Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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. ax year beginning JUL 1, 2021 and ending JUN 30,

Open to Public Inspection

A F	or th	e 2021 calendar year, or tax year beginning JUL 1, 2021 and ending	JUN 30, 2022	
В	heck if	C Name of organization	D Employer identifi	cation number
8	pplicat	THE COMMUNITY FOUNDATION	. ,	
	Addre	SS OF WEGERN MODEU CAROLINA INC		
\vdash	Name	B. Carlotte and the control of the c	56-12233	84
\vdash	— ∏Initial	December 1		
늗	returr Final	4 VANDERBILT PARK DRIVE SUITE 300	828-254-	
	return termi ated			82,254,456.
	ated ∏Amer		G Gross receipts \$	
<u> </u>	_return Appli	ASHEVIDDE, NC 20005	H(a) Is this a group r	
L	tion pend	Finaline and address of principal officer. Crowner Trade Vari	for subordinates	
_		SAME AS C ABOVE	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		list. See instructions
		te: > WWW.CFWNC.ORG	H(c) Group exemption	
			Year of formation: 19/8	State of legal domicile: NC
PE	ırt I	Summary		
0	1	Briefly describe the organization's mission or most significant activities: PLEASE R	EFER TO SCHED	JLE O FOR
Activities & Governance		ORGANIZATION'S MISSION STATEMENT.		
Ţ.	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m		sets.
OVe	3		3	19
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		19
S	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	22
į	6	Total number of volunteers (estimate if necessary)	6	50
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	310,562.
- C	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	462,433.
			Prior Year	Current Year
40	8	Contributions and grants (Part VIII, line 1h)	26,842,724.	30,735,202.
Ž	9	Program service revenue (Part VIII, line 2g)	621,485.	678,898.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,355,965.	13,957,793.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	500,096.	140,872.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,320,270.	45,512,765.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,647,068.	20,943,628.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,267,441.	2,337,483.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ber	b	Total fundraising expenses (Part IX, column (D), line 25) 517,998.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,617,105.	2,090,285.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,531,614.	25,371,396.
		Revenue less expenses. Subtract line 18 from line 12	15,788,656.	20,141,369.
- Se			Beginning of Current Year	End of Year
Assets (20	Total assets (Part X, line 16)	422,748,745.	387,056,220.
SSE	21	Total liabilities (Part X, line 26)	107,939,917.	103,399,178.
Net/		Net assets or fund balances. Subtract line 21 from line 20	314,808,828.	283,657,042.
	rt II	Signature Block	022/000/020	
_	_	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to the best of my	knowledge and helief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		
Li uo,	COITO	t, and somptone systemation or property of the page of	4/4/0	7073
Sign		Signature of officer	Date/	
Here		GRAHAM KEEVER, CHIEF FINANCIAL OFFICER	75K (18)	
Her	2	Type or print name and title		
-		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		KAREN S. GRAY, CPA KAREN S. GRAY, CPA	03/31/23 if self-employ	P00322371
Prep		Firm's name DMJPS PLLC		56-0570567
Use		Firm's address 79 WOODFIN PLACE, SUITE 300	THINGEN	
	,	ASHEVILLE, NC 28801	Phone no. 82	8-254-2374
May	the II	RS discuss this return with the preparer shown above? See instructions	1 110110 1101 0	X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA PROMOTES AND
	EXPANDS REGIONAL PHILANTHROPY AND DEVELOPS LOCAL FUNDS THAT ADDRESS
	CHANGING NEEDS AND OPPORTUNITIES IN THE 18 COUNTIES OF WESTERN NORTH
	CAROLINA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X No
•	If "Yes," describe these changes on Schedule O.
	· · · · · · · · · · · · · · · · · · ·
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$22,970,810. including grants of \$20,943,628.) (Revenue \$739,026.)
	THE FOUNDATION MADE NUMEROUS CHARITABLE CONTRIBUTIONS TO SPECIFIC
	APPROVED 501(C)(3) ORGANIZATIONS, AND TO INDIVIDUALS FOR SCHOLARSHIPS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	
4c	(Code:) (Expenses \$
	/ (asset) / (aspended to 1) / (referred to 1)
1 e l	Other program consisce (Deceribe on Schodule O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 22,970,810.

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THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

Form 990 (2021)

Part IV | Checklist of Required Schedules

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

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THE COMMUNITY FOUNDATION Form 990 (2021) OF WESTERN NORTH CAROLINA, INC. 56-1223384 Page 4 Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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	051		x
00	Schedule L, Part I	25b		
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%	26		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a	х	
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ū	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule N, Part II	32		Х
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on 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		77	
	(gambling) winnings to prize winners?	1c	X	I

132004 12-09-21

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		, v
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		X
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		22
0	and the second section is a second business in the latter of the section of the second	8		х
9	sponsoring organization nave excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
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			
	Enter the amount of reserves on hand			7.7
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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			_V
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

Form 990 (2021)

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 19			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This social 2 logistic mismatch as sat policies to require by the mismatch as social)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	GRAHAM KEEVER - 828-254-4960			
	4 VANDERBILT PARK DRIVE SUITE 300, ASHEVILLE, NC 28803			

INC. Form 990 (2021) 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ELIZABETH K. BRAZAS	40.00	l								
PRESIDENT	1.0.00	Х		Х				285,619.	0.	39,836
(2) GRAHAM KEEVER	40.00							1-4-4-4		
CHIEF FINANCIAL OFFICER	10.00	Х		Х				176,818.	0.	46,182
(3) PHILIP P. BELCHER	40.00	-				l		126 012	•	25 522
VICE PRESIDENT PROGRAMS	40.00					Х		136,813.	0.	37,593
(4) JULIE D. KLIPP	40.00	3,7		,,				127 006	0	00 001
CHIEF OPERATING OFFICER	40.00	Х		Х				137,086.	0.	22,831
(5) JANET SHARP	40.00	Х		х				70 202	0.	20 122
STAFF ACCOUNTANT (6) NAOMI DAVIS	40.00	Δ		^				70,283.	0.	29,123
FINANCE & HR OFFICER	40.00	Х		х				73,350.	0.	21,518
(7) VIRGINA L. DOLLAR	40.00	77						75,550.	0.	21,510
ASSISTANT SECRETARY	40.00	х		Х				74,702.	0.	19,715
(8) LAURA HERNDON-KEY EMPLOYEE	40.00							7177021		13/113
VICE PRESIDENT, DEVELOPMENT	2000	х						18,232.	0.	3,697
(9) CAROLINE AVERY	1.00								•	0,00
DIRECTOR		Х						0.	0.	0
(10) HIMANSHU KARVIR	1.00							-	-	-
TREASURER		Х		Х				0.	0.	0 .
(11) CONNIE HAIRE	1.00									
DIRECTOR		Х						0.	0.	0
(12) ELLEN CARR	1.00									
DIRECTOR		Х						0.	0.	0
(13) FRANCISCO CASTELBLANCO	1.00									
DIRECTOR		Х						0.	0.	0 .
(14) YOLANDA FAIR	1.00									
DIRECTOR		Х						0.	0.	0 .
(15) J. CHRIS SMTIH	1.00	1								
VICE-CHAIRPERSON		Х		Х				0.	0.	0
(16) JEAN MCLAUGHLIN	1.00	 							_	_
DIRECTOR	1 22	Х					_	0.	0.	0
(17) JOANNE BADR MORGAN	1.00	 								
DIRECTOR		Х						0.	0.	0 Form 990 (202

Form **990** (2021) 132007 12-09-21

Form 990 (2021) OF WESTER	NORTE	I C	'AR	OL	IN	ΙΑ,	Ι	INC.	56-12	23	384	Pa	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	(do			Position eck more than one			Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss per	son is	s both	n an	compensation	compensation	า	am	ount (of
	week		cer an	id a di	recto	r/trus	tee)	from	from related			other	
	(list any	rector						the	organizations			pensa	
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	C/		om the	
	organizations	ustee	trust		90	Suedic		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizati I relate	
	below	dual tr	tional	١. ا	yoldı	st con	_	1				nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.95		
(18) JUANITA WILSON	1.00		_			1 0				\dashv			
DIRECTOR		х						0.		0.			0.
(19) MICHAEL FIELDS	1.00									•			
SECRETARY	1.00	х		x				0.		0.			0.
(20) NATALIE BAILEY	1.00	- 22		77				0.		••			<u> </u>
DIRECTOR	1.00	Х						0.		0.			0.
(21) SARAH SPARBOE THORNBURG	1.00	Δ						0.		٠.			<u> </u>
,,	1.00	7.		7.						_			^
CHAIRPERSON	1 00	Х		Х				0.		0.			0.
(22) SCOTT SHEALY	1.00												•
DIRECTOR	1 00	Х	_					0.		0.			0.
(23) STEPHANIE NORRIS KISER	1.00												_
DIRECTOR		Х						0.		0.			0.
(24) SUSAN JENKINS	1.00												
DIRECTOR		Х						0.		0.			0.
(25) WILLIAM CLARKE	1.00												
DIRECTOR		Х						0.		0.			0.
(26) HEATHER NORTON	1.00												
DIRECTOR		Х						0.		0.			0.
1b Subtotal								972,903.		0.	220),49	95 .
c Total from continuation sheets to Part VII	l, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								972,903.		0.	220),49	95.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													4
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	ey e	emple	oye	e, or	hiq	hest compensated emp	loyee on	-			
line 1a? If "Yes," complete Schedule J for si			-	-	-		_	•	•		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a			•										
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors	piete ochedan	50 /	01 30	icii ț	<i>/</i> C/3	OII .							
Complete this table for your five highest cor	mpensated inc	lene	nder	nt co	ntra	acto	rs th	nat received more than \$	100,000 of comp	ensa ^t	tion fro	m	
the organization. Report compensation for t													
(A)				· <u>g</u> ···			Ī	(B)			(C	:)	
Name and business	address	NO	ONE	3				Description of s	ervices	С	omper		n
							7						
2 Total number of independent contractors (in	ncludina hut n	ot lin	niter	to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	•				C			,					
SEE PART VII, SECTION		IN	UΑ	TI	_		HE	ETS			Form 9	990 (2	2021)

132008 12-09-21

Form 990

101111 990	RN NORTH		$\Lambda \Lambda$	UL.	ITI	Α,		NC.	56-122	3384
Form 990 OF WESTE: Part VII Section A. Officers, Directors, True	ustees, Key En	nplo	yee	s, aı	nd F	ligh	est (Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(O Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	<u>a</u> <u>a</u>	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(27) SHARON FOUTS TAYLOR DIRECTOR	1.00	Х						0.	0.	0 .
Total to Part VII, Section A, line 1c						<u> </u>				

Form 990 (2021)

Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			X
		·	-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
2 5		Fundraising events 1c					
fts,		Related organizations 1d					
ig ig		Government grants (contributions) 1e	58,011.				
Sir			30,011.				
utio	т	All other contributions, gifts, grants, and	30 677 101				
ĕ		similar amounts not included above 1f	30,677,191.				
ont	_	Noncash contributions included in lines 1a-1f	7,478,767.	20 725 202			
<u>0</u> <u>e</u>	h	Total. Add lines 1a-1f		30,735,202.			
			Business Code	670.000			670.000
Se	2 a	MGMT FEE INCOME (NET-SEE SCH O)	523920	678,898.			678,898.
e vi	b						
Se	С						
eve	d						
Program Service Revenue	е						
<u>4</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	>	678,898.			
	3	Investment income (including dividends, inte	rest, and				
		other similar amounts)	>	3,483,434.		310,562.	3172872.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	ı a	assets other than inventory 7a 47,216,050					
	h	Less: cost or other basis	•				
ø.	b	I					
ğ	_	and sales expenses 7b 36,741,691 Gain or (loss) 7c 10,474,359					
ther Revenue				10,474,359.			10474359.
Æ		Net gain or (loss)	············ <u> </u>	10,474,339.			104/4339.
t le	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	_				
			b				
		Net income or (loss) from fundraising events	_				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses	b				
	С	Net income or (loss) from gaming activities_	<u></u>				
	10 a	Gross sales of inventory, less returns					
		and allowances10	Da				
	b	Less: cost of goods sold10)b				
	С	Net income or (loss) from sales of inventory					
<u>"</u>			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	900099	140,872.			140,872.
ane Due	b						
elle eve	С						
lisc Be	d	All other revenue					
2		Total. Add lines 11a-11d		140,872.			
	12	Total revenue. See instructions		45,512,765.	0.	310,562.	14467001.

