year?         3a         X           b         If a least one is reported. Tork his year?         76 to bine 30, provide an explanation or 85-bdule 0         3b         X           b         If a least one is reported. Tork his year?         3a         X         X           b         If a least one is reported. Tork his year?         3a         X           b         If a least one is diversed. The none of \$1,000 or more during the year?         3a         X           b         If a least one is diversed. The none of \$1,000 or more during the year?         3b         X         X           b         If a least one is diversed. The none of \$1,000 or more during the year?         5a         X           b         If a least one is diversed. The none of the set one is diversed. The none of the set one is diversed. The none of \$1,000 or more during the year?         5a         X           b <td< th=""><th colspan="6">Form 990 (2020) PISGAH HEALTH FOUNDATION 56-1458024 Page</th></td<>	Form 990 (2020) PISGAH HEALTH FOUNDATION 56-1458024 Page					
ga         Ener the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,         ga         6           b         If at least one is reported on line 2a, did the organization file all required federal employment tax returns?         ga         X           Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-the (see instructions)         ga         X           a         D of the organization have unstated busines groups income of 31, 000 more during the war?         gb         X           b         If "res, 'has if field a form 500 Tor this year, did the organization have an interest. In or a significan or other autionty over, a financial account in a foreign country year.         gb         X           b         If "res, 'has if field a form 500 Tor this year, did the organization have an interest. In or a significan contry year.         gb         X           b         If "res,' res if the control tor field the organization field may the any line during the tax year?         gb         X           b         If "res,' res in the control tor the organization field may line during the tax year?         gb         Sc         X           b         If "res,' res in the control tor the organization field may line during the tax year?         gb         X           b         If "res,' res in that year organization have the mage at the mage statement that year or that deductible?         gb         X           b	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
inter the calendar year-ending with or within the year covered by this return     2a     6       b If all leads one is reported on line 2.0, dth or organization fie all required fedual and/protein tax returns?     2a     X       b If the calendar year, did the organization fie all required to e_rais (see instructions)     2a     X       b If thes: That filed a from 1907 for this year? If the 'to an '2b, provide an explanation on Schedule 0     3a     3a       b If Yea, 'that the name of the foreign country \Lew tab shake account, securities account, or other financial accounts (EARR).     4a     X       b If Yea, 'that the name of the foreign country \Lew tab shake account, securities account, or other financial accounts (EARR).     5a     X       b U Was, 'adue the reganization have on interest in, or a signature or other financial accounts (EARR).     5a     X       b U Was, 'adue the reganization the arrowing or organization that was or is a party to a prohibited tas sheller transaction?     5a     X       c If Yes' to line 5a or 5b, did the organization that are normally greater than \$100,000, and did the organization solicit ary contributions and party to goods and services provided to the payo?     5a     X       b If Yes, 'idd the organization that was ore a party to a contribution and party for goods and services provided to the payo?     5a     X       b If Yes, 'idd the organization nead brack exclusion or other walkes of the good or services provided to the payo?     5a     X       d If Yes, 'ind the organization nead exclusion (shight payon or the wa				Yes	No	
b       If at least one is reported on line 2a, did the organization file all required tear-lay (see instructions)       26       X         3a       Dot the organization have unrelated business grads income of \$1,000 on one dump the year?       3a       X         3b       Tyes,' has it filed a form 990-T for this year?       7a       Xa         3b       Tyes,' has it filed a form 990-T for this year?       7b       3b       Xa         b       Tyes,' has it filed a form 990-T for this year?       7b       3b       Xa       Xa         b       Tyes,' has it filed a form 990-T for this year?       Xa       3b       Xa       Xa         b       Tyes,' has it filed a form 990-T for this year?       Xa       3b       Xa       Xa         See instructions for thing requirements for FinCEN Form 114, Report of Foregn Bank and Financial Accounts (FRAR), 5a       Xa       5a       Xa         5a       Did any taxable party notify the organization in the rom 8808-T?       5a       Xa       5b       Xa         5a       Did the organization nave were solicatation and partify the probable tax sheller transaction?       5a       Xa         5b       Tyes,' did the organization nave were solicatation exelses of ST made party is a contribution of you.       5a       Xa         6b       Tyes,' did the organization nave ys solicatation exelses o	2a					
Note:         If the sum of these 1a and 2a is greater than 250, you may be required to a-sis (see instructions)         Image:		filed for the calendar year ending with or within the year covered by this return 2a 6				
3a       Del the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         bit 1*Yes,* has it field a Form 980-T for this year? /f 'Wo' to <i>line 3b, provide an explanation on Schedule O</i> 3b	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		
b       If "Yes," has it field a form 900-T for this year," did the organization in the an intreast in, or a signature or other authonity over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) <ul> <li>a</li> <li>b</li> <li>d'a</li> <li>x at the during the calendar year, did the organization have an intreast in, or a signature or other authonity over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)</li> <li>B</li> <li>B</li> <li>Did any taxation party to a prohibited tax shelter transaction at any time during the tax year?</li> <li>B</li> <li>Did any taxation party to a prohibited tax shelter transaction?</li> <li>B</li> <li>C</li> <li>B</li> <li>Did any taxation include with every solicitation are express statement that such contributions or gifts were not tax deductible contributions and ersection 170(c).</li> <li>B</li> <li>Did the organization neiter expression that are normally greater than \$100,000, and did the organization selection 170(c).</li> <li>Did the organization revelve approximation every approximation for the same of the value of the goods or anvices provided?</li> <li>Did the organization network approximation for the same of the same of the value of the goods or any contribution or guaration for the same of the value of the goods or any contraction for the same of the value of the good approximation for the same of t</li></ul>		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
4a At any time during the calendary year, did the organization have an interest in, or a signature or other financial account?       4a       X         b       if 'Yes, ' enter the name of the foreign country.       See instructions for finiting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See instructions for finiting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See X         b       Ubd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Se X       X         cline in the organization aperty to a prohibited its schetter transaction?       Se X       X         cline in 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.       See X         b       If 'Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions.       See X         b       If 'Yes, ' did the organization notify the doros or the value of the organization could be application an express statement that such contributions or gifts were not tax deductible contributions or gifts were not tax deductible organization and the expansite in directly, on passite in the contract?       7a       X         b       If 'Yes, ' idid the organization could be application and express provided to the passite in the contract?       7a       X         d <th></th> <th></th> <th></th> <th></th> <th>X</th>					X	
financial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         bit if "Yes," enter the name of the foreign country be       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a Usa the organization a party to a prohibited tax shelter transaction?       5b       X         6a Does the organization neural gross receipts that are normally greater than \$100,000, and did the organization solit any contributions that were not tax deductible as charitable contributions?       6a       X         bit "Yes," did the organization neural gross receipts that are normally greater than \$100,000, and did the organization solit any any mem in excess of \$57\$ made party as contributions and party for goods and services provided to the pare?       7a       X         7 Organization could a party in dra, diricity or indirectly, to pay premums on a personal benefit contract?       7a       X         10 the organization neural gross received funds.       10 a organization neural gross received funds.       10 a organization receive any funds, directly or indirectly, on a personal benefit contract?       7a       X         10 the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file from BBAB?       7a       X         10 the organization neave any			3b			
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       X         B       Was the organization approximation that it was or is a party to a prohibited tax shelter transaction?       5b       X         Cline in the organization include with every solicitation are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatiale contributions?       5c       X         Cline in the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatiale contributions and partly for podds and services provided to the paroit       7a       X         D       Uf the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and partly for podds and services provided to the paron       7a       X         D       Uf the organization inclift the donor of the value of the ogods or services provided?       7c       X         D       Uf the organization notify the donor actives of the argument in excess of 57 made partly paron proves or which it was required?       7c       X         D       Uf the organization notify the donor actives of paronal benefit contract?       7a       7a </th <th>4a</th> <th></th> <th></th> <th></th> <th></th>	4a					
See instructions for illing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b D dary taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         c If "Yes" to line 5a or 5b, did the organization Respires that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions control tax deductible?       5a       X         b If "Yes," id the organization neity apprent in excess of 375 made party as a contribution and party for goods and services provided to the payn?       7a       X         b D dit magnization receive apprent in excess of 375 made party as a contribution and party for goods and services provided to the payn?       7a       X         b D dit magnization receive any funds, directly or indirectly, to pay prenumms on a personal benefit contract?       7a       X         b D dit magnization receive any funds, directly or indirectly, on a personal benefit contract?       7a       X         f If "Yes," indicate the number of Forms 8282 filed during the year?       7d       X         f D dit magnization receive any funds, directly or indirectly, on a personal benefit contract?       7t       X         f If "Yes," indicate the number of Forms 8282 filed during the year?       7a			<u>4a</u>		X	
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a     X       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wave not tax deductible as chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible as chartable contributions?     7a     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided to the part?     7a     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7b     7c     X       c     Uf the organization receive any function, directly, on a personal benefit contract?     7d     X       d     If "Yes," indicate the number of Forms 8282 filed during the year.     7d     Y     X       d     If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?     7d     X       d     If the organization received a contribution of cas, boats, airplanes, or other vehicles, did the organization file form 8808 are sequired?     7d     X       f     If the organization make any taxable distributions under	b					
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       55       X         c       ft "Yes" to line 5a or 5b, did the organization file Form 8886-T?       5c       5c       5c         B       Dest the organization have annual gross excepts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       6b       7c       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         b       Did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization necelve any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization necelve any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       X         g       If the organization necelve any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       X         g       If the organization necelve an contribution of cars, boats, anjtenes, or ther vehicles, dift the organization feel memosOr Form 82082 file during th	_		_		v	
c     If "Yes" to line 5a or 5b, did the organization file Form 8886-T?     5c       6a     Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       1     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7b     7c       2     Did the organization notify the donor of the value of the goods or services provide?     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X       d     Did the organization receive any functs, directly or indirectly, on a personal benefit contract?     7t     X       d     If the organization during the year, apprenums, directly or indirectly, on a personal benefit contract?     7d     X       d     If the organization during the year, apprenums, directly or indirectly, on a personal benefit contract?     7d     X       d     If the organization during the year, apprenums, directly or advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     9b     0       D the orga						
Ge 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?       Ge       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       Ge       X         a Did the organization exerces a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization on thy the donor of the value of the goods or services provided?       7b					_ A	
any contributions that were not tax deductible a charitable contributions?     6a     X       b     If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     8b     7b       a     Did the organization notify the donor of the value of the goods or services provided?     7a     X       b     If 'Yes,'' laid the organization notify the donor of the value of the goods or services provided?     7c     X       c     Did the organization outing the donor of the value of the goods or services provided?     7c     X       d     If 'Yes,'' indicate the number of Forms 8282 filed during the year     7d     7c     X       f     Did the organization, during the year, apy remiums, directify or indirectify, or a personal benefit contract?     7f     X       g     If the organization oreceive a contribution of qualified intellectual property, did the organization file Form 8899 as required?     7d     X       f     If the organization anistating door advised funds.     Did due organization file a Form 8899     9a       9     Sponsoring organization make any taxable distributions under section 4966?     9a     9a       9     Sponsoring organization make any taxable distributions under sources against amounts due or park VIII, line 12     10a     10a       11 <th></th> <th></th> <th>50</th> <th></th> <th></th>			50			