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

Form 990 (2021)

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respon			·····	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,427,450.	20,427,450.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	516,178.	516,178.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,323,128.	655,146.	493,290.	174,692
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	677,843.	440,047.	167,833.	69,963
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	53,226.	29,132.	17,586.	6,508
9	Other employee benefits	160,008.	87,577.	52,867.	19,564
10	Payroll taxes	123,278.	67,474.	40,731.	15,073
11	Fees for services (nonemployees):				
а	Management	195,949.	113,394.	73,905.	8,650
b		7,295.	4,357.	2,630.	308
С	Accounting	75,162.	44,891.	27,099.	3,172
	Lobbying	9,035.	9,035.		
е					
f	Investment management fees	658,860.		658,860.	
g		186,473.	87,710.	52,948.	45,815
12	Advertising and promotion			-	
13	Office expenses	38,483.	21,063.	12,715.	4,705
14	Information technology			,	•
15	Royalties				
16	Occupancy	66,509.	36,402.	21,975.	8,132
 17	Travel	5,720.	3,131.	1,890.	699
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	
19	Conferences, conventions, and meetings	4,216.	2,308.	1,393.	515
20	Interest	,	,	,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	90,308.	49,428.	29,838.	11,042
23	Insurance	22,095.	12,094.	7,300.	2,701
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	OMITED EXPENSE	174,853.	95,701.	57,771.	21,381
b	CONTRACT SERVICES	157,585.	86,251.	52,066.	19,268
С	TRAINING/STAFF DEVELOPM	125,860.	68,887.	41,585.	15,388
d	EQUIPMENT MAINTENANCE	111,731.	61,154.	36,916.	13,661
е	All other expenses	160,151.	52,000.	31,390.	76,761
25	Total functional expenses. Add lines 1 through 24e	25,371,396.	22,970,810.	1,882,588.	517,998
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,602,806.	1	4,653,402.
	2	Savings and temporary cash investments			15,319,126.	2	19,355,035.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	144,332.	4	127,495.		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			33,003.	9	26,252.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	3,004,713.			
	b		•		2,103,495.	10c	2,039,120.
	11	Investments - publicly traded securities	247,611,707.	11	196,207,977.		
	12	Investments - other securities. See Part IV, line	155,934,276.	12	164,646,939.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	400 540 545	15	205 256 222		
	16	Total assets. Add lines 1 through 15 (must equ			422,748,745.	16	387,056,220.
	17	Accounts payable and accrued expenses			21,975.	17	38,836.
	18	Grants payable	544,317.	18	514,566.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs				00	
Lia		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel				23 24	
	24 25	Unsecured notes and loans payable to unrelate				24	
	23	Other liabilities (including federal income tax, parties, and other liabilities not included on line					
					107,373,625.	25	102,845,776.
	26	-			107,939,917.	26	103,399,178.
		Organizations that follow FASB ASC 958, ch					
es		and complete lines 27, 28, 32, and 33.					
ů	27				6,061,073.	27	5,425,259.
3al	28				308,747,755.	28	278,231,783.
<u>Б</u>		Organizations that do not follow FASB ASC 9			, ,		, ,
Ξ		and complete lines 29 through 33.					
p	29	Capital stock or trust principal, or current funds	;			29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32				314,808,828.	32	283,657,042.
~	33				422,748,745.	33	387,056,220.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,51		
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,37	1,3	<u>96.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	20,14	1,3	69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	314,80	8,8	28.
5	Net unrealized gains (losses) on investments	5	-50,28	4,6	98.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,00	8,4	57.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	283,65	7,0	42.
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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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				
	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	audit,			
	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 Scho	edule O.			
За	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			
	Act and OMB Circular A-133?		За		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		3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

ZUZ I Open to Public

Inspection

THE COMMUNITY FOUNDATION **Employer identification number** Name of the organization OF WESTERN NORTH CAROLINA, 56-1223384 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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Schedule A (Form 990) 2021 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	tion A. Public Support		<u> </u>	<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	28924285.	18993511.	17277827.	26842724.	30818063.	122856410
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						
4	Total. Add lines 1 through 3	28924285.	18993511.	<u> 17277827.</u>	26842724.	<u>30818063.</u>	122856410
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						13943344.
	Public support. Subtract line 5 from line 4.						108913066
	tion B. Total Support	<u> </u>		T	1	T	T
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		28924285.	18993511.	17277827.	26842724.	30818063.	122856410
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0504104	0000000	2204006	2104556	2402424	15466005
	and income from similar sources	2594104.	2879787.	3384826.	3124776.	3483434.	15466927.
9	Net income from unrelated business						
	activities, whether or not the	202 651	04 200	156 005	410 667	225 040	1000700
	business is regularly carried on	303,651.	24,389.	156,237.	410,667.	335,848.	1230792.
10	Other income. Do not include gain						
	or loss from the sale of capital	E01 740	601 FF0	600 500	766 001	010 770	2542620
	assets (Explain in Part VI.)	301,749.	091,339.	002,300.	766,981.		143096768
	Total support. Add lines 7 through 10	-1- (!11	>			12	<u>µ43090700</u>
	Gross receipts from related activities,						
13	First 5 years. If the Form 990 is for the	_					▶□
Sec	organization, check this box and stop tion C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	76.11 %
	Public support percentage from 2020					15	71.80 %
	33 1/3% support test - 2021. If the c						
. 54							
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
17a	and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	-		*	-		
	more, and if the organization meets the	•				•	
	organization meets the facts-and-circu						▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	Т	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)					-	
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	1	<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		
Sa	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2021 (li			poluma (fl)		15	0/
	Public support percentage from 2020		•	.,,		16	% %
	ction D. Computation of Inves					1 10	70
	Investment income percentage for 20			ne 13. column (fl)		17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						. —
ŀ	33 1/3% support tests - 2020. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
30		
4a		
4b		
4c		
T0		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b ule A (Forn	n 000\	2021

132024 01-04-21

Par	TIV Supporting Organizations (continued)			
			Yes	No
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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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			
	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sec	supported organizations played in this regard. tion 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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	(s)	
2	Activities Test. Answer lines 2a and 2b below.	J	Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
ч	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
5	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	1 3 II 100. Geodino III The fole played by the organization in this regard.			

Schedule A (Form 990) 2021

OF WESTERN NORTH CAROLINA, INC.

56-1223384 Page 6

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
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 mu		·			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
_	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see		
	instructions).	- -		•		

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 OF WESTERN NORTH CAROLINA, INC.

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

Fai	Type in Non-Functionally integrated 509	a)(3) Supporting Orga	(continued)	
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	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	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
•	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
3	• • •			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
_	Excess from 2021			

Schedule A (Form 990) 2021

Part VI	Supplemental Information Decide the evaluations required by Both Hose 40, Dath Hose 47, and 47th Dath Hose 40.
1 dit VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

INC.

OMB No. 1545-0047

2021

Name of the organization

Organization type (check one):

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA,

Employer identification number

56-1223384

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules						
sections 509(a contributor, du	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), 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.					
contributor, du literary, or edu	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.					
year, contribut is checked, er purpose. Don'	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 \ \rightarrow \left\frac{\text{\text{\text{clusively}}}{\text{\text{\text{\text{\text{\text{clusively}}}}}} \)					
answer "No" on Part IV	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must , 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 filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4) (5) or (6) organizations: Complete Part III.

	ne of orga		MUNITY FOUNDATIO		Empl	oyer identification number
_		OF WEST	ERN NORTH CAROLI	NA, INC.		56-1223384
Pa	rt I-A	Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 or	ganization.
2	Political		ation's direct and indirect polition ures gn activities			0.
Pa	rt I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).	
1	Enter the	e amount of any excise tax	incurred by the organization un	der section 4955	▶\$	0.
			incurred by organization manag			
3	If the org	ganization incurred a section	n 4955 tax, did it file Form 4720) for this year?		Yes No
4a	Was a co	orrection made?				Yes No
		describe in Part IV.	·	1' 504/ \	1 1 504/	1(0)
	rt I-C		anization is exempt und			
			by the filing organization for se	·	***************************************	
2			ization's funds contributed to o	· ·	. .	
_	•					
3			. Add lines 1 and 2. Enter here			
			4400 DOL 6 H 1 0			
			1120-POL for this year?			
5		,	ployer identification number (E ion listed, enter the amount pa	,	•	0 0
	-	•	emptly and directly delivered to			•
		·	additional space is needed, pro			o oogrogated fand of a
	•	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		(a) Name	(b) Address	(6) [filing organization's	contributions received and
					funds. If none, enter -0	promptly and directly
						delivered to a separate political organization.
						If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021	OF WESTERN	NORTH CAROL:	INA, INC.	56-1	223384 Page 2
Part II-A Complete if the org section 501(h)).	janization is exen	npt under section	1501(c)(3) and file	ed Form 5768 (ele	ction under
expenses, and shall	ation belongs to an affil re of excess lobbying e ation checked box A ar	expenditures).		group member's name	e, address, EIN,
Limi	its on Lobbying Exper ditures" means amou	nditures	•••	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (d	grassroots lobbying)		0.	
b Total lobbying expenditures to influ				9,035.	
c Total lobbying expenditures (add li	ū	, , , , , ,		9,035.	
d Other exempt purpose expenditure				22,963,311.	
e Total exempt purpose expenditure				22,972,346.	
f Lobbying nontaxable amount. Ente	er the amount from the	following table in both	n columns.	1,000,000.	
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000	• •	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exce			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exces			
Over \$17,000,000	\$1,000,0	000.			
<u> </u>			•		
g Grassroots nontaxable amount (en	iter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	
j If there is an amount other than ze	ro on either line 1h or l	ine 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
(Some organizations t	hat made a section 50 See the separa	ate instructions for lir	nave to complete all ones 2a through 2f.)	of the five columns be	elow.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period	T	T
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	15,803.	25,256.	11,994.	9,035.	62,088.
d Grassroots poptavable amount	250 000.	250 000.	250 000.	250 000.	1 000 000.

Schedule C (Form 990) 2021

1,500,000.

15,983.

95.

15,803.

e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

85.

Schedule C (Form 990) 2021

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount
 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 	?	No	Amo	unt
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), s 501(c)(6).		, or sec	etion	
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures for the organization is exempt under section 501(c)(4), so 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." 	from the prior year? ection 501(c)(5)	. 2 3 , or sec		3, is
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1: ELIZABETH BRAZAS SIGNED ONTO LETTER TO TILLIS AND IIII AND IIIII ACCEDITED TO TILLIS AND IIIII ACCEDITED TO TILLIS AND IIIIIII ACCEDITED TO TILLIS AND IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	f political les he excess and political l group list); Part II-A	2a 2b 2c 3 4 5		
ELIZABETH BRAZAS SIGNED LETTER FROM CHARITABLE SECT	FOR REGARD	ING		
ADMINISTRATION'S PROPOSAL ON SPLIT-INTEREST GIFTS				

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Schedule C (Form 990) 2021

ELIZABETH BRAZAS SIGNED LETTER IN SUPPORT OF LOCAL JOURNALISM

SUSTAINABILITY ACT

ELIZABETH BRAZAS SIGNED A LETTER TO TILLIS AND BURR SUPPORTING AN

EXTENION OF THE USDA CHILD NUTRITION WAIVER AUTHORITY IN THE COVID-19

RELIEF BILL CURRENTLY BEING NEGOTIATED.

PHILLIP BELCHER PARTICIPATED IN A CFI CALL WITH JEFF HAMOND AND THREE

OTHER CF PEERS TO SPEAK WITH CATHERINE FUCHS (SENATE FINANCE COMMITTEE

STAFFER) REGARDING PRIVATE FOUNDATION TO DAF CONTRIBUTIONS GIVEN

PROPOSED LEGISLATION TO LIMIT AND REQUIRE A SPEND DOWN.

ELIZABETH BRAZAS PARTICIPATED IN A CFI CALL WITH JEFF HAMOND AND THREE

OTHER CF PEERS TO SPEAK WITH PAYSON PEABODY AND KARIN HOPE (WAYS AND

MEANS COMMITTEE STAFFERS) REGARDING PRIVATE FOUNDATION TO DAF

CONTRIBUTIONS GIVEN PROPOSED LEGISLATION TO LIMIT AND REQUIRE A

SPENDDOWN.

ELIZABETH BRAZAS SENT FRAC EMAIL TO TILLIS, BURR AND CAWTHORN TO

CO-SPONSOR THE UNIVERSAL SCHOOL MEALS PROGRAM ACT OF 2021 (S. 1530 /
H.R. 3115). THIS WOULD ENSURE THAT EVERY CHILD HAS ACCESS TO FREE

NUTRITIOUS MEALS AT SCHOOL, AFTER SCHOOL, DURING THE SUMMER, AND AT

CHILD CARE THROUGH THE CHILD NUTRITION PROGRAMS.

ELIZABETH BRAZAS PARTICIPATED IN A CFI CALL WITH JEFF HAMOND AND FOUR

OTHER CF PEERS TO SPEAK SENATOR BURR'S STAFFER, BRITTAN HARRELL FOR

GENERAL INFORMATION ABOUT HOW COMMUNITY FOUNDATIONS WORK.

Schedule C (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2021

Open to Public

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

THE COMMUNITY FOUNDATION

Employer identification number

OF WESTERN NORTH CAROLINA, INC. 56-1223384 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 432 Total number at end of year 18,160,816. Aggregate value of contributions to (during year) 2 16,111,987. 3 Aggregate value of grants from (during year) Aggregate value at end of year 113,585,155. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

132051 10-28-21

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Schedule D (Form 990) 2021

OF	WESTERN	NORTH	CAROLINA.	INC.

Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	ther S	imilar Asse	ts _{(conti}	nued)			
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that mal	ke signi	ficant use of it	8				
	collection items (check all that apply):										
а	Public exhibition	d	Loan or excl	nange program							
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	lection?			Yes		No		
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part X, line 21.										
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
	on Form 990, Part X?					[Yes	X	No		
b	If "Yes," explain the arrangement in Part XIII a										
							Amoun	it			
С	Beginning balance					1c					
	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on Fo					,	Yes		No		
	If "Yes," explain the arrangement in Part XIII.								Ī		
Par											
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years ba		Three years bac	k (e) Fou	r years	back		
1a	Beginning of year balance	198,676,498.	160,694,893.	162,390,31	1.	155,514,737	. 146	,923,	060.		
	Contributions	15,565,333.	5,125,325.	4,778,09	98.	8,339,531	. 6	,511,	500.		
С	Net investment earnings, gains, and losses	-24,131,334.	39,759,734.	1,877,89	95.	5,686,543		,786,	172.		
d	Grants or scholarships	7,241,551.	5,466,169.	6,976,16	57.	6,098,007		,405,			
	Other expenditures for facilities	, ,									
_	and programs	526,890.	815,800.	1,043,35	50.	726,944	. 1	,300,	202.		
f	Administrative expenses	435,371.	621,485.		-	325,549					
g	End of year balance	181,906,685.	198,676,498.	•	3.	162,390,311	_	,514,	737.		
2	Provide the estimated percentage of the curre	ent vear end balance			l	, ,	I				
a	Board designated or quasi-endowment	•0000	%	,							
b	Permanent endowment ► 88.8800	%	_/~								
	Term endowment ► 11.1200										
Ū	The percentages on lines 2a, 2b, and 2c should equal 100%.										
За	Are there endowment funds not in the posses	•	tion that are held an	d administered fo	or the o	rganization					
-	by:	solon of the organizat	non that are from an	a aarminotoroa r	01 1110 0	ngamzation		Yes	No		
	(i) Unrelated organizations						3a(i)		X		
	(ii) Related organizations								X		
h	If "Yes" on line 3a(ii), are the related organizar	tions listed as require	ed on Schedule R2				3b				
4	Describe in Part XIII the intended uses of the							l			
	rt VI Land, Buildings, and Equipm		vincin idilas.								
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990. Pa	rt X. line	e 10.					
	Description of property	(a) Cost or ot				umulated	(d) Boo	k valu			
	bescription of property	basis (investm			,	ciation	(u) Doc	nt valu	C		
12	Land	· ` `	,	,							
b	Land Buildings		2.59	4,273.	61	0,735.	1,98	3.5	38.		
	Leasehold improvements		2,35	-,-,-,	<u> </u>	, , , , , , ,	_,,,	- , -			
d	Equipment		1 2	1,863.	15	7,176.	2	4,6	87.		
				8,577.		7,682.		0,8			
	Other		•				2,03				
rotal	i. Add iirles Ta trirough Te. (Column (d) must ei	<u>quai Form 990, Part)</u>	<u>k, column (B), line 10</u>	JC.,)			4,00	J, 1	<u> </u>		

Schedule D (Form 990) 2021

THE COMMUNI	TY FOUNDATION		
Schedule D (Form 990) 2021 OF WESTERN	NORTH CAROLINA	A, INC.	56-1223384 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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) INVESTMENT FUNDS			
(B) (RESTRICTED CASH)	21,104,892.	END-OF-YEAR MARK	ET VALUE
(C) OTHER HEDGE FUNDS	24,045,411.	END-OF-YEAR MARK	ET VALUE
(D) REAL ESTATE ASSET FUNDS	14,387,446.	END-OF-YEAR MARK	ET VALUE
(E) PRIVATE EQUITY FUNDS	6,585,295.	END-OF-YEAR MARK	ET VALUE
(F) LONE JUNIPER, LP (HEDGE			
(G) FUND)	2,582,687.	END-OF-YEAR MARK	ET VALUE
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	164,646,939.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. 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 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.