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).       6b         a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization sell, axchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Zd       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8398 as required?       7h       X         f       If the organization nave excess business holdings at any time during the year?       7g       X         9       Sponsoring organization have excess business holdings at any time during the year?       9a       9a       9a         9       Did the sponsoring organization nave avable distributions under section 4966?       9a       9a       9b       9a       9b       9a       9b       9a <td< th=""><th>6a</th><th></th><th></th><th></th><th>v</th></td<>	6a				v	
were not tax deductible?     6b       7     Organizations celve adjustion to exclude a payment in excess of 5/5 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       b If 'Yes,'' did the organization networks of 5/5 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       c Did the organization networks dispose of tangible personal property for which it was required to file Form 8282?     7c     X       d If 'Yes,'' indicate the number of Forms 8282? field during the year     7d     7c     X       d If 'Yes,'' indicate the number of Forms 8282? field during the year     7d     X       g If the organization network a contribution of qualified intellectual property, did the organization formation received a contribution of carb, bats, anplanes, or other vehicles, dif the organization file a Form 1098-C?     7g       g Sponsoring organization make a distribution of a donor advised fund maintained by the sponsoring organizations maintaining doon advised funds. Did a donor adviser fund maintained by the sponsoring organizations. Enter:     8a       a Did the sponsoring organization nake a distribution to a donor, donor advisor, or related person?     9a       b Gross income from members or shareholders     11a       b Gross income from members or shareholders     11a       b Gross income from members or shareholders     11a       12a     12b       13a     13a       14b     13b <td< th=""><th><b>h</b></th><th></th><th><u>oa</u></th><th></th><th></th></td<>	<b>h</b>		<u>oa</u>			
7       Organizations that may receive deductible contributions under section 170(c).       a) bid the organization receive a payment in excess of \$7\$ made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b) If 'Yes,' tidd the organization notify the donor of the value of the goods or services provided?       7c       X         c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d) If 'Yes,' indicate the number of Forms 8282 filed during the year       Zd       7a       X         f) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         f) Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g) If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g) Did the sponsoring organization make subsets holdings at any time during the year?       8       9       9a         g) Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(2) organizations. Enter:       10a	D		Ch			
a Dd the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         f Did the organization received a contribution of qualified intellectual property, did the organization for evelowed a contribution of cars, boats, aliplanes, or other vehicles, did the organization file Form 8899 as required?       7f.       X         g If the organization received a contribution of a divised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       Bid a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       Bid the sponsoring organization make any taxable distributions under section 4966?       9a       Bid the sponsoring organization make any taxable distributions under section 4966?       9a       Bid the sponsoring organizations. Enter:       10a	7		00			
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       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         f       Did the organization, during the year, pay premiums, on a personal benefit contract?       7f       X         f       Did the organization, during the year, pay premiums, on the organization file a Form 1098-C?       7h       X         g       Sponsoring organizations maintaining door advised funds.       Did the sponsoring organization make a distribution to a donor advisor, or related person?       9a       9b         9       Sponsoring organization make a distribution sincluded on Part Vill, line 12       10a       10b       10b         10       the sponsoring organization make a distribution to a donor advisor, or related person?       9b       9b         10       Section 501(c/(2) organizations. Enter:       10a       10b       11c       11b       11c       11c       11c			72		x	
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       Td       7e       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       Td       X       Yes,' indicate the number of Forms 8282 filed during the year       Td       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tf       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organizations maintaining door advised funds.       Did a donor advised funds.       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b						
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       Td       7e       X         d If "Yes," indicate the number of Forms 8282 filed during the year pay premiums on a personal benefit contract?       7e       X         f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8099 as required?       7n       X         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         11       Section 501(c)(7) organizations. Enter:       10a       10b       9b       9b       9b       9b         12       Section 501(c)(12) organizations. Enter:       11a       10b       10d <t< th=""><th></th><th></th><th>10</th><th></th><th></th></t<>			10			
d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td       Td         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tf       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       X         Sponsoring organization make excess business holdings at any time during the year?       8       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organization make any taxable distributions on davised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor davised fund maintaine distribution to a donor divised fund maintaine distribution to a donor diviser, or related person?       9b         10       Esction 501(c)(2) organization make a distribution to a donor diviser, or related person?       9b       10b         11       Section 501(c)(2) organizations licuded on Part VIII, line 12, for public use of c	U		70		x	
e       Did the organization receive any funds, directly or indirectly, to pay permiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay permiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         8       Sponsoring organizations maintaining door advised funds.       Did a door advised fund maintained by the sponsoring organizations maintaining door advised funds.       8       9         9       Sponsoring organizations maintaining door advised funds.       8       9       9a       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9b	Ь		10			
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       7n         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       9a         9       Did the sponsoring organizations. Enter:       10a       10a       10b       9a       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b			7e		х	
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         8       Sponsoring organization maintaining donor advised funds.       10id a donor advised fund maintained by the sponsoring organization make axcess business holdings at any time during the year?       8       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9         b       Did the sponsoring organizations. Enter:       10a       10a       9b         1       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a       10b       11a       10b       11a       10b       11a       10b       11a       10b       11a       10b       11b       11b       11b       11b       11a       11b       11b       11b       11b       11b       11b       11c       11c <th>_</th> <th></th> <th></th> <th></th> <th></th>	_					
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 make excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a         10       Initiation fees and capital contributions included on Part VIII, line 12.       10a         11       Section 501(c)(12) organizations. Enter:       10a         13       Gross income from members or shareholders       11a         14       Section 501(c)(12) organizations. Enter:       11a         15       Gross income from members or shareholders       11a         14       The "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.       13a         14       TYes," enter the amount of reserves the organization in more than one state?       13a         13       Is the organization licensed to issue qualified health plans in more than one state?       13a	g					
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization mave excess business holdings at any time during the year?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         10       Bold the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b       9b       9b </th <th></th> <th colspan="4"></th>						
9       Sponsoring organizations maintaining donor advised funds.       9         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:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         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       frvss," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14       Tvss," enter the amount of tax-exempt interest received or accrued during the year       13a       13a         13a       Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         b       fr "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       s the organization s	8					
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: <ul> <li>a Initiation fees and capital contributions included on Part VIII, line 12</li> <li>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</li> <li>10a</li> <li>10b</li> </ul> 10a           11 Section 501(c)(12) organizations. Enter: <ul> <li>a Gross income from them sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> <li>11b</li> </ul> 11a           12 Section 501(c)(29) qualified nonprofit health insurance issuers.         11b           13 Section 501(c)(29) qualified nonprofit health plans in more than one state?         12a           13 Section 501(c)(29) qualified nonprofit health plans in more than one state?         13a           Note: See the instructions for additional information the organization must report on Schedule O.         13a           b Enter the amount of reserves on hand         13a           c Enter the amount of reserves on hand         13a           14a         X           b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O <li>14a</li> <li>14b</li> <li>15</li> <li>14a</li> <li>15</li> <li>14a<!--</th--><th></th><th>sponsoring organization have excess business holdings at any time during the year?</th><th>8</th><th></th><th></th></li>		sponsoring organization have excess business holdings at any time during the year?	8			
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an	9	Sponsoring organizations maintaining donor advised funds.				
10       Section 501(c)(7) organizations. Enter:         a       Initiation fees and capital contributions included on Part VIII, line 12         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities         11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)         12a       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.         b       Enter the amount of reserves on hand         13a       Image: Ima	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
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       11a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         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?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       5e 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       14a       X         14a Did the organization subject to these payments? If "No," provide an explanation on Schedule O       14b       14b </th <th>b</th> <th>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</th> <th>9b</th> <th></th> <th></th>	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
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:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from members or shareholders       11a       11b         c       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       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       13e       14a       X         14a       Did the organization receive any payments for indoor tanning services during the xyear?       14a       X         b       If "Yes," has it filed a Form 720 t	10	Section 501(c)(7) organizations. Enter:				
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       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       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       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       13c         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has if filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X         b       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during t	а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
a Gross income from members or shareholders       11a       11b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       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       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c Enter the amount of reserves on hand       13b       13c       14a       X         14 Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation or excess parachute payment(s) during the year?       14b       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X   <						
amounts due or received from them.)       11b       12a         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       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X						
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.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X	b					
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.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       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       13b         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X		/				
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X			12a			
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: Comparization 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       13b       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X						
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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       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	а		13a			
organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	<b>L</b>					
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	D					
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X	~					
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X			143		x	
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X						
excess parachute payment(s) during the year?						
If "Yes," see instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		x	
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Form **990** (2020)

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Form	990	(2020)
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#### PISGAH HEALTH FOUNDATION

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	1a		9		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a		
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	it the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	1	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	)	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	) X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es." d	lescribe			
	in Schedule O how this was done	, ,		120	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	) X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a			
	taxable entity during the year?			16a	ı	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
	exempt status with respect to such arrangements?			16k	)	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (Section 501(c)(	3)s only	/) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain	on So	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd fina	ncial	
	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 boo	ks and	d records 🕨			
	SHARON STEELE, CPA - 828.771.6720					
	890 HENDERSONVILLE ROAD, SUITE 300, ASHEVILLE, NC	288	303			
032006	12-23-20			For	m <b>990</b>	(2020)
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~ 1 4						

Form 990 (	2020)
Part VII	Co

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

Name and title     Average hours per week (list any below line)     Position (to not check more than one box, unless person is both and box, unless person is both and person is both and below     Reportable compensation from the organizations (W-2/1099-MISC)     Estim amou organizations (W-2/1099-MISC)       (1)     CATHLEEN BLANCHARD     2.00     V     X     X     0.     0.       (2)     DARD CHAIR     X     X     0.     0.     0.       (3)     JAHIE RAMSEY, MD     2.00     X     X     0.     0.       BOARD SECRETARY     X     X     0.     0.       (4)     JERRMY PURCELL     2.00     X     X     0.     0.       BOARD VICE-CHAIR     X     X     0.     0.     0.       (6)     ART FISHER     2.00     X     X     0.     0.       BOARD SECRETARY     2.00     X     X     0.     0.       (6)     ART FISHER     2.00     X     X     0.     0.       BOARD MEMBER     2.00     X     X     0.     0.       (6)     ART FISHER     2.00     X     0.     0.       BOARD MEMBER     2.00     X     0.     0.       (7)     JIM TYSON, MD     2.00     0.     0.       BOAR	(A)	(B)			(0	C)			(D)	(E)	(F)
(iist any hours for related organizations below line)and and related organizations below line)the organization (W-2/1099-MISC)compet from organization (W-2/1099-MISC)compet from organization organization organization (W-2/1099-MISC)compet from organization organization organization (W-2/1099-MISC)compet from organization organization organization (W-2/1099-MISC)compet from organization organization organization (W-2/1099-MISC)compet from organization organization organization (W-2/1099-MISC)compet from organization organization organization organization (W-2/1099-MISC)compet from organization organization organization (W-2/1099-MISC)compet from organization organization 		Average hours per	box	not c , unle:	Pos heck ss per	ition more rson i	than o s both	an	compensation	compensation	Estimated amount of
(1) CATHLEEN BLANCHARD $2.00$ XXX0.0.BOARD CHAIRXXX0.0.0.(2) DAVID NEUMANN, ESQ $2.00$ XX0.0.BOARD TREASURERXXX0.0.(3) JAMIE RAMSEY, MD $2.00$ XX0.0.BOARD SECRETARYXX0.0.0.BOARD VICE-CHAIR $2.00$ X0.0.BOARD MEMBER $2.00$ X0.0.BOARD MEMBER $2.00$ X0.0.BOARD MEMBER $2.00$ X0.0.BOARD MEMBER $X$ 0.0.0.BOARD MEMBER $X$ 0.0.0.(1) JIM TYSON, MD $2.00$ $X$ 0.0.BOARD MEMBER $X$ 0.0.0.(3) WILLIAM MILLS $2.00$ $X$ 0.0.BOARD MEMBER $X$ 0.0.0.(9) JUAN MASCARO $2.00$ $X$ 0.0.BOARD MEMBER $X$ 0.0.0.(10) LEX GREEN, CPA $40.00$ $40.00$ $40.00$ $40.00$		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization	organizations	other compensation from the organization and related organizations
(2)DAVID NEUMANN, ESQ2.00XXX0.0.BOARD TREASURERXXX0.0.0.(3)JAMIE RAMSEY, MD2.00XXX0.0.BOARD SECRETARYXXX0.0.0.(4)JEREMY PURCELL2.00BOARD VICE-CHAIRXX0.0.(5)JIM WRIGHT, MD2.00BOARD MEMBER0.0.0.(6)ART FISHER2.00BOARD MEMBER0.0.0.(7)JIM TYSON, MD2.00BOARD MEMBER0.0.0.(8)WILLIAM MILLS2.00X0.0.0.BOARD MEMBERX0.0.0.0.(9)JUAN MASCARO2.00X0.0.BOARD MEMBERX0.0.0.		2.00									
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(3) JAMIE RAMSEY, MD2.00BOARD SECRETARYXX0.(4) JEREMY PURCELL2.00XXBOARD VICE-CHAIRXX0.(5) JIM WRIGHT, MD2.00X0.BOARD MEMBERX0.0.(6) ART FISHER2.00X0.BOARD MEMBERX0.0.(7) JIM TYSON, MD2.000.0.BOARD MEMBERX0.0.(8) WILLIAM MILLS2.00X0.BOARD MEMBERX0.0.(9) JUAN MASCARO2.00X0.BOARD MEMBERX0.0.		2.00	v		v				0	0	0
BOARD SECRETARYXXX0.0.(4) JEREMY PURCELL2.00XX0.0.BOARD VICE-CHAIRXX0.0.0.(5) JIM WRIGHT, MD2.00X0.0.0.BOARD MEMBERX0.0.0.0.(6) ART FISHER2.00X0.0.0.BOARD MEMBERX0.0.0.0.(7) JIM TYSON, MD2.000.0.0.BOARD MEMBERX0.0.0.(8) WILLIAM MILLS2.00X0.0.BOARD MEMBERX0.0.0.(9) JUAN MASCARO2.00X0.0.BOARD MEMBERX0.0.0.(10) LEX GREEN, CPA40.0011		2 00	~		<u> </u>				0.	0.	0.
(4) JEREMY PURCELL2.00BOARD VICE-CHAIRXX0.(5) JIM WRIGHT, MD2.000.BOARD MEMBERX0.(6) ART FISHER2.00BOARD MEMBERX0.(7) JIM TYSON, MD2.00BOARD MEMBERX(8) WILLIAM MILLS2.00BOARD MEMBERX(9) JUAN MASCARO2.00BOARD MEMBERX(10) LEX GREEN, CPA40.00		4.00	x		x				n –	n	0.
BOARD VICE-CHAIRXXX0.0.(5) JIM WRIGHT, MD2.00X0.0.0.BOARD MEMBERX0.0.0.0.(6) ART FISHER2.00X0.0.0.BOARD MEMBERX0.0.0.0.(7) JIM TYSON, MD2.000.0.0.0.BOARD MEMBERX0.0.0.0.(8) WILLIAM MILLS2.00X0.0.0.BOARD MEMBERX0.0.0.0.(9) JUAN MASCARO2.00X0.0.0.BOARD MEMBERX0.0.0.0.(10) LEX GREEN, CPA40.001111		2.00		-	1				0.	0.	0.
(5) JIM WRIGHT, MD2.00X0.0.BOARD MEMBER2.00X0.0.0.(6) ART FISHER2.00X0.0.0.BOARD MEMBERX0.0.0.0.(7) JIM TYSON, MD2.00X0.0.0.BOARD MEMBERX0.0.0.0.(8) WILLIAM MILLS2.00X0.0.0.BOARD MEMBERX0.0.0.0.(9) JUAN MASCARO2.00X0.0.0.BOARD MEMBERX0.0.0.0.(10) LEX GREEN, CPA40.001111		2.00	x		x				0.	0.	0.
BOARD MEMBERX0.0.(6) ART FISHER2.00X0.0.BOARD MEMBERX0.0.0.(7) JIM TYSON, MD2.000.0.BOARD MEMBERX0.0.(8) WILLIAM MILLS2.000.0.BOARD MEMBERX0.0.(9) JUAN MASCARO2.000.0.BOARD MEMBERX0.0.(10) LEX GREEN, CPA40.000.0.		2.00									
(6) ART FISHER2.00X0.0.BOARD MEMBERX0.0.0.(7) JIM TYSON, MD2.00X0.0.BOARD MEMBERX0.0.0.(8) WILLIAM MILLS2.00X0.0.BOARD MEMBERX0.0.0.(9) JUAN MASCARO2.000.0.0.BOARD MEMBERX0.0.0.(10) LEX GREEN, CPA40.000.0.			х						0.	0.	0.
(7) JIM TYSON, MD2.00BOARD MEMBERX0.(8) WILLIAM MILLS2.00BOARD MEMBERX(9) JUAN MASCARO2.00BOARD MEMBERX(10) LEX GREEN, CPA40.00	(6) ART FISHER	2.00									
BOARD MEMBERX0.0.(8) WILLIAM MILLS2.000.0.BOARD MEMBERX0.0.(9) JUAN MASCARO2.000.BOARD MEMBERX0.(10) LEX GREEN, CPA40.000.	BOARD MEMBER		Х						0.	0.	0.
(8) WILLIAM MILLS     2.00       BOARD MEMBER     X       (9) JUAN MASCARO       BOARD MEMBER       (10) LEX GREEN, CPA	(7) JIM TYSON, MD	2.00									
BOARD MEMBERX0.0.(9) JUAN MASCARO2.000.0.BOARD MEMBERX0.0.(10) LEX GREEN, CPA40.000.0.	BOARD MEMBER		Х						0.	0.	0.
(9)         JUAN MASCARO         2.00         X         0.         0.           BOARD MEMBER         X         0.<	(8) WILLIAM MILLS	2.00									
BOARD MEMBER         X         0.         0.           (10) LEX GREEN, CPA         40.00			Х						0.	0.	0.
(10) LEX GREEN, CPA 40.00		2.00									
		40.00	Х						0.	0.	0.
		40.00			v				0	1/2 051	33,584.
										142,0310	55,5040
											Form <b>990</b> (2020