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

1.	1. (a) Description of liability				
(1)	Federal income taxes				
(2)	FUNDS HELD AS AGENCY ENDOWMENTS	98,263,590.			
(3)	LIABILITY UNDER TRUST AGREEMENTS	4,582,186.			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	102,845,776.			

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) 2021

OF WESTERN NORTH CAROLINA, INC.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.									
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2a 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b d Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part IV, line 12a. Complete if the organization answered Yes* on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered Yes* on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments 2 Do Add Ines 2a through 2d 3 Add Ines 2a through 2d 4 Amounts included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 4 Other (Describe in Part XIII) c Add lines 4a and 4b 4 C 658, 860. b Other (Describe in Part XIII) c Add lines 4a and 4b 4 C 658, 860. Fart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X, lines 2 Part X, LINE 2: THE FOUNDATION HAS BEEN CLASSIFIED AS A PUBLICLY-SUPPORTED CHARITABLE FOUNDATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3). AS A PUBLICLY-SUPPORTED CHARITY, THE FOUNDATION IS EXEMPT FROM FEDERAL AND										
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2	1	Total revenue, gains, and other support per audited financial statements			1	-6,439,248.				
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2 at through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses and lines 3 and 4c. (This must squal Form 990, Part II, line 12). Complete if the organization answered "Yes" on Form 990, Part II, line 12a. 1 Total expenses and lines per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losse per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII) a Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included in Form 990, Part IV, line 25: a Investment expen	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12.) Fart XII Reconciliation of Expenses per Addited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements with Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12b. 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 24,712,536. 4 Amounts included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 11: a Investment expenses in the part XIII.) c Add lines 4a and 4b 5 Total expenses and lines 3 and 4e. (This must equal Form 990, Part I line 18.) Fart XIII Supplemental Information. PART XIII. 1 Line 2: THE FOUNDATION HAS BEEN CLASSIFIED AS A PUBLICLY-SUPPORTED CHARITABLE FOUNDATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3). AS A PUBLICLY-SUPPORTED CHARITY, THE FOUNDATION IS EXEMPT FROM FEDERAL AND	а	Net unrealized gains (losses) on investments	2a	-50,284,696.						
c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12.) Fart XII Reconciliation of Expenses per Addited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements with Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12b. 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 24,712,536. 4 Amounts included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 11: a Investment expenses in the part XIII.) c Add lines 4a and 4b 5 Total expenses and lines 3 and 4e. (This must equal Form 990, Part I line 18.) Fart XIII Supplemental Information. PART XIII. 1 Line 2: THE FOUNDATION HAS BEEN CLASSIFIED AS A PUBLICLY-SUPPORTED CHARITABLE FOUNDATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3). AS A PUBLICLY-SUPPORTED CHARITY, THE FOUNDATION IS EXEMPT FROM FEDERAL AND	b	Donated services and use of facilities	2b							
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b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total evenue. Add lines 3 and 4c. (This must equal form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Other (Describe in Part XIII.) e Add lines 2a through 2d 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I III. line 18.) For lotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I III. line 18.) For lotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I III. line 18.) For lotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part III. line 18.) For lotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part III. line 18.) For lotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 10 and 2b; Part VI. line 4; Part X. line 2; Part XI. line 2d and 4b; and Part XII. lines 2d and 4b. Also complete this part to provide any additional information. PRATT XII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V. line 4; Part X. line 2; Part XI. lines 2d and 4b; and Part XII. lines 2d and 4b. Also complete this part to provide any additional information. Provide the descriptions required for Part II, If II is 10 and 10 a	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1						
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5 Total revenue. Add lines 3 and 4c. This must equal Form 990. Part I, line 12.) 5 45,512,765. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Per over adjustments 2 COther losses 4 Other (Describe in Part XIII.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII.) 5 Other (Describe in Part XIII.) 6 Other (Describe in Part XIII.) 7 Cadd lines 4a and 4b 8 Cadd lines 4a and 4b 9 Cadd lines 4a and 4b	b	Other (Describe in Part XIII.)	4b	1,008,457.						
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THE FOUNDATION HAS BEEN CLASSIFIED AS A PUBLICLY-SUPPORTED CHARITABLE FOUNDATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3). AS A PUBLICLY-SUPPORTED CHARITY, THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AND FEDERAL EXCISE TAXES UNDER SECTION 509(A)(1) OF THE	Pai	t XIII Supplemental Information.								
PART X, LINE 2: THE FOUNDATION HAS BEEN CLASSIFIED AS A PUBLICLY-SUPPORTED CHARITABLE FOUNDATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3). AS A PUBLICLY-SUPPORTED CHARITY, THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AND FEDERAL EXCISE TAXES UNDER SECTION 509(A)(1) OF THE	Provi	de 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,				
THE FOUNDATION HAS BEEN CLASSIFIED AS A PUBLICLY-SUPPORTED CHARITABLE FOUNDATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3). AS A PUBLICLY-SUPPORTED CHARITY, THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AND FEDERAL EXCISE TAXES UNDER SECTION 509(A)(1) OF THE	lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal in	formation.						
THE FOUNDATION HAS BEEN CLASSIFIED AS A PUBLICLY-SUPPORTED CHARITABLE FOUNDATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3). AS A PUBLICLY-SUPPORTED CHARITY, THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AND FEDERAL EXCISE TAXES UNDER SECTION 509(A)(1) OF THE										
THE FOUNDATION HAS BEEN CLASSIFIED AS A PUBLICLY-SUPPORTED CHARITABLE FOUNDATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3). AS A PUBLICLY-SUPPORTED CHARITY, THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AND FEDERAL EXCISE TAXES UNDER SECTION 509(A)(1) OF THE										
FOUNDATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3). AS A PUBLICLY-SUPPORTED CHARITY, THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AND FEDERAL EXCISE TAXES UNDER SECTION 509(A)(1) OF THE	PAL	T X, LINE 2:								
PUBLICLY-SUPPORTED CHARITY, THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AND FEDERAL EXCISE TAXES UNDER SECTION 509(A)(1) OF THE	THE	FOUNDATION HAS BEEN CLASSIFIED AS A PUBLIC	CLY-	SUPPORTED CH	ARI	TABLE				
STATE INCOME TAXES AND FEDERAL EXCISE TAXES UNDER SECTION 509(A)(1) OF THE	FOU	UNDATION UNDER THE INTERNAL REVENUE CODE SEC	CTIC	ON 501(C)(3).	AS	A				
STATE INCOME TAXES AND FEDERAL EXCISE TAXES UNDER SECTION 509(A)(1) OF THE	PUI	BLICLY-SUPPORTED CHARITY, THE FOUNDATION IS	EXE	MPT FROM FED	ERA	L AND				
INTERNAL REVENUE CODE. IT IS THE FOUNDATION'S POLICY TO EVALUATE ALL TAX	STA	ATE INCOME TAXES AND FEDERAL EXCISE TAXES UN	IDEF	R SECTION 509	(A)	(1) OF THE				
	INT	ERNAL REVENUE CODE. IT IS THE FOUNDATION'S	POI	LICY TO EVALU	ATE	ALL TAX				
POSITIONS TO IDENTIFY ANY THAT MAY BE CONSIDERED UNCERTAIN. ALL IDENTIFIED	POS	SITIONS TO IDENTIFY ANY THAT MAY BE CONSIDER	RED	UNCERTAIN. A	LL	IDENTIFIED				
WINDLIN THE DOCUMENT OF THE SECOND SE	MAT	PERIAL TAX POSITIONS ARE ASSESSED AND MEASUR	RED	BY A						
MATERIAL TAX POSITIONS ARE ASSESSED AND MEASURED BY A					TTO:	N TS				
	<u>"MC</u>	RE-LIKELY-THAN-NOT" THRESHOLD TO DETERMINE	IF	THE TAX POSI	TIO:	N IS				
MATERIAL TAX POSITIONS ARE ASSESSED AND MEASURED BY A "MORE-LIKELY-THAN-NOT" THRESHOLD TO DETERMINE IF THE TAX POSITION IS	TING	ERTATN AND WHAT IF ANY EFFECT THE UNCER	тαтя	N TAX POSTTT	OM :	MAV HAVE				

TAX POSITIONS WERE IDENTIFIED FOR 2021 AND 2020. CURRENTLY, THE STATUTE OF

ON THE FINANCIAL STATEMENTS. NO MATERIAL UNCERTAIN

Schedule D (Form 990) 2021 OF WESTERN NORTH CAROLINA, INC.	56-12	23384	Page 5
Part XIII Supplemental Information (continued)			
LIMITATIONS REMAINS OPEN			
SUBSEQUENT TO AND INCLUDING 2018; HOWEVER, NO EXAMINATIONS	ARE IN	PROCES	s
OR ANTICIPATED. ANY			
CHANGES IN THE AMOUNT OF A TAX POSITION WILL BE RECOGNIZED	IN THE	PERIOR)
THE CHANGE OCCURS.			
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS		654,1	.73.
ANNUITY DISTRIBUTIONS		354,2	84.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1	,008,4	57.

Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. 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
WEATHERLOW OFFSHORE FUND I, LTD (HEDGE FUND)	13,716,365.	FMV
INDIVIDUAL FIXED INCOME SECURITIES	19,061,726.	FMV
FIXED INCOME MUTUAL FUNDS	58,883,392.	FMV
POOLED FIXED INCOME FUNDS	4,279,725.	FMV

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION

OF WESTERN NORTH CAROLINA INC **Employer identification number**

56-1223384 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region 0 0. 3 a Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a 0. and 3b)

132071 12-20-21

Schedule F (Form 990) 2021

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	nization by the IRS, o	or for which the grantee	recognized as charities by the for counsel has provided a sect			.		

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if ad (a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 (Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information. THE COMMUNITY FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

OF WESTER	N NORTH C	AROLINA, IN	IC.				56-1223384
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	for the grants or assi	istance, and the selecti	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	toring the use of grant	t funds in the United	States.			
Part II Grants and Other Assistance to recipient that received more than					anization answered "	Yes" on Form 990, Part	IV, line 21, for any
	T .				(f) Method of	1 (15 : (T (1) D
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A DEMMED LINE ANIMAL DESCRIP							
A BETTER LIFE ANIMAL RESCUE P.O. BOX 8311							
MORGANTON, NC 28680	27-2346103	501/01/31	79,420.	,	BOOK		ANIMAL WELFARE
MORGANION, NC 20000	27-2340103	501(0/(3/	79,420.	0.	BOOK		ANTRAL WEDFARE
A GIFT FOR TEACHING							
6501 MAGIC WAY BLDG 400C							IMPROVING EDUCATIONAL
ORLANDO, FL 32809	59-3515162	501(C)(3)	7,500.	0.	воок		OPPORTUNITIES
,			,				
A THERAPIST LIKE ME							
1 SCHOOL ROAD							
ASHEVILLE, NC 28806	84-2129233	501(C)(3)	26,000.	0.	воок		PROMOTING QUALITY HEALTH
A-B TECH COMMUNITY COLLEGE							
FOUNDATION - 340 VICTORIA ROAD -							IMPROVING EDUCATIONAL
ASHEVILLE, NC 28801	56-1993458	501(C)(3)	270,118.	0.	BOOK		OPPORTUNITIES
ABCCM							
20 TWENTIETH STREET	56 0045004	501 (5) (0)					L
ASHEVILLE, NC 28806	56-0945001	501(C)(3)	243,027.	0.	воок	_	ASSISTING PEOPLE IN NEED
ACLU OF NORTH CAROLINA LEGAL							
FOUNDATION - P.O. BOX 28004 -							BUILDING COMMUNITY &
RALEIGH, NC 27611-8004	56-1019644	501(C)(3)	41,500.	0.	BOOK		ECONOMIC VITALITY
2 Enter total number of section 501(c)(3) a	1	1	· · · · · ·	· •		1	b
3 Enter total number of other organization	•	•					
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) 2021

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADULTS WORKING AND ADVOCATING FOR							
KIDS EMPOWERMENT (AWAKE) - P.O.							
BOX 755 - SYLVA, NC 28779	56-1796889	501(C)(3)	18,000.	0.	воок		ASSISTING PEOPLE IN NEED
ALL SOULS COUNSELING CENTER							
35 ARLINGTON STREET							
ASHEVILLE, NC 28801	56-2200862	501 (C) (3)	123,500.	,	BOOK		PROMOTING QUALITY HEALTH
ASHEVIDDE, NC 20001	30 2200002	501(0/(5/	123,300.	<u> </u>	BOOK		FROMOTING QUADITI HEADIN
ALTAPASS FOUNDATION, INC.							
1025 ORCHARD ROAD							
SPRUCE PINE, NC 28777	68-0521788	501(C)(3)	42,180.	0.	воок		ADVANCING THE ARTS
ALZHEIMER'S ASSOCIATION - WNC							
CHAPTER - 4600 PARK ROAD SUITE 250							
- CHARLOTTE, NC 28209	13-3039601	501(C)(3)	159,289.	0.	воок		PROMOTING QUALITY HEALTH
AMAZING GRACE MINISTRIES OF							
HENDERSONVILLE - 814-A KANUGA ROAD	81-1349247	501/C\/3\	17 500	,	BOOK		ASSISTING PEOPLE IN NEED
- HENDERSONVILLE, NC 28792	81-1349247	501(C)(3)	17,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
AMAZON BIODIVERSITY CENTER							
P.O. BOX 96503							
WASHINGTON DC, DC 20090-6503	83-0572780	501(C)(3)	10,000.	0.	воок		ENHANCING THE ENVIRONMEN
•			,				
AMERICAN CIVIL LIBERTIES UNION							
FOUNDATION - 125 BROAD STREET,							BUILDING COMMUNITY &
18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	6,800.	0.	воок		ECONOMIC VITALITY
AMERICAN NATIONAL RED CROSS							
P.O. BOX 37839		504 (5) (0)		_			
BOONE, IA 50037-0839	53-0196605	501(C)(3)	8,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
AMERICAN RED CROSS WNC CHAPTER							
100 EDGEWOOD ROAD							
ASHEVILLE, NC 28804	53-0196605	501(C)(3)	188,030.	0	воок		ASSISTING PEOPLE IN NEED
, 20002	1 30 022000			<u> </u>	L ,		