9

032007 12-23-20

Form 990 (2020)

Form 990 (2020) PISGAH H									56-14	<u>4580</u>	24	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		, ,			<u> </u>
<b>(A)</b> Name and title	(B) Average hours per week (list any	box, offic	not c , unles	ss per	ition more rson i	than o s both r/trus	an	(D) Reportable compensation from	(E) Reportable compensatio from related	on d	Esti amo c	(F) mated ount of ther
	(list any hours for related     1000 below     10000 below     1000 below     10000 below					fro orga and	ensation m the nization related nizations					
		•										
		-										
		-										
		-										
		-										
		-										
		-										
1b Subtotal								0.	142,05		33	,584.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0.	142,05	<u>0.</u> 51.	33	0.
<ul> <li>2 Total number of individuals (including but n compensation from the organization</li> </ul>							o re	eceived more than \$100,	000 of reportable	;		0
												Yes No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			•	•			Ŭ	• • •			3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from the	ne organization		4	x
5 Did any person listed on line 1a receive or a	accrue compen	Isatio	on fr	oma	any	unre	late	ed organization or individ	lual for services			X
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	plete Schedule	e J fo	or sl	ich <u>r</u>	bers	on .				<u></u>	5	
1 Complete this table for your five highest co the organization. Report compensation for		•							, ,	pensati	on fror	n
(A) Name and business			<u>in an</u>	<u>g</u> m				(B) Description of s		Cc	(C)	
SHARECARE, INC PO BOX 936450, ATLANTA, C	בא <u>אי</u>	-6	45	0				BLUE ZONE PRO FACILITATORS				,333.
TO DOX 750450, AILANIA, C	M JIIJJ	0	<u> </u>	0				<u>FACILITATORD</u>		<u> </u>	155	,
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nitec	d to t	thos 1	e lis	ted	above) who received mo	ore than			00 (

Form **990** (2020)

					ALTH	FOUNDAT	ION		56-1458	024 Page 9
Pa	rt V	/111	Statement of Re	venue						
			Check if Schedule O	contains a re	esponse	or note to any lir	ne in this Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	( <b>C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ស ស	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts					1b					
¶ Mg G		с	Fundraising events		1c					
ar <i>F</i>			Related organizations		1d					
is, C		е	Government grants (contr	ributions)	1e					
er S		f	All other contributions, gifts,							
ţ,			similar amounts not included			296,554.	-			
ontro		-	Noncash contributions included in		1g \$					
<u>ų č</u>		h	Total. Add lines 1a-1f				5,296,554.			
	_	_				Business Code				
Program Service Revenue	2	a b								
Serv		с С								
		d								
Be		e								
Pro		f	All other program service	revenue						
			Total. Add lines 2a-2f			-				
	3		Investment income (inclue	ding dividend	ds, intere	est, and				
			other similar amounts) $\dots$				199,040.			199,040.
	4		Income from investment of	of tax-exemp	t bond p	roceeds				
	5		Royalties							
	_				Real	(ii) Personal	-			
			Gross rents	6a			-			
			Less: rental expenses	6b			-			
			Rental income or (loss)	6c						
			Net rental income or (loss Gross amount from sales of		curities	(ii) Other				
	'	a	assets other than inventory	7a 355,			-			
		h	Less: cost or other basis	140007	0101					
ē		-	and sales expenses	7b	0.					
venue		с	Gain or (loss)	7c 355,						
Rev			Net gain or (loss)	-			355,345.			355,345.
Other			Gross income from fundraisi							
₹			including \$		of					
			contributions reported on							
			Part IV, line 18				-			
			Less: direct expenses							
			Net income or (loss) from			<u></u>				
	9	а	Gross income from gamin							
		h	Part IV, line 19 Less: direct expenses							
			Net income or (loss) from			<b>&gt;</b>				
			Gross sales of inventory,							
			and allowances		10a					
		b	Less: cost of goods sold							
			Net income or (loss) from							
s		_				Business Code				
Miscellaneous Revenue	11	а								
scellaneo <u>Revenue</u>		b								
Sev		С								
Nis			All other revenue							
	12		Total. Add lines 11a-11d Total revenue. See instruction				5,850,939.	0.	0	554,385.
02200	9 12-:						-,			Form <b>990</b> (2020)

#### Form 990 (2020)

PISGAH HEALTH FOUNDATION 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). Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 5,124,143. 5,124,143. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 10,000. 10,000. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 339,750. 266,334. 73,416. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 49,835. 39,868. 9,967. Other employee benefits 9 26,704. 21,363. 5,341. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 68,216. 87,966. 19,750. b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 1,016,793. 101,336. 1,143,463. 25,334. column (A) amount, list line 11g expenses on Sch 0.) 10,214. 2,554. 12,768. Advertising and promotion 12 18,274. 14,620. 3,654. Office expenses 13 25,959. 20,767. 5,192. Information technology 14 15 Royalties 31,145. 24,917. 6,228. 16 Occupancy 783. 627. 156. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 6,490. 4,752. 1,738. Depreciation, depletion, and amortization ..... 22 4,476. 3,581. 895. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 7,499. 5,998. 1,501. MISCELLANEOUS а b С d All other expenses е 6,889,255. 6,150,936. 582,593. 155,726. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

12

032010 12-23-20

Form 990 (2020)

14591104 797738 561458024

33

Total liabilities and net assets/fund balances

Assets

Liabilities

Net Assets or Fund Balances

13,883,059.

33

13,771,281.

Form **990** (2020)

Form 990 (	2020)		PISGAH	HEALTH	FOUNDATION
Part X	Baland	ce Sheet			

	Check if Schedule O contains a response or note	e to any	/ line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			200.	1	202.
2	Savings and temporary cash investments			196,553.	2	988,711.
3	Pledges and grants receivable, net			158,435.	3	160,765.
4	Accounts receivable, net			3,961.	4	1,285.
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, substa					
	controlled entity or family member of any of thes				5	
6	Loans and other receivables from other disqualifi	-	F		_	
-	under section 4958(f)(1)), and persons described				6	
7	Notes and loans receivable, net		E E E E E E E E E E E E E E E E E E E		7	
8	Inventories for sale or use				8	
9	<b>—</b> · · · · · · · · · · · · · · · · · · ·				9	3,565.
	Land, buildings, and equipment: cost or other				_	
	basis. Complete Part VI of Schedule D	10a	501,700.			
b	Less: accumulated depreciation		78,004.	430,187.	10c	423,696.
11	Investments - publicly traded securities			13,093,723.	11	12,193,057.
12	Investments - other securities. See Part IV, line 1			• •	12	
13	Investments - program-related. See Part IV, line 1		F		13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equa			13,883,059.	16	13,771,281.
17	Accounts payable and accrued expenses			346,949.	17	35,637.
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F				21	
22	Loans and other payables to any current or form	er offic	er, director,			
	trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
	controlled entity or family member of any of these	e perso	ons		22	
23	Secured mortgages and notes payable to unrelate	ed thir	d parties		23	
24	Unsecured notes and loans payable to unrelated	third p	parties	1,125,031.	24	2,071,901.
25	Other liabilities (including federal income tax, pay	ables t	to related third			
	parties, and other liabilities not included on lines	17-24)	. Complete Part X			
	of Schedule D			20.	25	0.
26	Total liabilities. Add lines 17 through 25			1,472,000.	26	2,107,538.
	Organizations that follow FASB ASC 958, chee	ck here	e ▶ 🛛 🔰			
	and complete lines 27, 28, 32, and 33.					0 001 105
27	Net assets without donor restrictions			9,821,953.	27	8,931,486.
28	Net assets with donor restrictions		2,589,106.	28	2,732,257.	
	Organizations that do not follow FASB ASC 95					
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or eq				30	
31	Retained earnings, endowment, accumulated inc			10 /11 050	31	11 662 742
32	Total net assets or fund balances			12,411,059.	32	11,663,743.

_	990 (2020) PISGAH HEALTH FOUNDATION	56-1	458024	Pag	<sub>ge</sub> 12
Pa	rt 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	5,850		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,889	· ·	
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,038		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,411		
5	Net unrealized gains (losses) on investments	5	332	, 4	95.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-41	, 49	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	11,663	,74	<u>43.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			37
	Act and OMB Circular A-133?		<u>3a</u>		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	

Form **990** (2020)