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICARES							
88 HAMILTON AVENUE							
STAMFORD, CT 06902-3111	06-1008595	501(C)(3)	26,000.	0	BOOK		ASSISTING PEOPLE IN NEED
AMNESTY INTERNATIONAL USA, MEMBER	00 2000000		20,000.				
SERVICES DEPARTMENT - 311 WEST							
43RD STREET, 7TH FLOOR - NEW YORK,							
NY 10036	52-0851555	501(C)(3)	16,000.	0.	воок		ASSISTING PEOPLE IN NEED
ANDREWS ELEMENTARY SCHOOL							
205 JEAN CHRISTY AVENUE							IMPROVING EDUCATIONAL
ANDREWS, NC 28901	56-6000211	501(C)(3)	15,403.	0.	BOOK		OPPORTUNITIES
11777712 117011 201101							
ANDREWS HIGH SCHOOL							TANDONING DOMANTONAL
50 HIGH SCHOOL DRIVE	F.C. C000011	E01/G)/2)	16 202	0	D007		IMPROVING EDUCATIONAL
ANDREWS, NC 28901	56-6000211	501(C)(3)	16,203.	0.	воок		OPPORTUNITIES
ANDREWS MIDDLE SCHOOLE							
2750 US 19 BUSINESS							IMPROVING EDUCATIONAL
ANDREWS, NC 28901	56-6000211	501(C)(3)	13,474.	0	BOOK		OPPORTUNITIES
ANDREWS, NC 20001	30 0000211	501(0/(3/	13,474.	0.	BOOK		DIFORIUNITIES
ANIMAL SAMARITANS							
72120 PET LAND PLACE							
THOUSAND PALMS, CA 92276	95-3171867	501(C)(3)	9,415.	0.	воок		ANIMAL WELFARE
•			,				
ANTI-DEFAMATION LEAGUE SOUTHEAST							
REGION - P.O. BOX 8379 -							BUILDING COMMUNITY &
ATLANTA, GA 31106	13-1818723	501(C)(3)	5,350.	0.	воок		ECONOMIC VITALITY
APPALACHIAN SUSTAINABLE							
AGRICULTURE PROJECT - 306 WEST							
HAYWOOD STREET SUITE 200 -							BUILDING COMMUNITY &
ASHEVILLE, NC 28801-3105	06-1642769	501(C)(3)	159,171.	0.	воок		ECONOMIC VITALITY
APPALACHIAN THERAPEUTIC RIDING							
CENTER - 176 CHIMNEY RIDGE LANE							
BURNSVILLE, NC 28714	56-1530138	501(C)(3)	15,500.	0.	BOOK		ASSISTING PEOPLE IN NEED

Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIAN WILDLIFE REFUGE							
P.O. BOX 824							
CANDLER, NC 28715	47-2214085	501(C)(3)	12,645.	0.	воок		ANIMAL WELFARE
ARC OF BUNCOME COUNTY							
P.O. BOX 1365							
ASHEVILLE, NC 28802	56-0856544	501(C)(3)	22,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
ART21INC. ATTN: DEVELOPMENT							
231 WEST 29TH STREET, SUITE 706							
NEW YORK, NY 10001	13-3920288	501(C)(3)	30,500.	0.	воок		ADVANCING THE ARTS
ARTS FOR LIFE							
7 BEAVERDAM ROAD SUITE 207							
ASHEVILLE, NC 28804	56-2250962	501(C)(3)	56,030.	0.	воок		PROMOTING QUALITY HEALTH
ASHEVILLE AREA ARTS COUNCIL							
P.O. BOX 507							
ASHEVILLE, NC 28802	58-1371546	501(C)(3)	9,750.	0.	воок		ADVANCING THE ARTS
ASHEVILLE AREA CHAMBER OF COMMERCE							
COMMUNITY BETTERMENT FOUNDATION -							
P.O. BOX 1010 - ASHEVILLE, NC							BUILDING COMMUNITY &
28802	56-1762978	501(C)(3)	27,500.	0.	воок		ECONOMIC VITALITY
ACHEVITIE ADEA HADIMAM EOD							
ASHEVILLE AREA HABITAT FOR							DILLI DING COMMUNITUY C
HUMANITYINC 33 MEADOW ROAD -	56-1363464	E01/G\/3\	89,408.	,	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
ASHEVILLE, NC 28803	30-1303404	501(0)(3)	09,400.	0.	BOOK		ECONOMIC VITALITI
ASHEVILLE ART MUSEUM							
ASSOCIATIONINC P.O. BOX 1717							
- ASHEVILLE, NC 28802-1717	56-6060776	501(C)(3)	24,735.	0.	воок		ADVANCING THE ARTS
·							
ASHEVILLE CATHOLIC SCHOOL							
12 CULVERN STREET							IMPROVING EDUCATIONAL
ASHEVILLE, NC 28804	53-0196617	501(C)(3)	155,662.	0.	BOOK		OPPORTUNITIES

Schedule I (Form 990)

Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(D) LIN	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ASHEVILLE CHAMBER MUSIC INC.							
P.O. BOX 1003							
ASHEVILLE, NC 28802	58-1466387	501(C)(3)	5,140.	0	BOOK		ADVANCING THE ARTS
			1,223				
ASHEVILLE CHRISTIAN ACADEMY							
P.O. BOX 1089							IMPROVING EDUCATIONAL
SWANNANOA, NC 28778	56-0889168	501(C)(3)	20,000.	0.	воок		OPPORTUNITIES
ASHEVILLE CITY SCHOOLS FOUNDATION							
P.O. BOX 3196							IMPROVING EDUCATIONAL
ASHEVILLE, NC 28802	58-1836982	501(C)(3)	66,500.	0.	воок		OPPORTUNITIES
ASHEVILLE COMMUNITY THEATRE INC.							
P.O. BOX 100				_			
SWANNANOA, NC 28778	56-6002669	501(C)(3)	13,500.	0.	воок		ADVANCING THE ARTS
ASHEVILLE CONTEMPORARY DANCE							
THEATRE - 20 COMMERCE STREET -							
ASHEVILLE, NC 28801	56-1287954	501 (C) (3)	5,750.	0	воок		ADVANCING THE ARTS
ASILVIDLE, NC 20001	30 1207334	501(0)(3)	3,730.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE GREENWORKS							
2 SULPHUR SPRINGS ROAD							
ASHEVILLE, NC 28806	56-1672870	501(C)(3)	90,608.	0.	воок		ENHANCING THE ENVIRONMEN
			,				
ASHEVILLE HIGH SCHOOL							
419 MCDOWELL STREET							IMPROVING EDUCATIONAL
ASHEVILLE, NC 28803	56-6001809	501(C)(3)	18,000.	0.	воок		OPPORTUNITIES
ASHEVILLE HUMANE SOCIETYINC.							
14 FOREVER FRIEND LANE							
ASHEVILLE, NC 28806	56-1444098	501(C)(3)	171,351.	0.	воок		ANIMAL WELFARE
NAMES OF ASSESSED OF ASSESSED							
ASHEVILLE MUSEUM OF SCIENCE							
43 PATTON AVENUE	FC 1340343	E01/G)/2)		•	D007		ADVANGING BUT ATT
ASHEVILLE, NC 28801-3314	56-1342340	DOT(C)(2)	51,500.	0.	BOOK		ADVANCING THE ARTS

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		п аррпсавіе	casirgrant	assistance (book, FMV, appraisal, other		Tion-cash assistance	UI assistance
ASHEVILLE MUSIC SCHOOL SOUND							
EDUCATION - 10 RIDELAWN ROAD -							
ASHEVILLE, NC 28806	45-5325308	501(C)(3)	10,000.	0.	воок		ADVANCING THE ARTS
ASHEVILLE SCHOOL ADVANCEMENT							
DEPARTMENT - 360 ASHEVILLE SCHOOL							IMPROVING EDUCATIONAL
ROAD - ASHEVILLE, NC 28806	56-0530248	501(C)(3)	7,250.	0.	воок		OPPORTUNITIES
ASHEVILLE SYMPHONY SOCIETY							
27 COLLEGE PLACE SUITE 100							
ASHEVILLE, NC 28801-2406	56-6060772	501(C)(3)	44,433.	0.	воок		ADVANCING THE ARTS
ASHEVILLE WATCHDOG							
825 MERRIMON AVENUE C-175							
ASHEVILLE, NC 28804	85-0614521	501(C)(3)	18,000.	0.	воок		ADVANCING THE ARTS
ASHEVILLE WRITERS IN THE SCHOOLS							
AND COMMUNITY - P.O. BOX 1508 -							IMPROVING EDUCATIONAL
ASHEVILLE, NC 28802	46-1681488	501(C)(3)	9,500.	0.	воок		OPPORTUNITIES
ASHEVILLE-BUNCOMBE INSTITUTE OF							
PARITY ACHIEVEMENT - P.O. BOX 448							
- ASHEVILLE, NC 28802	20-0937410	501(C)(3)	12,000.	0.	воок		PROMOTING QUALITY HEALTI
AURA HOME WOMEN VETS							
P.O. BOX 14							
ASHEVILLE, NC 28802	47-2041216	501(C)(3)	25,000.	0.	воок		ASSISTING PEOPLE IN NEE
AVERY MIDDLE SCHOOL							
102 OLD MONTEZUME ROAD							IMPROVING EDUCATIONAL
NEWLAND, NC 28657	56-6000990	501(C)(3)	6,400.	0.	воок		OPPORTUNITIES
BAPTIST CONVENTION, ATTN:							
ADVANCEMENT - 3806 MONUMENT AVENUE							
- RICHMOND, VA 23230	54-0213930	501(C)(3)	30,000.	0 .	воок		RELIGION

Schedule I (Form 990)

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BASICS CHRISTIAN MINISTRIES, INC. P.O. BOX 207 CLIFFSIDE, NC 28024	47-3642387	501(C)(3)	8,000.	0.	воок		ASSISTING PEOPLE IN NEED
BASILICA OF ST. LAWRENCE P.O. BOX 1850 ASHEVILLE, NC 28802	56-0707930	501(C)(3)	16,943.	0.	воок		RELIGION
BASILICA PRESERVATION FUND INC. P.O. BOX 8995 ASHEVILLE, NC 28814	80-0167706	501(C)(3)	5,750.	0.	воок		ADVANCING THE ARTS
BEACON OF HOPE SERVICES P.O. BOX 6386 ASHEVILLE, NC 28816	56-2241353	501(C)(3)	8,997.	0.	воок		ASSISTING PEOPLE IN NEED
BELOVED ASHEVILLE P.O. BOX 6386 ASHEVILLE, NC 28816	84-3381632	501(C)(3)	36,145.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
BETHEL BAPTIST CHURCH 205 BETHEL CHURCH ROAD MARION, NC 28752	56-1390766	501(C)(3)	10,000.	0.	воок		RELIGION
BIG BROTHERS BIG SISTERS OF WESTERN NORTH CAROLINA - 50 SOUTH FRENCH BROAD AVENUE SUITE 213 - ASHEVILLE, NC 28801	58-1505917	501(C)(3)	104,350.	0.	воок		ASSISTING PEOPLE IN NEED
BILTMORE CHURCH 35 CLAYTON ROAD ARDEN, NC 28704	56-6090142	501(C)(3)	17,500.	0.	воок		RELIGION
BLACK MOUNTAIN CENTER FOR THE ARTS 225 WEST STATE STREET BLACK MOUNTAIN, NC 28711	56-1913046	501(C)(3)	11,244.	0.	воок		ADVANCING THE ARTS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Tugo
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACKMOUNTAIN COLLEGE MUSEUM &							
ARTS CENTER - P.O. BOX 18912 -							
ASHEVILLE, NC 28814	58-2105570	501(C)(3)	75,250.	,	BOOK		ADVANCING THE ARTS
MINITED NO 20014	30 2103370	301(0)(3)	73,230.	•	DOOK		INDVINCTING THE PARTS
BLACKMOUNTAIN COUNSELING CENTER							
201 NORTH RIDGEWAY AVENUE							
BLACK MOUNTAIN, NC 28711	20-8136167	501(C)(3)	13,450.	0.	воок		PROMOTING QUALITY HEALTH
,							2
BLACKMOUNTAIN HOME FOR CHILDREN							
YOUTH & FAMILIES - 80 LAKE EDEN							
ROAD - BLACK MOUNTAIN, NC 28711	56-0538018	501(C)(3)	82,030.	0.	воок		ASSISTING PEOPLE IN NEED
BLOWING ROCK ART & HISTORY MUSEUM							
P.O. BOX 828							
BLOWING ROCK, NC 28605	30-0003315	501(C)(3)	6,250.	0.	воок		ADVANCING THE ARTS
BLUE RIDGE COMMUNITY COLLEGE							
EDUCATIONAL FOUNDATION, INC 180							
WEST CAMPUS DRIVE - FLAT ROCK, NC							IMPROVING EDUCATIONAL
28731-4728	51-0175113	501(C)(3)	6,785.	0.	воок		OPPORTUNITIES
BLUE RIDGE COMMUNITY HEALTH							
SERVICESINC 220 5TH AVENUE EAST							
- HENDERSONVILLE, NC 28792	56-0794933	501(C)(3)	35,616.	0.	BOOK		PROMOTING QUALITY HEALTH
BLUE RIDGE MOUNTAINS HEALTH							
PROJECTINC P.O. BOX 451 -							
CASHIERS, NC 28717	51-0509517	501(C)(3)	64,124.	0.	BOOK		PROMOTING QUALITY HEALTH
DITTE DIDGE ODGUEGED?							
BLUE RIDGE ORCHESTRA							
P.O. BOX 256	20 2000627	E01/G\/3\	7.630	_	DOOK		ADVANCING MUE ADMC
ASHEVILLE, NC 28802-0256	20-2900637	DUI(C)(3)	7,630.	0.	воок		ADVANCING THE ARTS
BLUE RIDGE PARKWAY FOUNDATION							
717 SOUTH MARSHALL STREET, SUITE 10							
WINSTON-SALEM, NC 27101	31-1512730	501(C)(3)	6,070.	_	воок		ENHANCING THE ENVIRONMENT
MINDION DALIEM, NC Z/IVI	1 21 1312/30	Po+(C/(J/	1 0,070.	ı .	Poor		DIVIDUCTING THE ENVIRONMENT