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Nan	ne of t	he organization							identification number			
De				FOUNDATION					6-1458024			
	rt I			(All organizations must o			ee instruction	S.				
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or associati	on of churches described	l in <b>sectio</b>	on 170(b)(1	1)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative	hospital service org	ganization described in se	ection 170	(b)(1)(A)(ii	ii).					
4		A medical research organiz	ation operated in co	onjunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated f	or the benefit of a co	ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (	Complete Part II.)									
6		A federal, state, or local go	vernment or aovern	mental unit described in	section 17	70(b)(1)(A)	(v).					
7	X											
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe		)(1)(A)(vi), (Complete Par	t II )							
9	$\square$	An agricultural research or	-		-	ed in conii	inction with a	land-grant	college			
Ŭ		or university or a non-land-	-			-		-	-			
		university:	grant conege of agri			name, eny	, and state of	the conege				
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ne membersh	in fees and	d aross receipts from			
10		activities related to its exer	•					-	•			
									-			
		income and unrelated busi			in pusities	ses acqui	red by the org	anization a	inter Julie 30, 1975.			
44		See section 509(a)(2). (Co		aivaly to tost for public on	fatu Saa	agation E(	O(a)(4)					
11 12	$\square$	An organization organized	-		•			rn, out tho	nurnance of one or			
12		An organization organized	-	•	-			•				
		more publicly supported or	-									
_		lines 12a through 12d that	• •			-		-				
а				supervised, or controlled	• • •	-						
				egularly appoint or elect a	majority c	of the aired	ctors or truste	es of the su	ipporting			
		organization. You must	-					- (-)	•			
b			-	d or controlled in connect			-		•			
		-		ganization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ortea			
		organization(s). You mus	-									
С				ng organization operated				ly integrate	d with,			
_		7		s). You must complete I								
d				porting organization oper				-				
		-		ization generally must sat	•		-	an attentiv	/eness			
		- · ·	,	omplete Part IV, Sections	,							
е				written determination fro			Туре I, Туре	II, Type III				
		functionally integrated, o	• •	onally integrated supporti	ng organiz	ation.			[]			
f		er the number of supported	-									
g		vide the following informatio i) Name of supported	n about the support (ii) EIN	ed organization(s).	(iv) Is the oro	anization listed	(v) Amount o	monoton	(vi) Amount of other			
	(	organization		(described on lines 1-10	in your govern	ing document?	support (see ir	-	support (see instructions)			
		organization		above (see instructions))	Yes	No						
Tota	al											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 15

#### Schedule A (Form 990 or 990-EZ) 2020 PISGAH HEALTH FOUNDATION

56-1458024 Page 2

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.)

Sec	ection A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	2275879.	376,081.	501,760.	132,237.	327,882.	3613839.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge	2275070	276 001		120 027	207 000	2612020				
	Total. Add lines 1 through 3	2275879.	376,081.	501,760.	132,237.	327,882.	3613839.				
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,						242 624				
	column (f)						248,624.				
	Public support. Subtract line 5 from line 4.						3365215.				
		( ) == ( =	(1) 00 (-	( ) 00/0	( 1) 00 ( 0	() 2222	(2) = 1 + 1				
	ndar year (or fiscal year beginning in)	(a) 2016 2275879.	(b) 2017 376,081.	(c) 2018 501,760.	(d) 2019 132,237.	(e) 2020 327,882.	(f) Total 3613839.				
	Amounts from line 4	22/50/9.	570,001.	501,700.	152,257.	521,002.	3013039.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,	155,513.	200 057	210 160	EE 076	199,040.	027 655				
-	and income from similar sources	155,513.	209,057.	218,169.	55,876.	199,040.	837,655.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital			6,117.			6,117.				
	assets (Explain in Part VI.)			0,117.			4457611.				
	<b>Total support.</b> Add lines 7 through 10		20)			12	36,702.				
	Gross receipts from related activities, First 5 years. If the Form 990 is for th	,	,	fourth or fifth tox y			50,702.				
13	organization, check this box and <b>stor</b>	•									
Sec	ction C. Computation of Publi										
	Public support percentage for 2020 (I			column (f))		14	75.49 %				
	Public support percentage from 2019					15	91.78 %				
	<b>33 1/3% support test - 2020.</b> If the c										
100	stop here. The organization qualifies						N V				
b	<b>33 1/3% support test - 2019.</b> If the o		-								
	and stop here. The organization qual										
17a	10% -facts-and-circumstances test										
	and if the organization meets the fact										
	meets the facts-and-circumstances te			-							
b	10% -facts-and-circumstances test	-			-						
		-									
	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										
18	Private foundation. If the organization				• •						
			,			edule A (Form 990					

# Schedule A (Form 990 or 990-EZ) 2020 PISGAH HEALTH FOUNDATION 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital capacit (Explain in Dart U)						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third.	fourth, or fifth tax	year as a section 5	01(c)(3) organi	zation,
	check this box and stop here	0		,		()()	<i>,</i>
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage			,,	
17	Investment income percentage for 20	120 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a	<b>33 1/3% support tests - 2020.</b> If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box ar	-	-				▶∟
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						ion ▶
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
03202	23 01-25-21		17	1	Sch	edule A (Form	990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 PISGAH HEALTH FOUNDATION

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Schedule A (Form 990 or 990-EZ) 2020

10a

10b

Yes No

18

# Schedule A (Form 990 or 990 EZ) 2020 PISGAH HEALTH FOUNDATION

		110002	± 16	ige
Pa	rt IV Supporting Organizations (continued)		Y.	
			Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	ers, ted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? 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.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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			

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? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	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 \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent	of each o	f its supported	organizations.	Complete line 3 b	elow.
---	--	------------------	---------------	-----------	-----------------	----------------	-------------------	-------

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

19

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

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	(Form 990 or 990-EZ) 2020				
Part V	Type III Non-Functio	nally Integ	rated 509(a	a)(3) Supporting	g 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 distr	ibutions	2		
3 Other gross income (see inst	ructions)	3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletion		5		
6 Portion of operating expense	es paid or incurred for production or			
collection of gross income o	r for management, conservation, or			
maintenance of property hel	d for production of income (see instructions)	6		
7 Other expenses (see instruct	ions)	7		
8 Adjusted Net Income (subt	ract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amo	unt		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value	of all non-exempt-use assets (see			
instructions for short tax yea	r or assets held for part of year):			
a Average monthly value of se	curities	1a		
<b>b</b> Average monthly cash balan	ces	1b		
c Fair market value of other no	n-exempt-use assets	1c		
d Total (add lines 1a, 1b, and	1c)	1d		
e Discount claimed for blocka	ge or other factors			
(explain in detail in Part VI):				
2 Acquisition indebtedness ap	plicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exem	ot use. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exempt-use	assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.		6		
7 Recoveries of prior-year distr	ibutions	7		
8 Minimum Asset Amount (a	dd line 7 to line 6)	8		
Section C - Distributable Amoun	t			Current Year
1 Adjusted net income for prio	r year (from Section A, line 8, column A)	1		
<b>2</b> Enter 0.85 of line 1.		2		
3 Minimum asset amount for p	rior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line		4		
5 Income tax imposed in prior		5		
	tract line 5 from line 4, unless subject to			
emergency temporary reduc	· •	6		
	not year is the organization's first as a non functional	lu integrator		nization (and

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2020

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# Schedule A (Form 990 or 990 EZ) 2020 PISGAH HEALTH FOUNDATION

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Γ	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-			_	
	able cause required - explain in Part VI). See instructions.			_	
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$			_	
a	Applied to underdistributions of prior years			-	
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 PISGAH HEALTH FOUNDATION
Part VI Supplemental Information. Provide the explanations required by Part II, line 10:1

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

### SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

- DESCRIPTION: UNEXPECTED PROCEEDS FROM HOSPITAL SALE GRANTED TO
- DATE: 12/31/20 AMOUNT: 5000000.

DESCRIPTION: UNEXPECTED PROCEEDS FROM HOSPITAL SALE GRANTED TO

- DATE: 09/30/19 AMOUNT: 5000000.
- DESCRIPTION: UNEXPECTED ESTATE GRANT
- DATE: 09/30/18 AMOUNT: 85295.

DESCRIPTION: UNEXPECTED ESTATE GRANT

DATE: 09/30/17 AMOUNT: 552526.

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# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

Organization type (check of	organization type (check one).					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

PISGAH HEALTH FOUNDATION

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Name of organization

Employer identification number

PISGAH HEALTH FOUNDATION

56-1458024

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(Complete Part II for noncash contributions.)

023452 11-25-20

2020.05000 PISGAH HEALTH FOUNDATION 56145801

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14591104 797738 561458024

Name of organization

Page 3

# PISGAH HEALTH FOUNDATION

Employer identification number

56-1458024

INDICASILE FLOPELLY (see instructions). Use duplicate copies of Pa	Irt II II additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	—— I	1
	(b) Description of noncash property given (b) Description of noncash property given	(b)     FWV (or estimate) (See instructions.)

023453 11-25-20

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

## 14591104 797738 561458024

Page **4** 

Name of orga	anization		Employer identification number						
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	) through (e) and the following line er charitable, etc., contributions of <b>\$1,000 or</b>	56 - 1458024 section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$						
(a) No. from Part I	Use duplicate copies of Part III if additional : (b) Purpose of gift	space is needed. (c) Use of gift	(d) Description of how gift is held						
-									
		(e) Transfer of gi	ift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-									
	(e) Transfer of gift								
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	Transferee's name, address, ar	ift Relationship of transferor to transferee							
-									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-									
	Transferee's name, address, ar	(e) Transfer of gi	jift Relationship of transferor to transferee						
-	n ansieree 5 fidnie, duuress, al	······································							
-									

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023454 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE D	)
------------	---

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.