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(D) LIIV	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
BLUE RIDGE PARTNERSHIP FOR							
CHILDREN - P.O. BOX 1387 -							
BURNSVILLE, NC 28714	56-1921260	501(C)(3)	36,000.	0.	воок		ASSISTING PEOPLE IN NEED
			,				
BLUE RIDGE SCHOOL							
95 BOBCAT DRIVE							IMPROVING EDUCATIONAL
CASHIERS, NC 28717	56-6001054	501(C)(3)	18,070.	0.	воок		OPPORTUNITIES
BOAT ROCK LEGACY GARDEN							
ECOADDENDUM C/O DEBRA PEARSON -							
5915 TORTOSA PLACE - ATLANTA, GA							
30349	26-2492827	501(C)(3)	10,000.	0.	BOOK		ENHANCING THE ENVIRONMEN
BOONES CREEK CHRISTIAN CHURCH							
2684 BOONES CREEK ROAD							
JOHNSON CITY, TN 37615	62-1177106	501/0\/3\	14,400.	0	BOOK		RELIGION
TOUNDON CITT, IN 37013	02 1177100	501(0)(3)	14,400.	<u> </u>	BOOK		KELIGION
BOUNTIFUL CITIES PROJECT							
P.O. BOX 898							
ASHEVILLE, NC 28802	05-0587434	501(C)(3)	24,250.	0.	воок		ENHANCING THE ENVIRONMENT
			,				
BOUNTY & SOUL							
999 OLD US HWY. 70 WEST							
BLACK MOUNTAIN, NC 28711	46-4759362	501(C)(3)	48,952.	0.	воок		ASSISTING PEOPLE IN NEED
DOVE DESCRIPTION ASSOCIATION							
BOYD BUCHANAN SCHOOL 4650 BUCCANER TRAIL							TMDDOVING EDUCATIONAL
	62-0518286	E01/G\/2\	50,000.	0	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
CHATTANOOGA, TN 37411	02-0310200	501(0)(3)	30,000.	0.	BOOK		OFFORIONITIES
BOYS & GIRLS CLUB OF THE PLATEAU							
P.O. BOX 1812							BUILDING COMMUNITY &
CASHIERS, NC 28717	46-5336895	501(C)(3)	95,333.	0.	воок		ECONOMIC VITALITY
BOYS AND GIRLS CLUB OF AMERICA							
P.O. BOX 117431							BUILDING COMMUNITY &
ATLANTA, GA 30368-7431	13-5562976	501(C)(3)	172,000.	0.	воок		ECONOMIC VITALITY

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF HENDERSON							
COUNTY - P.O. BOX 1460 -							BUILDING COMMUNITY &
HENDERSONVILLE, NC 28793	56-1803125	501(C)(3)	22,750.	0.	воок		ECONOMIC VITALITY
,							
BRASSTOWN COMMUNITY CIVIC CENTER							
P.O. BOX 1114							BUILDING COMMUNITY &
BRASSTOWN, NC 28902	56-1995594	501(C)(3)	20,000.	0.	воок		ECONOMIC VITALITY
BREAD OF LIFE							
238 SOUTH CALDWELL STREET							
BREVARD, NC 28712	56-2053857	501(C)(3)	11,500.	0.	воок		ASSISTING PEOPLE IN NEED
BREVARD COLLEGE ATTN: OFFICE OF							
PHILANTHROPIC DEVELOPMENT - ONE							
BREVARD COLLEGE DRIVE - BREVARD,							IMPROVING EDUCATIONAL
NC 28712	56-0532297	501(C)(3)	17,000.	0.	BOOK		OPPORTUNITIES
BREVARD MUSIC CENTER							
P.O. BOX 312							
BREVARD, NC 28712-0312	56-0729350	501(C)(3)	264,250.	0	воок		ADVANCING THE ARTS
DRIVIND, NC 20712 0312	30 0723330	501(0)(3)	204,230.	•••	BOOK		IDVINCING IIII INII
BROTHER WOLF ANIMAL RESCUE							
P.O. BOX 8195							
ASHEVILLE, NC 28814	20-8787719	501(C)(3)	44,852.	0.	воок		ANIMAL WELFARE
BUNCOMBE ALTERNATIVES, INC.							
P.O. BOX 8069							BUILDING COMMUNITY &
ASHEVILLE, NC 28814	56-1337121	501(C)(3)	20,500.	0.	воок		ECONOMIC VITALITY
BUNCOMBE COUNTY SCHOOLS FOUNDATION							
175 BINGHAM ROAD	F0 1605536	501/61/21			D007		IMPROVING EDUCATIONAL
ASHEVILLE, NC 28806	58-1685536	DUI(C)(3)	77,148.	0.	BOOK		OPPORTUNITIES
BUNCOMBE COUNTY SOIL AND WATER							
CONSERVATION DISTRICT - 49 MOUNT							
CARMEL ROAD SUITE 101 -	F6 6000270	E01/G\/3\	10 000	_	BOOK.		ENHANCING MUE ENVIDONMENT
ASHEVILLE, NC 28806	56-6000279	DOT(C)(3)	10,000.	υ.	воок		ENHANCING THE ENVIRONMENT

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Part II Continuation of Grants and Other	Assistance to Doi		and Domestic Go	Verninents (Och	100010 1 (1 01111 000), 1 2	1	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUNCOMBE PARTNERSHIP FOR CHILDREN							
2229 RIVERSIDE DRIVE							
ASHEVILLE, NC 28804	56-1942178	501(C)(3)	41,000.	0.	воок		ASSISTING PEOPLE IN NEED
,			,				
BURKE UNITED CHRISTIAN MINISTRIES							
305-B WEST UNION STREET							
MORGANTON, NC 28655	59-1771449	501(C)(3)	20,500.	0.	воок		ASSISTING PEOPLE IN NEED
CALVARY EPISCOPAL CHURCH FOOD							
PANTRYINC P.O. BOX 187 -	61-1657546	E01/G\/3\	20,000.	,	BOOK		ASSISTING PEOPLE IN NEED
FLETCHER, NC 28732	01-103/340	501(C)(3)	20,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
CAMP GRIER							
P.O. BOX 490							
OLD FORT, NC 28762	90-1033788	501(C)(3)	52,500.	0.	воок		RELIGION
CAMPAIGN FOR SOUTHERN EQUALITY							
P.O. BOX 364							BUILDING COMMUNITY &
ASHEVILLE, NC 28802	27-4064401	501(C)(3)	37,000.	0.	воок		ECONOMIC VITALITY
CANDLER ELEMENTARY SCHOOL							
121 CANDLER SCHOOL ROAD							IMPROVING EDUCATIONAL
CANDLER, NC 28715	56-0223230	501(C)(3)	9,615.	0	воок		OPPORTUNITIES
			,,,,,,,				
CANTON MIDDLE SCHOOL							
60 PENLAND STREET							IMPROVING EDUCATIONAL
CANTON, NC 28716	13-1685039	501(C)(3)	10,000.	0.	воок		OPPORTUNITIES
CARE GIFT CENTER							
P.O. BOX 1870	12 152525	501 (7) (2)	1	_	D. O. T.		
MERRIFIELD, VA 22116-8070	13-1685039	501(C)(3)	11,386.	0.	BOOK		ASSISTING PEOPLE IN NEED
CARENET COUNSELING OF MARION							
79 ACADEMY STREET							
MARION, NC 28752	81-4539573	501(C)(3)	20,000.	n	воок		PROMOTING QUALITY HEALTH

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	nedule I (Form 990), Pa	rt II.)	- Lage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINA ABORTION FUND							
P.O. BOX 51534							
DURHAM, NC 27717	45-3810502	501(C)(3)	22,500.	0.	воок		PROMOTING QUALITY HEALTH
CAROLINA DAY SCHOOL - ADVANCEMENT							
OFFICE - 1345 HENDERSONVILLE ROAD							IMPROVING EDUCATIONAL
- ASHEVILLE, NC 28803	56-0125490	501(C)(3)	109,628.	0.	воок		OPPORTUNITIES
CAROLINA PUBLIC PRESS							
P.O. BOX 17595	46 0001000	E01/G\/3\	9 050		воок		ADVANCING MUE ADMC
ASHEVILLE, NC 28816	46-0801080	501(0)(3)	8,950.	٠.	BOOK		ADVANCING THE ARTS
CASHIERS GLENVILLE VOLUNTEER FIRE							
DEPARTMENT - P.O. BOX 886 -							
CASHIERS, NC 28717	56-1270324	501(C)(3)	6,000.	0.	воок		ASSISTING PEOPLE IN NEED
			, -				
CASHIERS HISTORICAL SOCIETY							
P.O. BOX 104							
CASHIERS, NC 28717-0104	11-3840349	501(C)(3)	12,150.	0.	воок		ADVANCING THE ARTS
CASHIERS VALLEY PRESCHOOL							
P.O. BOX 3081		504 (5) (0)					IMPROVING EDUCATIONAL
CASHIERS, NC 28717	20-5116840	501(C)(3)	30,500.	0.	BOOK		OPPORTUNITIES
CASHIERS-HIGHLANDS HUMANE SOCIETY							
P.O. BOX 638							
CASHIERS, NC 28717	58-1798769	501(C)(3)	39,460.	0.	воок		ANIMAL WELFARE
			, -				
CATHEDRAL OF ALL SOULS							
9 SWAN STREET							
ASHEVILLE, NC 28803	56-0547505	501(C)(3)	6,500.	0.	воок		RELIGION
CATHOLIC CHARITIES DIOCESE OF							
CHARLOTTE - 50 ORANGE STREET -	F.C. 1050054	E01/G)/2)	15.005		D00#		AGGIGHTNG DEODLE IN WEED
ASHEVILLE, NC 28801	56-1058954	DOT(C)(2)	17,305.	<u> </u>	воок		ASSISTING PEOPLE IN NEED

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	
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CENTER FOR FOOD SAFETY							
660 PENNSYLVANIA AVENUE SUITE 402							
WASHINGTON, DC 20003	52-2165893	501(C)(3)	10,000.	0	воок		ENHANCING THE ENVIRONMENT
	02 220000		20,000.	•			
CENTRAL FUND OF ISRAEL C/O MARCUS							
BROTHERS TEXTILES - 980 6TH AVENUE							BUILDING COMMUNITY &
- NEW YORK, NY 10018	13-2992985	501(C)(3)	6,000.	0.	воок		ECONOMIC VITALITY
CENTRAL UNITED METHODIST CHURCH 27 CHURCH STREET							
ASHEVILLE, NC 28801	20-5446516	501(C)(3)	57,988.	0.	воок		RELIGION
CENTRO UNIDO LATINO-AMERICANO C/O FIRST PRESBYTERIAN CHURCH - 79 ACADEMY STREET - MARION, NC 28752	56-2678411	501(C)(3)	5,250.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
CHARLES D. OWEN HIGH SCHOOL 99 LAKE EDEN ROAD BLACK MOUNTAIN, NC 28711	56-6000994	501(C)(3)	10,000.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
CHEROKEE COUNTY SCHOOLS							
911 ANDREWS ROAD							IMPROVING EDUCATIONAL
MURPHY, NC 28906	56-6000211	501(C)(3)	6,824.	0.	воок		OPPORTUNITIES
CHILDREN & FAMILY RESOURCE CENTER P.O. BOX 1105							
HENDERSONVILLE, NC 28793	56-2113878	501(C)(3)	51,919.	0.	воок		ASSISTING PEOPLE IN NEED
CHILDREN FIRST/COMMUNITIES IN SCHOOLS OF BUNCOMBE COUNTY - P.O. BOX 16695 - ASHEVILLE, NC 28816	59-1721943	501(C)(3)	89,650.	0.	воок		ASSISTING PEOPLE IN NEED
CHILDREN'S CANCER PARTNERS OF THE CAROLINAS - 900 SOUTH PINE STREET, SUITE F - SPARTANBURG, SC 29302	20-2511033	501(C)(3)	33,967.	0.	воок		PROMOTING QUALITY HEALTH

Schedule I (Form 990)

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S VILLAGE INC. 1350 WEST HANLEY AVENUE COEUR D'ALENE, ID 83815	82-0385109	501(C)(3)	12,500.	0.	воок		ASSISTING PEOPLE IN NEED
CHRIST COMMUNITY CHURCH P.O. BIOX 279 MONTREAT, NC 28757	26-0799246	501(C)(3)	10,000.	0.	воок		RELIGION
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 28704	56-0615187	501(C)(3)	12,299.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
CHURCH AT SIX FORKS 9121 SIX FORKS ROAD RALEIGH, NC 27615	56-2171813	501(C)(3)	11,200.	0.	воок		RELIGION
CHURCH OF THE ADVOCATE 60 CHURCH STREET ASHEVILLE, NC 28801	26-3307854	501(C)(3)	15,000.	0.	воок		RELIGION
CHURCH OF THE GOOD SHEPHERD P.O. BOX 32 CASHIERS, NC 28717	56-1142774	501(C)(3)	17,750.	0.	воок		RELIGION
CHURCH OF THE HIGHLANDS 3660 GRANDVIEW PARKWAY, SUITE 100 BIRMINGHAM, AL 35243	63-1258442	501(C)(3)	15,000.	0.	воок		RELIGION
CHURCH OF THE INCARNATION P.O. BOX 729 HIGHLANDS, NC 28741	56-1151464	501(C)(3)	17,000.	0.	воок		RELIGION
CITY OF ASHEVILLE P.O. BOX 7148 ASHEVILLE, NC 28802	56-6000224	501(C)(3)	33,440.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY

Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITYWORKS USA							
1854-A HENDERSONVILLE ROAD #210							BUILDING COMMUNITY &
ASHEVILLE, NC 28803-2467	83-4622275	501(C)(3)	20,000.	0.	воок		ECONOMIC VITALITY
CLEAN WATER FOR N.C.							
1070 TUNNEL ROAD, BLDG. 4, SUITE 1							
ASHEVILLE, NC 28805	58-1592902	501(C)(3)	6,250.	0.	воок		ENHANCING THE ENVIRONMEN
CODEPINK: WOMEN FOR PEACE							
578 WASHINGTON BOULEVARD, #395							BUILDING COMMUNITY &
MARINA DEL RAY, CA 90292	26-2823386	501(C)(3)	6,250.	0.	воок		ECONOMIC VITALITY
COLLEGE OF THE OZARKS, DEVELOPMENT							
OFFICE - P.O. BOX 17 - POINT							IMPROVING EDUCATIONAL
LOOKOUT, MO 65726	44-0556862	501(C)(3)	10,000.	0.	воок		OPPORTUNITIES
GOLGON GENERE FOR GURLGENIN							
COLSON CENTER FOR CHRISTAIN							
WORLDVIEW - P.O. BOX 62160 -	90-1117779	E01/G\/3\	12 000	,	воок		RELIGION
COLORADO SPRINGS, CO 80962	30-1117773	501(C)(3)	12,000.	0.	BOOK		RELIGION
COLUMBIA UNIVERSITY, ATTN: GIFT							
SYSTEMS - P.O. BOX 1523 - NEW							IMPROVING EDUCATIONAL
YORK, NY 10008	13-5598093	501(C)(3)	11,300.	0.	воок		OPPORTUNITIES
- '			1				
COMMUNITY ACTION OPPORTUNITIES							
25 GASTON STREET							BUILDING COMMUNITY &
ASHEVILLE, NC 28801	56-0817672	501(C)(3)	5,400.	0.	воок		ECONOMIC VITALITY
COMMUNITY CARE CLINIC OF							
HIGHLANDS-CASHIERS - P.O. BOX 43							
- HIGHLANDS, NC 28741	65-1251915	501(C)(3)	62,000.	0.	воок		PROMOTING QUALITY HEALTH
COMMUNITY FOUNDATION OF MIDDLE							
TENNESSEE - 3833 CLEGHORN AVENUE							
SUITE 400 - NASHVILLE, TN							BUILDING COMMUNITY &
37215-2519	62-1471789	501(C)(3)	63,724.	0.	воок		ECONOMIC VITALITY

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Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule i (Form 990), Pa T	Irt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF THE TEXAS							
HILL COUNTRY - 241 GARRETT STREET							BUILDING COMMUNITY &
- KERRVILLE, TX 37215-2519	74-2225369	501(C)(3)	10,300.	0.	воок		ECONOMIC VITALITY
COMMUNITY HEALTH COUNCIL OF							
RUTHERFORD COUNTY - P.O. BOX 352 -							
RUTHERFORDTON, NC 28139	56-2198524	501(C)(3)	8,000.	0.	воок		PROMOTING QUALITY HEALTH
COMMUNITY HOUSING COALITION OF							
MADISON COUNTY - P.O. BOX 1166 -							BUILDING COMMUNITY &
MARSHALL, NC 28753	11-3660564	501(C)(3)	48,000.	0.	воок		ECONOMIC VITALITY
COMPASSION INTERNATIONAL							
12290 VOYAGER PARKWAY							
COLORADO SPRINGS, CO 80921	36-2423707	501(C)(3)	10,200.	0.	воок		RELIGION
CONGREGATION BETH HATEPHILA							
43 NORTH LIBERTY STREET							
ASHEVILLE, NC 28801	56-0611573	501(C)(3)	107,647.	0.	воок		RELIGION
CONGREGATION BETH ISRAEL							
229 MURDOCK AVENUE							
ASHEVILLE, NC 28804	56-1285187	501(C)(3)	5,402.	0.	воок		RELIGION
CONSERVATION TRUST FOR NORTH							
CAROLINA - P.O. BOX 33333 -							
RALEIGH, NC 27636	58-1552188	501(C)(3)	22,500.	0.	воок		ENHANCING THE ENVIRONMEN
CONSERVING CAROLINA							
847 CASE STREET							
HENDERSONVILLE, NC 28792	56-6449365	501(C)(3)	30,750.	0.	воок		ENHANCING THE ENVIRONMEN
CO-OPERATE WNC							
HUT TERRACE							BUILDING COMMUNITY &
BLACK MOUNTAIN, NC 28711	83-2502638	501(C)(3)	25,000.	0.	воок		ECONOMIC VITALITY

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOPERRIIS							
P.O. BOX 600							
MILLSPRING, NC 28756	56-2195372	501(C)(3)	20,500.	0.	воок		PROMOTING QUALITY HEALTH
CORPORATE ACCOUNTABILITY							
10 MILK STREET SUITE 610							BUILDING COMMUNITY &
BOSTON, MA 02108	41-1322686	501(C)(3)	10,000.	0.	воок		ECONOMIC VITALITY
COUNCIL ON AGING OF BUNCOMBE							
COUNTYINC 46 SHEFFIELD CIRCLE							
- ASHEVILLE, NC 28803	23-7410586	501(C)(3)	23,000.	0.	воок		ASSISTING PEOPLE IN NEED
COUNSELING AND PSYCHOTHERAPY			,				
CENTER OF HIGHLANDS - 348 SOUTH							
5TH STREET SUITE 204 - HIGHLANDS,							
NC 28741	45-4997760	501(C)(3)	19,500.	0.	воок		ASSISTING PEOPLE IN NEED
CRANBROOK EDUCATIONAL COMMUNITY,							
CRANBROOK ADVANCEMENT OFFICE -							
P.O. BOX 778761 - CHICAGO, IL							IMPROVING EDUCATIONAL
60677-8761	38-2015048	501(C)(3)	10,000.	0.	воок		OPPORTUNITIES
CROSSNORE SCHOOL & CHILDREN'S HOME							
P.O. BOX 249							
CROSSNORE, NC 28616	56-0567980	501(C)(3)	23,450.	0.	воок		PROMOTING QUALITY HEALTH
CULTURES EDGE							
5 CONSENSUS CIRCLE							
BLACK MOUNTAIN, NC 28711	56-1981809	501(C)(3)	15,000.	0.	воок		ENHANCING THE ENVIRONMENT
DANIEL BOONE COUNCIL-BOY SCOUTS OF							
AMERICA - 333 WEST HAYWOOD STREET							BUILDING COMMUNITY &
- ASHEVILLE, NC 28801	56-0529937	501(C)(3)	5,508.	0	BOOK		ECONOMIC VITALITY
ADREVIDUE, NC 20001	30-0323331	501(0)(3)	3,308.	0.	BOOK		ECONOMIC VITABILI
DAVIDSON COLLEGE							
P.O. BOX 7170	FC 050000	E01/G)/2)	12.000	•	D00#		IMPROVING EDUCATIONAL
DAVIDSON, NC 28035-7170	56-0529961	DOT(C)(3)	13,000.	0.	воок		OPPORTUNITIES

Schedule I (Form 990)

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAWSON-BOYD HIGH SCHOOL							
848 CHESTNUT STREET							IMPROVING EDUCATIONAL
DAWSON, MN 56232	41-6001874	501(C)(3)	6,000.	0.	воок		OPPORTUNITIES
DBA ASHEVILLE FM							
864 HAYWOOD ROAD							
ASHEVILLE, NC 28806	27-0454098	501(C)(3)	7,450.	0.	воок		ADVANCING THE ARTS
DBA BLUE RIDGE PUBLIC RADIO							
73 BROADWAY STREET							
ASHEVILLE, NC 28801-2919	58-1445328	501(C)(3)	42,930.	0.	BOOK		ADVANCING THE ARTS
				-			
DBA DONALD S. COLLINS EARLY							
LEARNING CENTER - P.O. BOX 835 -							IMPROVING EDUCATIONAL
BLACK MOUNTAIN, NC 28711	56-1257811	501(C)(3)	7,000.	0.	BOOK		OPPORTUNITIES
DBA FOUR SEASONS							
571 SOUTH ALLEN ROAD							
FLAT ROCK, NC 28731	56-1252665	501(C)(3)	25,000.	0.	воок		PROMOTING QUALITY HEALTH
DBA HIGHLANDS PLAYHOUSE							
P.O. BOX 896							
HIGHLANDS, NC 28741	56-6060841	501(C)(3)	10,830.	0.	воок		ADVANCING THE ARTS
DBA HOSPICE OF THE CAROLINA							
FOOTHILLS (HOCF) - P.O. BOX 336 -							
FOREST CITY, NC 28043	56-1337169	501(C)(3)	68,183.	0.	BOOK		PROMOTING QUALITY HEALTH
DDA UDIMAI AIDEDM GOULETMEED WATE							
DBA HPITAL ALBERT SCHWEITZER HAIT							
P.O. BOX 110091 PITTSBURGH, PA 15232	25-1017587	501(C)(3)	10,000.	0	воок		PROMOTING QUALITY HEALTH
11110DORGH, IA 19292	25 101/50/	501(0)(3)	10,000.	0.	DOOK		LIGHOTING QUALITY REALITY
DBA MY DADDY TAUGHT ME THAT							
27 KING ARTHUR PLACE							
ASHEVILLE, NC 28806	46-1815662	501(C)(3)	164,500.	0.	воок		ASSISTING PEOPLE IN NEED

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Doi			vernments (301)	T	T	Ι
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DBA THE LITERACY & LEARNING CENTER							
P.O. BOX 2320							IMPROVING EDUCATIONAL
HIGHLANDS, NC 28741	56-1883637	501(C)(3)	57,250.	0.	BOOK		OPPORTUNITIES
,			, -				
DBA THRIVE							
218 WEST ALLEN SUITE B							
HENDERSONVILLE, NC 28739	20-5599815	501(C)(3)	58,100.	0.	воок		PROMOTING QUALITY HEALTH
DBA WORTHAM CENTER FOR THE							
PERFORMING ARTS - 18 BILTMORE							
AVENUE - ASHEVILLE, NC 28801	31-1524883	501(C)(3)	60,495.	0.	BOOK		ADVANCING THE ARTS
DEEDELEID GUADIMADI E EGINDAMION							
DEERFIELD CHARITABLE FOUNDATION							
1617 HENDERSONVILLE ROAD ASHEVILLE, NC 28803	83-3913679	501/0\/3\	7 416	,	воок		ASSISTING PEOPLE IN NEED
DEERFIELD EPISCOPAL RETIREMENT	03 3313073	501(0/(5/	7,416.	· ·	BOOK		ASSISTING FEOTILE IN NEED
COMMUNITY, INC 1617							
HENDERSONVILLE ROAD - ASHEVILLE							
NC 28803	56-0614176	501(C)(3)	7,500.	0.	воок		ASSISTING PEOPLE IN NEED
			,				
DELTA HOUSE LIFE DEVELOPMENT OF							
ASHEVILLE - P.O. BOX 1672 -							BUILDING COMMUNITY &
ASHEVILLE, NC 28802	58-1562716	501(C)(3)	20,000.	0.	BOOK		ECONOMIC VITALITY
DEMOCRACY NORTH CAROLINA							
3000 AERIAL CENTER PARKWAY SUITE 16							BUILDING COMMUNITY &
MORRISVILLE, NC 27560	56-2271150	501(C)(3)	27,000.	0.	воок		ECONOMIC VITALITY
DEMOG AMMIN DEVELOPMENT							
DEMOS ATTN: DEVELOPMENT 80 BROAD STREET, SUITE 400							BUILDING COMMUNITY &
NEW YORK, NY 10004	13-4105066	501 (C) (3)	10,000.	_	воок		ECONOMIC VITALITY
15KK, NI 1000±	12 4102000	501(0)(3)	10,000.	0.	DOOR		ECONOMIC VITABILI
DIG IN! YANCEY COMMUNITY GARDEN							
P.O. BOX 1095							
BURNSVILLE, NC 28714	27-3078971	501(C)(3)	33,400.	0.	воок		ASSISTING PEOPLE IN NEED

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

(a) Name and address of	(I-) (EI)	(-) IDO ti	(-1) A	(-) A	(6) Martin and a 6	(a) December of	(1) D
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DILLARD UNIVERSITY, OFFICE OF							
DEVELOPMENT - 2601 GENTILLY							IMPROVING EDUCATIONAL
BOULEVARD - NEW ORLEANS, LA 70122	72-0408929	501(C)(3)	20,000.	0	BOOK		OPPORTUNITIES
BOODEVIND NEW ONLINES, EN 70122	72 0400323	301(0)(3)	20,000.	<u> </u>	BOOK		OTTORIONITIES
DIRECT RELIEF							
6100 WALLACE BECKNELL ROAD							
SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	6,000.	0.	воок		ASSISTING PEOPLE IN NEED
,			,,,,,,,				
DISCOVERY LAND COMPANY FOUNDATION							
257 NORTH CANON DRIVE, 3RD FLOOR							
BEVERLY HILLS, CA 90210	20-4420241	501(C)(3)	25,000.	0.	воок		ASSISTING PEOPLE IN NEED
DOCTORS WITHOUT BORDERS USA							
P.O. BOX 5030							
HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	61,250.	0.	воок		PROMOTING QUALITY HEALTH
DOGWOOD ALLIANCE							
P.O. BOX 7645							
ASHEVILLE, NC 28802	56-2139120	501(C)(3)	5,250.	0.	воок		ENHANCING THE ENVIRONMEN
DUKE UNIVERSITY-GIFTS RECORDS							
P.O. BOX 90581							IMPROVING EDUCATIONAL
DURHAM, NC 27708-0581	56-0532129	501(C)(3)	15,091.	0.	BOOK		OPPORTUNITIES
707 717							
E2D, INC.							TANDONING EDWARDONI
P.O. BOX 1299	46 5000550	504 (5) (0)	10.000				IMPROVING EDUCATIONAL
DAVIDSON, NC 28036	46-5008759	501(C)(3)	10,000.	0.	воок		OPPORTUNITIES
EXCLE MYDREW CMDEEMS DESIGNOPHEN							
EAGLE MARKET STREETS DEVELOPMENT							DIITI DING GOMMINITMY C
CORPORATION - 70 SOUTH MARKET	EO 214000F	E01/G\/3\	17 000	^	BOOK		BUILDING COMMUNITY &
STREET - ASHEVILLE, NC 28801	58-2140995	DUI(C)(3)	17,000.	0.	воок		ECONOMIC VITALITY
ECO-INSTITUTE AT PICKARDS MOUNTAIN							
8519 PICKARDS MEADOW ROAD							
OOTO LICKUMDO MINOM MOUD			1			1	

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATIONAL FOUNDATION P.O. BOX 2446 CHAPEL HILL, NC 27515-2446	56-6058412	501(C)(3)	26,450.	0.	воок		IMPROVING EDUCATIONAL
ELEVATION WORLDWIDE FOUNDATION 3115 WEST WALLEN AVENUE CHICAGO, IL 60645	30-1126212	501(C)(3)	16,850.	0.	воок		RELIGION
ELIADA HOMESINC. P.O. BOX 16708 ASHEVILLE, NC 28816	56-0611587	501(C)(3)	59,703.	0.	воок		ASSISTING PEOPLE IN NEED
ENKA HIGH SCHOOL 475 ENKA LAKE ROAD CANDLER, NC 28715	56-6000994	501(C)(3)	9,564.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
ENVIRONMENTAL QUALITY INSTITUTE 29 N MARKET SUITE 610 ASHEVILLE, NC 28801	27-1487941	501(C)(3)	45,500.	0.	воок		ENHANCING THE ENVIRONMENT
EPISCOPAL CHURCH OF THE HOLY SPIRIT - P.O. BOX 956 - MARS HILL, NC 28754	56-1682351	501(C)(3)	15,725.	0.	воок		RELIGION
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	5,200.	0.	воок		ASSISTING PEOPLE IN NEED
ERLANGER WESTERN CAROLINA HOSPITAL 3990 E US HIGHWAY 64 ALT MURPHY, NC 28906	56-1844262	501(C)(3)	50,000.	0.	воок		PROMOTING QUALITY HEALTH
EVERGREEN COMMUNITY CHARTER SCHOOL 50 BELL ROAD ASHEVILLE, NC 28805	56-2094405	501(C)(3)	5,250.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