A - 1 -     A	· · · · · · · · · · · · · · · · · / - · · / - · · / - · · / - · · / - · · / - · · / - · · · / - · · · / - · · · / - · · · / - · · · / - · · · / - · · · / - · · · / - · · · / - · · · / - · · · ·		the second state of the se	
	www.irs.dov/eoi	rmyyu) tor instruct	tions and the latest i	intormation
				mormation



Nam	of the organization PISGAH HEALTH FOUN	ΙΠΑΨΤΟΝ		Employer identification number $56 - 1458024$
Par			or Acc	
1 41	organization answered "Yes" on Form 990, Part IV, li			
		(a) Donor advised funds	(b	) Funds and other accounts
1	Total number at and of year		(~	
2	Total number at end of year Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value of grants norm (during year)			
5	Did the organization inform all donors and donor advisors in		ad funds	2
Ű	are the organization's property, subject to the organization's	0		
6	Did the organization inform all grantees, donors, and donor			
•	for charitable purposes and not for the benefit of the donor			
				·
Par		rganization answered "Yes" on Form 990, F	Part IV, I	
1	Purpose(s) of conservation easements held by the organiza			
	Preservation of land for public use (for example, recre		a histor	ically important land area
	Protection of natural habitat	Preservation of	a certifi	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form o	of a con	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic st	ructure included in (a)	L	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	re	
	listed in the National Register		L	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organiz	ation during the tax
	year 🕨			
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	ervation	easements during the year
	·			
7	Amount of expenses incurred in monitoring, inspecting, har	idling of violations, and enforcing conservat	ion ease	ements during the year
•	► \$			
8	Does each conservation easement reported on line 2(d) abo			
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserva			
9				
	balance sheet, and include, if applicable, the text of the foo organization's accounting for conservation easements.		ins mai	
Par		of Art, Historical Treasures, or Otl	her Si	milar Assets.
	Complete if the organization answered "Yes" on For			
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement ar	nd balar	nce sheet works
	of art, historical treasures, or other similar assets held for pu	ublic exhibition, education, or research in fu	rtheranc	e of public
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these items	s.	
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and b	alance	sheet works of
	art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furth	erance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				► \$
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financial	gain, pr	rovide
	the following amounts required to be reported under FASB.	ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			► \$
				► \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Schedule D (Form 990) 2020

032051 12-01-20

Sche		HEALTH FOUN					458024		ge <b>2</b>		
Pa	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O	ther S	imilar Asse <sup>-</sup>	ts <sub>(contin</sub>	ued)			
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that ma	ike signi	ficant use of its	5	,			
	collection items (check all that apply):										
а	Public exhibition	d	Loan or exc	hange program							
b	Scholarly research	е		0.0							
с	c Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt	purpose in Par	t XIII.				
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pa	t IV Escrow and Custodial Arrang								No		
	reported an amount on Form 990, Par						,,				
1a	Is the organization an agent, trustee, custodi		arv for contributions	s or other assets	not incl	uded					
14	on Form 990, Part X?		•			_	Yes	X	No		
h	If "Yes," explain the arrangement in Part XIII					L					
D.			owing table.				Amount				
с	Beginning balance					1c	Amount				
	Additions during the year					1d					
	Additions during the year					1e					
e f	Distributions during the year					1f					
	Ending balance Did the organization include an amount on Fo				 liability?		Yes	X	No		
	If "Yes," explain the arrangement in Part XIII.					L	163		NU		
	<b>t V</b> Endowment Funds. Complete i										
		(a) Current year	(b) Prior year	(c) Two years ba		Three years bacl	k (e) Four	voare b			
10	Beginning of year balance	13,093,673.	13,151,491.	9,759,6		9,108,938		223,3			
1a ⊾		10,000,000	3,630.	11,397,4		432,658			888.		
b	Contributions	621,357.	116,327.	1,553,2		218,029	-	1,179,744.			
C	Net investment earnings, gains, and losses	1,487,061.	177,775.	9,506,9		210,025	3,300,000.				
d	Grants or scholarships	1,407,001.	111,113.	9,500,9			<u>,</u>	500,0	00.		
е	Other expenditures for facilities										
-	and programs	24.012		F1 0	0.6						
t	Administrative expenses	34,912.	12 002 672	51,9		0 750 625	-	100 0			
g	End of year balance	12,193,057.	13,093,673.	13,151,49	91.	9,759,625	• 9,	108,9	50.		
2	Provide the estimated percentage of the curr	•		) held as:							
а	Board designated or quasi-endowment	81.4000	_%								
b	Permanent endowment	%									
С	Term endowment  18.6000										
	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered f	for the o	rganization	г				
	by:							Yes	No		
	(i) Unrelated organizations								<u>X</u>		
	(ii) Related organizations								X		
b	If "Yes" on line 3a(ii), are the related organiza						<b>3</b> b				
4	Describe in Part XIII the intended uses of the	<u>u</u>	vment funds.								
Pai	t VI _ Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990,			art X, line	: 10.					
	Description of property	(a) Cost or ot			• •	mulated	<b>(d)</b> Bool	value			
		basis (investm	,	(other)	depre	ciation					
1a	Land			1,000.				.,00			
b	Buildings		20	6,721.	2	2,973.	183	3,74	8.		
с	Leasehold improvements										
d	Equipment		7	3,979.	5	5,031.	18	3,94	8.		
<u>e</u>	Other										
Tota	I. Add lines 1a through 1e. <i>(Column (d) must</i> e	aual Form 990. Part >	K. column (B). line 1	0c.)		►	423	8,69	6.		
	· · · · ·		• • •			Schedu	le D (Form	990) 2	2020		

Schedule D (	Form 990	) 2020	PISGAH	HEALTH	FOUNDATION	N

#### 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. (Col. (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. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

#### Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colui	nn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	
Part X		
	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) Fed	eral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020

032053 12-01-20

	edule D (Form 990) 2020 PISGAH HEALTH FOUNDATION				1458024 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,691,737.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. <b>2</b> a	564,907.		
b	Donated services and use of facilities	. <b>2</b> b	27,328.		
с	Recoveries of prior year grants	. 2c			
d			248,563.		
е	Add lines 2a through 2d			2e	840,798.
3	Subtract line 2e from line 1			3	5,850,939.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	. 4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
С					
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	5,850,939.
5			Expenses per R		<u>5,850,939.</u> n.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	ents With	Expenses per R		n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per R		5,850,939. n. 7,390,315.
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R	eturi	n.
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per R	eturi	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With a.	Expenses per R	eturi	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b	27,328.	eturi	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses	2a 2b 2c	Expenses per R	eturi	n.
5 Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	27,328. 473,732.	eturi	n. 7,390,315. 501,060.
5 Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	27,328. 473,732.	1	n. 7,390,315.
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	27,328. 473,732.	1 2e	n. 7,390,315. 501,060.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	27,328. 473,732.	1 2e	n. 7,390,315. 501,060.
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 	27,328. 473,732.	1 2e	n. 7,390,315. 501,060.
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 	27,328. 473,732.	1 2e	n. 7,390,315. 501,060. 6,889,255. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	27,328. 473,732.	1 2e 3	n. 7,390,315. 501,060.

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

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT FOR SHORT YEAR RETURN

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

### ADJUSTMENT FOR SHORT YEAR RETURN

PART V, LINE 4

### THE FOUNDATION'S ENDOWMENT CONSISTS OF SEVEN INDIVIDUAL FUNDS ESTABLISHED

FOR A VARIETY OF PURPOSES. ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED

ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION

### AS ENDOWMENTS. AS REQUIRED BY GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT

 FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS

 032054 12-01-20
 Schedule D (Form 990) 2020

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Part XIII Supplemental Information (continued)

### ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE

OF DONOR-IMPOSED RESTRICTIONS.

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE I (Form 990)			irants and Oth					OMB No. 154	45-0047
(10111330)			vernments, an ete if the organization					202	20
Department of the Treasury Internal Revenue Service		comp	-	Attach to Forr s.gov/Form990 for	n 990.			Open to I Inspec	
Name of the organization	PISGAH HE	ALTH FOUN	·	<u></u>				Employer identification 56-145	
Part I General Infor	mation on Grants a							50 115	0021
criteria used to awar	d the grants or assis	stance?	amount of the grants oring the use of grant					on X Yes	No No
			ations and Domestic			anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any	
		-	be duplicated if addition				,	, , <b>,</b>	
<b>1 (a)</b> Name and addre or govern	U U	<b>(b)</b> EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gr or assistance	
ALL SOULS COUNSELING	CENTER								
35 ARLINGTON STREET									
ASHEVILLE, NC 28801		56-2200862	501C3	10,000.	0.			PROGRAM SUPPORT	
APPALACHIAN SUSTAINA									
AGRICULTURE PROJECT,									
HAYWOOD STREET - ASH	LEVILLE, NC	06-1642769	50102	250 500	0			DDOGDAN GUDDOD	
28801		06-1642769	50103	259,590.	0.			PROGRAM SUPPORT	
ASHEVILLE BUNCOMBE C CHRISTIAN MINISTRY - STREET - ASHEVILLE	20 20TH	83-1409504	501C3	10,000.	0.			PROGRAM SUPPORT	
·/									
BABIES NEED BOTTOMS									
PO BOX 5171									
ASHEVILLE, NC 28813		82-3574436	501C3	20,000.	0.			PROGRAM SUPPORT	
BEACON OF HOPE SERVI PO BOX 877	CES								
MARSHALL, NC 28753		56-2241353	501C3	50,000.	0.			PROGRAM SUPPORT	
,					-				
BELOVED ASHEVILLE									
PO BOX 6386									
ASHEVILLE, NC 28816		84-3381632	501C3	72,970.	0.			PROGRAM SUPPORT	
			ganizations listed in the	e line 1 table				►	81.
3 Enter total number o								<b>&gt;</b>	
LHA For Paperwork Re	duction Act Notice,	see the Instruction	ons for Form 990.					Schedule I (Form 9	90) 2020