Organization or government fi applicable cash grant noncash assistance cash grant noncash assistance noncash								
COUNTY, INC P.O. BOX 1619 - FOREST CITY, INC 20043 56-1330781 501(C)(3) 15,000. 0.800K ASSISTING PROPILE IN NEE FEED-A-CHILD WINCHING. 151 LAUREL HEIGHTS DRIVE BURNSVILLE, INC 28714 81-2416820 501(C)(3) 12,500. 0.800K ASSISTING PROPILE IN NEE FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - P.O. BOX 3211 - ASHEVILLE, INC 28802 56-6045945 501(C)(3) 10,000. 0.800K RELIGION FIRST PRESENTERIAN CHURCH 40 CHURCH STREET ASHEVILLE, INC 28801-3390 56-0529968 501(C)(3) 25,200. 0.800K RELIGION FIRST PRESENTERIAN CHURCH OF BELLEVUE WAY INC - BELLEVUE, WA 99104 91-0690267 501(C)(3) 13,200. 0.800K RELIGION FIRST PRESENTERIAN CHURCH OF WINTLE BEACH, -P.O. BOX 70127 - MYRTLE BEACH, -P.O. BOX 70127 - MYRTLE BEACH, -P.O. BOX 70127 - WINTLE BEACH, -P.O. BOX 38 - WAYNESVILLE, INC 28786 56-0728628 501(C)(3) 27,200. 0.800K RELIGION FIRST UNITED METHODIST CHURCH OF WAYNESVILLE - P.O. BOX 38 - WAYNESVILLE, INC 28786 56-0728628 501(C)(3) 27,200. 0.800K RELIGION FIRST WINTED METHODIST CHURCH OF WAYNESVILLE - P.O. BOX 38 - WAYNESVILLE, INC 28786 56-0728628 501(C)(3) 14,500. 0.800K RELIGION FIRST WINTED METHODIST CHURCH OF WAYNESVILLE - P.O. BOX 38 - WAYNESVILLE, INC 28786 56-0728628 501(C)(3) 27,200. 0.800K RELIGION FIRST WINTED METHODIST CHURCH OF WAYNESVILLE - P.O. BOX 38 - WAYNESVILLE, INC 28786 56-0728628 501(C)(3) 27,200. 0.800K RELIGION FIRST WINTED METHODIST CHURCH OF WAYNESVILLE - P.O. BOX 38 - WAYNESVILLE - P.O. BOX		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTY, INC P.O. BOX 1619 - FOREST CITY, INC 20043 56-1330781 501(C)(3) 15,000. 0.800K ASSISTING PEOPLE IN NEE FEED-A-CHILD WINCHING. 151 LAUREL HEIGHTS DRIVE BURNSVILLE, NC 28714 81-2416820 501(C)(3) 12,500. 0.800K ASSISTING PEOPLE IN NEE FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - P.O. BOX 3211 - ASHEVILLE, NC 28802 56-6045945 501(C)(3) 10,000. 0.800K RELIGION FIRST PRESENTERIAN CHURCH 40 CHURCH STREET ASHEVILLE, NC 28803 3390 56-0529968 501(C)(3) 25,200. 0.800K RELIGION FIRST PRESENTERIAN CHURCH OF BELLEVUE WAY NE - BELLEVUE, WA 99004 91-0690267 501(C)(3) 13,200. 0.800K RELIGION FIRST PRESENTERIAN CHURCH OF WIRTLE BEACH - P.O. BOX 70127 - WIRTLE BEACH - P.O. BOX 70127 - WIRTLE BEACH - P.O. BOX 38 - WAYNESVILLE, NC 28786 56-0728628 501(C)(3) 27,200. 0.800K RELIGION FIRST UNITED METHODIST CHURCH OF WAYNESVILLE - P.O. BOX 38 - WAYNESVILLE, NC 28786 56-0728628 501(C)(3) 14,500. 0.800K RELIGION FIRST AND LOAVES FOOD PANTRY P.O. BOX 865 CASHIERS, NC 28717 26-3516849 501(C)(3) 14,500. 0.800K ASSISTING PEOPLE IN NEE FONTAMA REGIONAL LIBRARY 33 FRYEMUNT STREET LIBRARY 34 FRYEMUNT STREET LIBROVING EDUCATIONAL	EVWILL A DECVLIDATE OF DILLEGED FORD							
FOREST CTTY, NC 28043 56-1330781 501(C)(3) 15,000. 0.800K ASSISTING PROPLE IN NEE FEED-A-CHILD WNCINC. 151 LAUREL HRIGHTS DRIVE BURNSVILLE, NC 28714 81-2416820 501(C)(3) 12,500. 0.800K ASSISTING PROPLE IN NEE FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - P.O. BOX 3211 - ASHEVILLE, NC 28802 56-6045945 501(C)(3) 10,000. 0.800K RELIGION FIRST PRESBYTERIAN CHURCH 40 CHURCH STREET ASHEVILLE, NC 28801-3390 56-0529968 501(C)(3) 25,200. 0.800K RELIGION FIRST PRESBYTERIAN CHURCH OF BELLEVUE WAY NE BELLEVUE, WA 98004 91-0690267 501(C)(3) 13,200. 0.800K RELIGION FIRST PRESBYTERIAN CHURCH OF MAYNER BEACH - P.O. BOX 70127 - MAYNERSVILLE - P.O. BOX 70127 - MAYNERSVILLE - P.O. BOX 38 -								
PEED-A-CHILD WNCINC. 151 LAUREL HEIGHTS DRIVE BURNSVILLE, NC 28714 81-2416820 501(C)(3) 12,500. 0.BOOK ASSISTING PEOPLE IN NEE PIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - P.O. BOX 3211 - ASHEVILLE, NC 28802 56-6045945 501(C)(3) 10,000. 0.BOOK RELIGION PIRST PRESEPTERIAN CHURCH 40 CHURCH STREET ASHEVILLE, NC 28801-3390 56-0529968 501(C)(3) 25,200. 0.BOOK RELIGION RELIGION RELIGION PIRST PRESEPTERIAN CHURCH OF BELLEVUE WAY NE - BELLEVUE, WA 98004 91-0690267 501(C)(3) 13,200. 0.BOOK RELIGION PIRST PRESEPTERIAN CHURCH OF MATTLE BEACH, P.O., BOX 70127 MYRTLE BEACH, P.O., BOX 70127 MYRTLE BEACH, P.O., BOX 38 - WAYNESVILLE, NC 28786 56-0728628 501(C)(3) 27,200. 0.BOOK RELIGION PIRST PRESEPTERIAN CHURCH OF MAYNESVILLE, NC 28786 56-0728628 501(C)(3) 27,200. 0.BOOK RELIGION RELIGION PIRST PRESEPTERIAN CHURCH OF MAYNESVILLE, NC 28786 56-0728628 501(C)(3) 27,200. 0.BOOK RELIGION RELIGION MAYNESVILLE, NC 28786 FOR 7886	•	56_1330781	501(C)(3)	15 000	0	BOOK		ASSISTING DEODLE IN NEED
151 LAUREL HEIGHTS DRIVE BURNSVILLE, NC 28714 81-2416820 501(C)(3) 12,500. 0.800K ASSISTING PEOPLE IN NEE FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - P.O. BOX 3211 - ASHEVILLE, NC 28802 56-6045945 501(C)(3) 10,000. 0.800K RELIGION FIRST PRESENTERIAN CHURCH 40 CHURCH SYREET ASHEVILLE, NC 28801-3390 56-0529968 501(C)(3) 25,200. 0.800K RELIGION FIRST PRESENTERIAN CHURCH OF BELLEVUE ATVN. FINANCE - 1717 BELLEVUE WAY NE - BELLEVUE, WA 98004 91-0690267 501(C)(3) 13,200. 0.800K RELIGION FIRST PRESENTERIAN CHURCH OF MAYNESVILLE P.O. BOX 70127 - MYRTLE BEACH, SC 25972-0127 57-0428167 501(C)(3) 6,100. 0.800K RELIGION FIRST UNITED METHODIST CHURCH OF MAYNESVILLE - P.O. BOX 388 - MAYNESVILLE - P.O. BOX 388	FOREST CITT, NC 20043	30 1330701	501(0)(3)	13,000.	0.	BOOK		ADDIDITING FEOTILE IN NEED
151 LAUREL HEIGHTS DRIVE BURNSVILLE, NC 28714 81-2416820 501(C)(3) 12,500. 0.800K ASSISTING PEOPLE IN NEE FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - P.O. BOX 3211 - ASHEVILLE, NC 28802 56-6045945 501(C)(3) 10,000. 0.800K RELIGION FIRST PRESENTERIAN CHURCH 40 CHURCH SYREET ASHEVILLE, NC 28801-3390 56-0529968 501(C)(3) 25,200. 0.800K RELIGION FIRST PRESENTERIAN CHURCH OF BELLEVUE ATVN. FINANCE - 1717 BELLEVUE WAY NE - BELLEVUE, WA 98004 91-0690267 501(C)(3) 13,200. 0.800K RELIGION FIRST PRESENTERIAN CHURCH OF MAYNESVILLE P.O. BOX 70127 - MYRTLE BEACH, SC 25972-0127 57-0428167 501(C)(3) 6,100. 0.800K RELIGION FIRST UNITED METHODIST CHURCH OF MAYNESVILLE - P.O. BOX 388 - MAYNESVILLE - P.O. BOX 388	FEED-A-CHILD WNCINC.							
### BURNSVILLE, NC 28714								
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST - P.O. BOX 3211 - ASHEVILLE, NC 28802 56-6045945 501(C)(3) 10,000. 0. BOOK RELIGION FIRST PRESBYTERIAN CHURCH 40 CHURCH STREET ASHEVILLE, NC 28801-3390 56-0529968 501(C)(3) 25,200. 0. BOOK RELIGION FIRST PRESBYTERIAN CHURCH OF BELLEVUE AYIN: FINANCE - 1717 BELLEVUE WAY NE - BELLEVUE, WA 99-0690267 501(C)(3) 13,200. 0. BOOK RELIGION FIRST PRESBYTERIAN CHURCH OF MURTLE BEACH - P.O. BOX 70127 - MURTLE BEACH - P.O. BOX 70127 - MURTLE BEACH, SC 25972-0127 57-0428167 501(C)(3) 6,100. 0. BOOK RELIGION FIRST UNITED METHODIST CHURCH OF MUNTRESVILLE, NC 28766 56-0728628 501(C)(3) 27,200. 0. BOOK RELIGION FISHES AND LOAVES FOOD PANTRY P.O. BOX 365 CASHIERS, NC 28717 26-3516849 501(C)(3) 14,500. 0. BOOK ASSISTING PEOPLE IN NEE FOOTAMAR REGIONAL LIBRARY 33 FRYEMONT STREET IMPROVING EDUCATIONAL		81-2416820	501(C)(3)	12 500	0	BOOK		ASSISTING PEOPLE IN NEED
OF CHRIST - P.O. BOX 3211 - ASHEVILLE, NC 28802 56-6045945 501(C)(3) 10,000. 0. BOOK RELIGION FIRST PRESBYTERIAN CHURCH 40 CHURCH STREET A0 CHURCH OF BELLEVUE ANTH: FINANCE - 1717 BELLEVUE WAY NE - BELLEVUE, WA 98004 91-0690267 501(C)(3) 13,200. 0. BOOK RELIGION FIRST PRESBYTERIAN CHURCH OF MYRILE BEACH - P.O. BOX 70127 - MYRILE BEACH, SC 25972-0127 57-0428167 501(C)(3) 6,100. 0. BOOK RELIGION FIRST UNITED METHODIST CHURCH OF WAYNESVILLE - P.O. BOX 38 - WAYNESVILLE - P.O. BOX 38 - WAYNESVILLE - P.O. BOX 38 - SECONDARY OF SECON	BORREYTHEE, He BOYTT	01 2110020	501(0)(3)	12,500.	•••	Door		INDIENTAL PROPERTY IN NEED
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33 FRYEMONT STREET	FONTANA REGIONAL LIBRARY							
								IMPROVING EDUCATIONAL
DECIDING COLO 1 DE DUULTOU DU LO	BRYSON CITY, NC 28713	56-6001950	501(C)(3)	9,000.	n	воок		OPPORTUNITIES

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD CONNECTIONING.							
P.O. BOX 8324							
ASHEVILLE, NC 28814	81-4190128	501(C)(3)	12,966.	0.	воок		ASSISTING PEOPLE IN NEED
FOOTHILLS CONSERVANCY OF NORTH CAROLINAINC P.O. BOX 3023 -	55 404500						
MORGANTON, NC 28680	56-1947390	501(C)(3)	353,243.	0.	BOOK		ENHANCING THE ENVIRONMENT
FOUR SEASONS COMPASSION FOR LIFE FOUNDATION - 221 NORTH MAIN STREET - HENDERSONVILLE, NC 28792	47-5508988	501(C)(3)	52,949.	0.	воок		PROMOTING QUALITY HEALTH
FREE WILL BAPTIST FAMILY MINISTRIES - 90 STANLEY LANE - GREENEVILLE, TN 37743	62-0515535	501(C)(3)	7,000.	0.	воок		RELIGION
FRIENDS OF JCC KRAKOW 74 LAFAYETTE AVENUE, SUITE 101 SUFFERN, NY 10901	46-5714234	501(C)(3)	10,000.	0.	воок		RELIGION
FRIENDS OF PANTHERTOWN P.O. BOX 51 CASHIERS, NC 28717	27-3758868	501(C)(3)	27,500.	0.	воок		ENHANCING THE ENVIRONMENT
FRIENDS OF THE ALBERT CARLTON - CASHIERS COMMUNITY LIBRARY - P.O. BOX 2628 - CASHIERS, NC 28717	58-2190405	501(C)(3)	19,500.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
FRIENDS OF THE HAYWOOD COUNTY PUBLIC LIBRARYINC 678 SOUTH HAYWOOD STREET - WAYNESVILLE, NC 28786	23-7124324	501(C)(3)	33,066.	0.	воок		IMPROVING EDUCATIONAL
GARDNER-WEBB UNIVERSITY P.O. BOX 997 BOILING SPRINGS, NC 28017	56-0529972		12,320.		воок		IMPROVING EDUCATIONAL OPPORTUNITIES