# Schedule I (Form 990) PISGAH HEALTH FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF WNC							
50 S FRENCH BROAD AVE SUITE 213							
ASHEVILLE, NC 28801	58-1505917	501C3	12,470.	0.			PROGRAM SUPPORT
BLUE RIDGE COMMUNITY COLLEGE							
EDUCATIONAL FOUNDATION - 180 W.							
CAMPUS DRIVE - FLAT ROCK, NC 28731	54-1328809	501C3	180,000.	0.			PROGRAM SUPPORT
BLUE RIDGE COMMUNITY HEALTH							
SERVICES, INC 220 5TH AVENUE							
EAST - HENDERSONVILLE, NC 28792	56-0794933	501C3	168,300.	0.			PROGRAM SUPPORT
DOUBLE FOR GLODY GINE							
BOUND FOR GLORY CAMP							
PO BOX 663	46 3566043	F 0 1 0 2	20.000	0			
BREVARD, NC 28712	46-3566943	50103	20,000.	0.			PROGRAM SUPPORT
BOUNTY & SOUL							
999 OLD US HWY 70							
BLACK MOUNTAIN, NC 28711	46-4759362	50103	25,000.	0.			PROGRAM SUPPORT
	10 1/02001						
BOYS & GIRLS CLUB OF TRANSYLVANIA							
COUNTY, INC PO BOX 1360 -							
BREVARD, NC 28712	56-2142829	501C3	50,000.	0.			PROGRAM SUPPORT
BREVARD ACADEMY							
1110 NEW HENDERSONVILLE HWY							
PIISGAH FOREST, NC 28768	56-2049981	501C3	25,000.	0.			PROGRAM SUPPORT
BREVARD COLLEGE							
ONE BREVARD COLLEGE DRIVE							
BREVARD, NC 28712	56-0532297	501C3	16,488.	0.			PROGRAM SUPPORT
BREVARD MUSIC CENTER							
PO BOX 312	FC 0700050	F01 02	01 500	<u>^</u>			
BREVARD, NC 28712	56-0729350	20163	81,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

# Schedule I (Form 990) PISGAH HEALTH FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN & FAMILY RESOURCE CENTER							
PO BOX 1105							
HENDERSONVILLE, NC 28793	56-2113878	501C3	75,000.	0.			PROGRAM SUPPORT
COMMUNITY ACTION OPPORTUNITIES,							
INC 25 GASTON STREET -							
ASHEVILLE, NC 28801	56-0817672	501C3	17,000.	0.			PROGRAM SUPPORT
COMMUNITY FOUNDATION OF WNC							
4 VANDERBILT PARK DR							
ASHEVILLE, NC 28803	56-1223384	50103	30,000.	0.			PROGRAM SUPPORT
,				••			
COMMUNITY HOUSING COALITION OF							
MADISON COUNTY - PO BOX 1166 -							
MARSHALL, NC 28753	11-3660564	501C3	100,000.	0.			PROGRAM SUPPORT
			,				
COMPASSIONATE CARE WESTERN NORTH							
CAROLINA - 856 GEORGES FORK RD -							
BURNSVILLE, NC 28714	56-1388030	501C3	82,000.	0.			PROGRAM SUPPORT
CONSERVING CAROLINA							
847 CASE ST							
HENDERSONVILLE, NC 28792	56-6449365	501C3	240,000.	0.			PROGRAM SUPPORT
CREATING A FAMILY							
874 LAMBS CREEK ROAD	27 0670427	E0102	20.000	0			DROGRAM GUPDOD
BREVARD, NC 28712	27-0679437	50103	30,000.	0.			PROGRAM SUPPORT
CROSSNORE SCHOOL & CHILDREN'S HOME							
PO BOX 249							
	56-0567980	50103	126,000.	0.			PROGRAM SUPPORT
CROSSNORE, NC 28616	50-0501980	20102	120,000.	0.			ENGINE SUFFORT
FIRST CONTRACT MINISTRIES							
106 CHADWICK AVE							
HENDERSONVILLE, NC 28792	47-4399326	50103	72,548.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

PO BOX 487

032241 11-05-20

HENDERSONVILLE, NC 28792

HENDERSONVILLE, NC 28793

HENDERSON COUNTY UNITED WAY

Schedule I (Form 990) PISGAH HE							6-1458024 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OSTER GRANDPARENT PROGRAM AT LAND							
F SKY REGIONAL - 339 NEW							
EICESTER HWY STE 140 - ASHEVILLE,							
C 28806	56-1024369	501C3	65,000.	0.			PROGRAM SUPPORT
GREEN RIVER PRESERVE							
CEDAR MOUNTAIN, NC 28718	56-1554526	501C3	7,000.	0.			PROGRAM SUPPORT
IAYWOOD COUNTY HEALTH & HUMAN SERVICES – 157 PARAGON PKWY – SLYDE, NC 28721	56-1389676	501C3	64,900.	0.			PROGRAM SUPPORT
			,				
IAYWOOD COUNTY MEALS ON WHEELS .57 PARAGON PKWY, SUITE 300							
CLYDE, NC 28721	56-6001524	501C3	37,000.	٥.			PROGRAM SUPPORT
AYWOOD PATHWAYS CENTER 79 HEMLOCK STREET							
AYNESVILLE, NC 28786	47-2608669	501C3	37,000.	0.			PROGRAM SUPPORT
NAYWOOD STREET CONGREGATION							
ASHEVILLE, NC 28802	45-5301549	501C3	46,780.	0.			PROGRAM SUPPORT
NENDERSON COUNTY EDUCATION							
IENDERSONVILLE, NC 28793	58-1734733	501C3	35,000.	0.			PROGRAM SUPPORT
ENDERSON COUNTY FREE MEDICAL CLINIC, INC 841 CASE STREET -							

PROGRAM SUPPORT

PROGRAM SUPPORT

75,000.

15,000.

56-2242021 501C3

56-0890133 501C3

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# Schedule I (Form 990) PISGAH HEALTH FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHTS							
PO BOX 865							
CULLOWHEE, NC 28786	26-1566023	501C3	17,887.	0.			PROGRAM SUPPORT
,			,				
INHERITANCE OF HOPE							
547 VALERIA LANE							
PISGAH FOREST, NC 28768	75-3243566	501C3	30,000.	0.			PROGRAM SUPPORT
IRENE WORTHAM CENTER							
916 WEST CHAPEL RD							
ASHEVILLE, NC 28803	56-0733452	501C3	20,800.	0.			PROGRAM SUPPORT
JOHN SCARLETT MEMORIAL FUND							
DBA THE BREVARD ROTARY FOUNDATION							
BREVARD, NC 28712	56-1250626	501C3	40,000.	0.			PROGRAM SUPPORT
LAND OF SKY REGIONAL COUNCIL							
339 NEW LEICESTER HWY, SUITE 140	56 4004060	- 0.1 - 0					
ASHEVILLE, NC 28806	56-1024369	501C3	5,700.	0.			PROGRAM SUPPORT
LAND OF SKY SENIOR COMPANY PROGRAM							
339 NEW LEICESTER HWY SUITE 140							
ASHEVILLE, NC 28806	56-1024369	50103	30,000.	0.			PROGRAM SUPPORT
	50 1024505	59765					I ROCHIER DOFFORT
MADISON COUNTY EDUCATION							
FOUNDATION - 5738 US HWY 25/70 -							
MARSHALL, NC 28753	58-1986660	501C3	25,000.	0.			PROGRAM SUPPORT
,			,	<b>`</b> .			
MANNA FOODBANK							
627 SWANNANOA RIVER RD							
ASHEVILLE, NC 28805	58-1514800	501C3	339,332.	0.			PROGRAM SUPPORT
			,				
MAPLE LEAF ADULT RESPITE							
63 ELMWOOD WAY, STE C100							
WAYNESVILLE, NC 28786	56-6001524	501C3	25,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

# PISGAH HEALTH FOUNDATION

Schedule I (Form 990) PISGAH HE.							6-1458024 Pag
Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.) T	Ι
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EALS ON WHEELS OF BREVARD							
PO BOX 485							
BREVARD, NC 28712	56-1224960	501C3	8,719.	0.			PROGRAM SUPPORT
MERIDIAN BEHAVIORAL HEALTH							
SERVICES - 44 BONNIE LANE - SYLVA,							
IC 28779	56-2280613	501C3	82,500.	0.			PROGRAM SUPPORT
			,				
MILLS RIVER LIFE ENRICHMENT CENTER							
L37 OLD TURNPIKE ROAD							
MILLS RIVER, NC 28759	83-4700354	501C3	10,000.	0.			PROGRAM SUPPORT
NOUNTAIN AREA HEALTH EDUCATION							
ENTER - 121 HENDERSONVILLE ROAD -							
ASHEVILLE, NC 28803	56-1071426	501C3	116,500.	0.			PROGRAM SUPPORT
,			,				
MOUNTAIN PROJECTS							
2177 ASHEVILLE RD							
AYNESVILLE, NC 28786	56-0849092	501C3	10,000.	0.			PROGRAM SUPPORT
MOUNTAIN ROOTS, INC. 20 BOX 248							
CEDAR MOUNTAIN, NC 28718	27-0898040	50103	37,300.	0.			PROGRAM SUPPORT
UDDY SNEAKERS, INC.							
4 WEST JORDAN STREET							
REVARD, NC 28712	26-0338084	501C3	75,000.	0.			PROGRAM SUPPORT
NY SISTER'S PLACE OF MADISON							
PO BOX 457							
IARSHALL, NC 28753	58-1871398	501C3	69,000.	0.			PROGRAM SUPPORT
, no 20,00							
EIGHBORS IN MINISTRY							
PO BOX 1036							
BREVARD, NC 28712	56-2032133	501C3	40,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

# Schedule I (Form 990) PISGAH HEALTH FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

23-7181553 501C3

NC 28788

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONLY HOPE WNC, INC. 416 ALLEN ROAD							
EAST FLAT ROCK, NC 28726	45-3751833	501C3	55,000.	0.			PROGRAM SUPPORT
PISGAH LEGAL SERVICE PO BOX 2276	56 1101115	501.00	<i>c1</i> 000				
ASHEVILLE, NC 28802	56-1191115	501C3	61,000.	0.			PROGRAM SUPPORT
PROJECT DIGNITY OF WESTERN NORTH CAROLINA - PO BOX 6104 -							
HENDERSONVILLE, NC 28793	81-5123670	501C3	25,000.	0.			PROGRAM SUPPORT
RESOURCES FOR RESILIENCE 13 1/2 EAGLE STREET STE K ASHEVILLE, NC 28801	82-0751905	501C3	127,340.	0.			PROGRAM SUPPORT
SAFELIGHT, INC. 133 5TH AVENUE WEST							
HENDERSONVILLE, NC 28792	56-1469847	501C3	60,000.	0.			PROGRAM SUPPORT
SIXTH AVENUE PSYCHIATRIC REHABILITATON PARTNERS, INC. – 110-C CHADWICK SQUARE COURT –							
HENDERSONVILLE, NC 28739	20-5599815	501C3	30,000.	0.			PROGRAM SUPPORT
SMART START OF TRANSYLVANIA COUNTY PO BOX 1676							
BREVARD, NC 28712	31-1489864	501C3	96,000.	0.			PROGRAM SUPPORT
SOUTHERN HIGHLANDS RESERVE 558 SUMMIT RIDGE ROAD LAKE TOXAWAY, NC 28747	20-0212113	501C3	22,250.	0.			PROGRAM SUPPORT
SOUTHWESTERN CHILD DEVELOPMENT COMMISSION - PO BOX 250 - WEBSTER,							

Schedule I (Form 990)

PROGRAM SUPPORT

86,052.

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#### PISGAH HEALTH FOUNDATION Schedule I (Form 990)

Part II Continuation of Grants and Other A			s and Domestic Go	vernments (Sche	edule I (Form 990), Pa		00-1438024 P
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PECIAL OLYMPICS NORTH CAROLINA 200 GATEWAY CENTRE BLVD STE 201 WORRISVILLE, NC 27560	56-1149607	501C3	20,000.	0.			PROGRAM SUPPORT
ST. GERARD HOUSE 620 OAKLAND STREET HENDERSONVILLE, NC 28739	45-0948760	501C3	76,000.	0.			PROGRAM SUPPORT
STEP WESTERN NORTH CAROLINA PO BOX 563 BREVARD, NC 28712	84-2308494	501C3	33,500.	0.			PROGRAM SUPPORT
SUNRISE COMMUNITY FOR RECOVERY AND WELLNESS - PO BOX 845 - ASHEVILLE, NC 28802	20-5775122	501C3	85,189.	0.			PROGRAM SUPPORT
THE CENTER FOR WOMEN 39 E. JORDAN STREET BREVARD, NC 28712	56-1799383	501C3	7,500.	0.			PROGRAM SUPPORT
THE CINDY PLATT BOYS AND GIRLS CLUB OF TRANS CO - 11 GALLIMORE RD - BREVARD, NC 28712	56-2142829	501C3	19,762.	0.			PROGRAM SUPPORT
THE COMMUNITY KITCHEN PO BOX 513 CANTON, NC 28716	51-0605733	501C3	69,500.	0.			PROGRAM SUPPORT
THE EACH INITIATIVE PO BOX 122 WAYNESVILLE, NC 28786	82-1515637	501C3	156,500.	0.			PROGRAM SUPPORT
THE FAMILY PLACE 970 OLD HENDERSONVILLE HWY BREVARD, NC 28712	56-2019918	501C3	29,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

#### PISGAH HEALTH FOUNDATION Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

BREVARD, NC 28712

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HAVEN OF TRANSYLVANIA COUNTY PO BOX 25 BREVARD, NC 28712	27-1124164	501C3	134,500.	0.			PROGRAM SUPPORT
THE HOUSING ASSISTANCE CORPORATION 602 KANUGA ROAD							
HENDERSONVILLE, NC 28739	58-1831757	501C3	62,000.	0.			PROGRAM SUPPORT
THE MEDICAL LOAN CLOSET OF HENDERSON COUNTY - 1225 7TH AVE EAST - HENDERSONVILLE, NC 28792	26-2933780	501C3	5,000.	0.			PROGRAM SUPPORT
TRACTOR FOOD AND FARMS PO BOX 1507 BURNSVILLE, NC 28714	45-5100047	501C3	159,912.	0.			PROGRAM SUPPORT
TRANSYLVANIA CHRISTIAN MINISTRY, INC - PO BOX 958 - BREVARD, NC 28712	56-1292875	50103	105.000	0.			PROGRAM SUPPORT
28712	56-12928/5	50103	105,000.	0.			PROGRAM SUPPORT
TRANSYLVANIA COUNTY GOVERNMENT 106 EAST MORGAN ST, STE 105 BREVARD, NC 28712		501C3	6,250.	0.			PROGRAM SUPPORT
TRANSYLVANIA COUNTY PUBLIC SCHOOLS 225 ROSENWALD LANE		E0102	45,000				
BREVARD, NC 28712		501C3	45,000.	0.			PROGRAM SUPPORT
TRANSYLVANIA COUNTY SCHOOLS EDUCATION FOUNDATION - 225 ROSENWALD LANE - BREVARD, NC 28712	56-1646825	501C3	10,000.	0.			PROGRAM SUPPORT
TRANSYLVANIA FARMERS MARKET PO BOX 204							

PROGRAM SUPPORT

50,000.

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46-2390369 501C3

56-1458024 Page 1

#### PISGAH HEALTH FOUNDATION Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRUE RIDGE 229 AIRPORT RD, STE 7-153 ARDEN, NC 28704	82-1094679	501C3	22,500.	0.			PROGRAM SUPPORT
WESTERN CAROLINA COMMUNITY ACTION, INC - PO BOX 685 - HENDERSONVILLE, NC 28793	56-0846319	501C3	162,217.	0.			PROGRAM SUPPORT
YMCA OF WESTERN NORTH CAROLINA 40 NORTH MERRIMON AVE SUITE 309 ASHEVILLE, NC 28804	56-0530013	501C3	45,006.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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### Schedule I (Form 990) 2020 PISGAH HEALTH FOUNDATION

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>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	10	0.	10,000.		

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

PART I, LINE 2:

APPLICANTS MUST APPLY FOR FUNDING FOR SPECIFIC NEEDS. IN THE EVENT THAT

FUNDS ARE NOT SPENT APPROPRIATELY, THE FOUNDATION WILL FACTOR THIS INTO

FUTURE AWARD DECISIONS.

56-1458024

Schedule I (Form 990) 2020

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງດ	<u> </u>
•		Compensated Employees		20	ZU	J
Dene	topont of the Tupper with	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Inspection				
Nam	e of the organization		Employer i			nber
_		PISGAH HEALTH FOUNDATION	56-1	458024	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
		ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	pending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
_		rovision of all of the expenses described above? If "No," complete Part III to explain		<b>1b</b>		<u> </u>
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~						
3		y, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	· · ·	tion of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant				
	X Form 990 of o	her organizations X Approval by the board or compensation c	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	-			4a		х
b						X
		eive payment from a supplemental nonqualified retirement plan?				X
Ŭ		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re					
а	•					Х
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n					
а	The organization?	-		6a		X
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?		9		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	1 990)	2020

Schedule J (Form 990) 2020

## 56-1458024

Page 2

#### 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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) LEX GREEN, CPA	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	142,051.	0.	0.	0.	33,584.	175,635.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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#### Part III Supplemental Information

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

## PART I, LINE 3:

### EXECUTIVE COMMITTEE REVIEW OF INDUSTRYWIDE AVERAGE CEO AND KEY EMPLOYEE

#### SALARIES. PERFORMANCE REVIEW. FORMALLY VOTED AND APPROVED DECISIONS ON

#### COMPENSATION.

Schedule J (Form 990) 2020

SCHEDULE O	
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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service	
Name of the organization	า

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 56-1458024

PISGAH HEALTH FOUNDATION

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. A FINAL COPY

OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH

THE IRS.

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

EACH BOARD MEETING BEGINS WITH A REMINDER ABOUT OUR CONFICT OF INTEREST

POLICY AND CONFLICTS ARE DECLARED BEFORE AND DURING ALL MEETINGS. EACH

BOARD MEMBER IS EXPECTED TO REVIEW THE CONFLICT OF INTEREST POLICY

ANNUALLY.

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

EXECUTIVE COMMITTEE REVIEW OF INDUSTRY-WIDE AVERAGE CEO AND KEY EMPLOYEE

PERFORMANCE REVIEW. FORMALLY VOTED AND APPROVED DECISIONS ON SALARIES.

COMPENSATION.

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

WWW.GUIDESTAR.ORG

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

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101,336.

25,334.

126,670.

14591104 797738 561458024

46

Name of the organization PISGAH HEALTH FOUNDATION	Employer identification number 56-1458024
BLUE ZONE - COMMUNITY HEALTH PROJECT:	
PROGRAM SERVICE EXPENSES	1,016,793.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,016,793.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,143,463.
FORM 990, PART XII, LINE 2C	
THIS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE	R
(5	

(Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020 Open to Public Inspection

Employer identification number 56 - 1458024

Department of the Treasury Internal Revenue Service

## PISGAH HEALTH FOUNDATION

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
PISGAH HEALTH HOLDINGS, LLC					
153 W. JORDAN STREET					PISGAH HEALTH
BREVARD, NC 28712	HOLDING COMPANY	NORTH CAROLINA			FOUNDATION, INC
	-				

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2020

## Schedule R (Form 990) 2020 PISGAH HEALTH FOUNDATION

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	{											
	4											

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)						Yes	No
									<u> </u>
									<u> </u>
								'	

## Schedule R (Form 990) 2020 PISGAH HEALTH FOUNDATION

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a·s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
_(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

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## Schedule R (Form 990) 2020 PISGAH HEALTH FOUNDATION

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners set 501(c)(3) orgs.? Yes No		(h) Dispro tiona allocatio <b>Yes</b>	Code V-UBI amount in box 20 of Schedule K-1	(j) General o managing partner? Yes NO	(k) r Percentage ownership
						163			
					1				

Schedule R (Form 990) 2020

Part VII Supplemental Information

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

Schedule R (Form 990) 2020

032165 10-28-20