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	ledule i (Form 990), Pa	ırt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA TECH FOUNDATION, INC.							
760 SPRING ST NW, SUITE 400							IMPROVING EDUCATIONAL
ATLANTA, GA 30308	58-6043294	501(C)(3)	100,000.	0.	воок		OPPORTUNITIES
GETTING BACK TO THE BASICS							
P.O. BOX 15298							IMPROVING EDUCATIONAL
ASHEVILLE, NC 28813	33-1197792	501(C)(3)	30,000.	0.	BOOK		OPPORTUNITIES
GIVENS ESTATESINC.							
2360 SWEETEN CREEK ROAD							
ASHEVILLE, NC 28803	51-0199312	501(C)(3)	35,664.	0.	воок		ASSISTING PEOPLE IN NEED
GIVENS HIGHLAND FARMS							
200 TABERNACLE ROAD							
BLACK MOUNTAIN, NC 28711	51-0199312	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
GIVING SPOON							
P.O. BOX 1783							
BRYSON CITY, NC 28713	30-1140746	501(C)(3)	6,500.	0.	воок		ASSISTING PEOPLE IN NEED
			,				
GLENVILLE-CASHIERS RESCUE SQUAD							
P.O. BOX 919							
CASHIERS, NC 28717	56-1371972	501(C)(3)	10,200.	0.	воок		ASSISTING PEOPLE IN NEED
GLOBAL EXCHANGE							
1446 MARKET STREET							BUILDING COMMUNITY &
SAN FRANCISCO, CA 94102	94-3066686	501(C)(3)	6,000.	0	воок		ECONOMIC VITALITY
Immerses, on sire	31 300000	301(0)(3)	,,,,,,	•	- DOOK		LCONOMIC VIIIDIII
GLOBAL FUND FOR WOMEN ATTN:							
CONTRIBUTIONS OFFICE - P.O. BOX							
97309 - WASHINGTON, DC 20090-7309	77-0155782	501(C)(3)	7,500.	0.	воок		ASSISTING PEOPLE IN NEED
GRACE COMMUNITY CHURCH OF MCDOWELL							
COUNTY - 495 CARDINAL ROAD - MILLS							
RIVER, NC 28759	56-1747891	501(C)(3)	30,000.	0.	BOOK		RELIGION

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

Part II Continuation of Grants and Other	ASSISTANCE TO DO	mestic Organizations	dia Domestic de	Verninents (CON	1000,10	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE COVENANT PRESBYTERIAN CHURCH							
789 MERRIMON AVENUE							
ASHEVILLE, NC 28804	56-0588479	501(C)(3)	101,690.	0.	воок		 RELIGION
,			, -				
GRACEFUL WARRIOR PROJECT							
20861 BALGAIR CIRCLE							BUILDING COMMUNITY &
HUNTINGTON, CA 92646	83-2895264	501(C)(3)	20,000.	0.	воок		ECONOMIC VITALITY
GRAHAMTOWN TEAM							
P.O. BOX 1941							BUILDING COMMUNITY &
FOREST CITY, NC 28043	27-1401392	501(C)(3)	10,000.	0.	воок		ECONOMIC VITALITY
GRANDFATHER MOUTAIN STEWARDSHIP							
FOUNDATION - P.O. BOX 1299 -							
LINVILLE, NC 28646	26-4812778	501(C)(3)	5,500.	,	ВООК		ENHANCING THE ENVIRONMEN
EINVIELE, No Louis	20 1012//0	301(0)(3)	3,300.	•	book		
GRASSROOTS INTERNATIONAL							
179 BOYLSTON STREET 4TH FLOOR							BUILDING COMMUNITY &
BOSTON, MA 02116	04-2791159	501(C)(3)	9,000.	0.	воок		ECONOMIC VITALITY
GREAT SMOKY MOUNTAINS INSTITUTE AT							
TREMONT - 9275 TREMONT ROAD -							
TOWNSEND, TN 37882	62-1833479	501(C)(3)	8,000.	0.	воок		ENHANCING THE ENVIRONMEN
GREAT TREE ZEN WOMEN'S TEMPLE							
679 LOWER FLAT CREEK ROAD	41-2029886	E01/G\/2\	45.000		DOOM		DEL TOTON
ALEXANDER, NC 28701	41-2029886	501(C)(3)	45,000.	٠.	BOOK		RELIGION
GREEN BUILT ALLIANCE							
P.O. BOX 2594							
ASHEVILLE, NC 28802	56-2225428	501(C)(3)	10,000.	0.	воок		ENHANCING THE ENVIRONMEN
7		,,					
GREEN RIVER PRESERVE							
301 GREEN RIVER ROAD							
CEDAR MOUNTAIN, NC 28718	56-1554526	501(C)(3)	10,000.	0.	воок		ENHANCING THE ENVIRONMEN

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENEVILLE EMERGENCY AND RESCUE SQUAD - 602 WEST CHURCH STREET - GREENEVILLE, TN 37745	62-6046696	501(C)(3)	10,000.	0.	воок		ASSISTING PEOPLE IN NEED
HAMPTON SCHOOL P.O. BOX 569 CASHIERS, NC 28717	56-1211826	501(C)(3)	30,500.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
HARRIS MIDDLE SCHOOL 121 HARRIS ST SPRUCE PINE, NC 28777	56-6001075	501(C)(3)	12,000.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
HAW CREEK COMMUNITY ASSOCIATION P.O. BOX 9193 ASHEVILLE, NC 28815	56-1458367	501(C)(3)	13,000.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
HAYWOOD ARTS REGIONAL THEATRE (HART) - P.O. BOX 1024 - WAYNESVILLE, NC 28786	58-1652524	501(C)(3)	5,500.	0.	воок		ADVANCING THE ARTS
HAYWOOD CHRISTIAN MINISTRY, INC. 150 BRANNER AVENUE WAYNESVILLE, NC 28786	56-1389676	501(C)(3)	7,500.	0.	воок		ASSISTING PEOPLE IN NEED
HAYWOOD COMMUNITY COLLEGE FOUNDATION - 185 FREEDLANDER DRIVE - CLYDE, NC 28721	51-0172736	501(C)(3)	5,510.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
HAYWOOD COUNTY SCHOOLS FOUNDATION 1230 NORTH MAIN STREET WAYNESVILLE, NC 28786	56-1529355	501(C)(3)	25,160.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
HAYWOOD PATHWAYS CENTER 179 HEMLOCK STREET WAYNESVILLE, NC 28786	47-2608669	501(C)(3)	17,500.	0.	воок		ASSISTING PEOPLE IN NEED

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAYWOOD STREET CONGREGATION P.O. BOX 2982 ASHEVILLE, NC 28802	45-5301549	501(C)(3)	34,510.	0.	воок		ASSISTING PEOPLE IN NEED
HAYWOOD WATERWAYS ASSOCIATIONINC. P.O. BOX 389 WAYNESVILLE, NC 28786	56-2108874	501(C)(3)	103,161.	0.	воок		ENHANCING THE ENVIRONMENT
HEART OF HORSE SENSE 7041 MEADOWS TOWN ROAD MARSHALL, NC 28753	46-4984188	501(C)(3)	32,000.	0.	воок		ASSISTING PEOPLE IN NEED
HEART TO HEART INTERNATIONAL P.O. BOX 15566 LENEXA, KS 66285	48-1108359	501(C)(3)	6,000.	0.	воок		PROMOTING QUALITY HEALTH
HEARTS FOR HEAVEN, INC P.O. BOX 44022 COLUMBUS, OH 43204	75-2448778	501(C)(3)	7,500.	0.	воок		RELIGION
HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	12,000.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
HELPING AT RISK KIDS P.O. BOX 8283 ASHEVILLE, NC 28814	56-1754255	501(C)(3)	50,500.	0.	воок		ASSISTING PEOPLE IN NEED
HELPING HANDS CLINIC 810 HARPER AVENUE NW LENOIR, NC 28645	56-2076541	501(C)(3)	10,000.	0.	воок		ASSISTING PEOPLE IN NEED
HELPMATE P.O. BOX 2263 ASHEVILLE, NC 28802	56-1276293	501(C)(3)	82,550.	0.	воок		ASSISTING PEOPLE IN NEED

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	- Lagor
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENDERSON COUNTY HABITAT FOR HUMANITY - 1111 KEITH STREET - HENDERSONVILLE, NC 28792	56-1642263	501(C)(3)	23,000.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
HIGH COUNTRY CAREGIVER FOUNDATION P.O. BOX 3356 BOONE, NC 28607	20-4819289	501(C)(3)	13,000.	0.	воок		ASSISTING PEOPLE IN NEED
HIGHLANDER RESEARCH AND EDUCATION CENTER - 1959 HIGHLANDS WAY - NEW MARKET, TN 37820	62-0646373	501(C)(3)	6,000.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
HIGHLANDS BIOLOGICAL FOUNDATION P.O. BOX 580 HIGHLANDS, NC 28741	56-0634513	501(C)(3)	6,250.	0.	воок		ENHANCING THE ENVIRONMENT
HIGHLANDS CASHIERS PLAYERS P.O. BOX 1416 HIGHLANDS, NC 28741	56-1934576	501(c)(3)	6,900.	0.	воок		ADVANCING THE ARTS
HIGHLANDS COMMUNITY CHILD DEVELOPMENT CENTER - P.O. BOX 648 - HIGHLANDS, NC 28741	47-0891422	501(C)(3)	27,750.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
HIGHLANDS EMERGENCY COUNCIL P.O. BOX 974 HIGHLANDS, NC 28741	56-1396460	501(C)(3)	32,500.	0.	воок		ASSISTING PEOPLE IN NEED
HIGHLANDS HISTORICAL PRESERVATION SOCIETY - P.O. BOX 670 - HIGHLANDS, NC 28741	56-1242178	501(C)(3)	6,000.	0.	воок		ADVANCING THE ARTS
HIGHLANDS-CASHIERS CENTER FOR LIFE ENRICHMENT - P.O. BOX 2046 - HIGHLANDS, NC 28741	56-1894761	501(c)(3)	16,500.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	rugo
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLANDS-CASHIERS CHAMBER MUSIC							
FESTIVAL - P.O. BOX 1702 -							
HIGHLANDS, NC 28741	56-1376891	501(C)(3)	11,000.	0	воок		ADVANCING THE ARTS
HIGHLANDS-CASHIERS LAND TRUSTINC.							
P.O. BOX 1703							
HIGHLANDS, NC 28741	56-1216642	501(C)(3)	36,500.	0.	воок		ENHANCING THE ENVIRONMENT
HIGHTSINCORPORATED							
P.O. BOX 865							IMPROVING EDUCATIONAL
CULLOWHEE, NC 28723	26-1566023	501(C)(3)	30,368.	0.	воок		OPPORTUNITIES
HILLSDALE COLLEGE							
33 E. COLLEGE STREET	20 1254020	501 (6) (2)			D007		IMPROVING EDUCATIONAL
HILLSDALE, MI 49242	38-1374230	501(C)(3)	7,500.	0.	BOOK		OPPORTUNITIES
HINTON RURAL LIFE CENTER							
P.O. BOX 27							
HAYESVILLE, NC 28904	56-0842073	501(C)(3)	10,000.	0	воок		 RELIGION
	00 0012070	001(0)(0)	20,000.	•			
HISTORIC PRESERVATION FOUNDATION							
OF NC - P.O. BOX 27644 - RALEIGH,							
NC 27611-7644	56-1145386	501(C)(3)	5,600.	0.	воок		ADVANCING THE ARTS
HOLA CAROLINA							
P.O. BOX 5146							
ASHEVILLE, NC 28813	82-2943079	501(C)(3)	20,000.	0.	BOOK		PROMOTING QUALITY HEALTH
HOMEWARD BOUND OF WNC							
P.O. BOX 1166				_			
ASHEVILLE, NC 28802	56-1568917	501(C)(3)	408,755.	0.	воок		ASSISTING PEOPLE IN NEED
HODE GENMED OF DIMHEDEODD GOINGW							
HOPE CENTER OF RUTHERFORD COUNTY 1071 SOUTH BROADWAY STREET							
FOREST CITY, NC 28043	47-5633037	501(C)(3)	7,670.		воок		ASSISTING PEOPLE IN NEED
TORIDI CIII, NC 20045	1 =1 2022027	001(0)(0)	1,070.	L	POOR		FIGURE IN MEED

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE CHEST FOR WOMEN							
P.O. BOX 5294							
ASHEVILLE, NC 28813	33-1033038	501(C)(3)	15,750.	0.	воок		PROMOTING QUALITY HEALTH
HOPE FOR ABUSE VICTIMS THROUGH			,				-
EDUCATION AND NURTURING (HAVEN) -							
4297 EAST US 64 ALTERNATE -							
MURPHY, NC 28906	20-3751252	501(C)(3)	6,950.	0.	воок		ASSISTING PEOPLE IN NEED
HOPE FOR HORSES							
160 N. MAIN STREET SUITE 2							
WAYNESVILLE, NC 28786	56-2160232	501(C)(3)	11,858.	0.	воок		ANIMAL WELFARE
			,				
HOSPICE AND PALLIATIVE CARE OF THE							
BLUE RIDGE - 236 HOSPITAL DRIVE							
- SPRUCE PINE, NC 28777	58-1665803	501(C)(3)	80,792.	0.	воок		PROMOTING QUALITY HEALTH
HOSPICE HOUSE FOUNDATION OF WNC,							
INC P.O. BOX 815 - FRANKLIN, NC							
28744	81-0677399	501(C)(3)	44,500.	0.	воок		PROMOTING QUALITY HEALTH
UID CIMY WIDINEDS DROIESM							
HUB CITY WRITERS PROJECT 186 WEST MAIN STREET							
SPARTANBURG, SC 29306	57-1059259	501(C)(3)	10,500.	0	воок		ADVANCING THE ARTS
BIAKIANDORG, BC 25500	37 1033233	501(0/(3/	10,300.	0.	BOOK		ADVANCING THE ARTS
HUDSON LIBRARY OF HIGHLANDS							
P.O. BOX 430							IMPROVING EDUCATIONAL
HIGHLANDS, NC 28741	56-0726883	501(C)(3)	11,250.	0.	воок		OPPORTUNITIES
•			,	-			
IFB SOLUTIONS, ASHEVILLE DIVISION							
240 SARDIS ROAD							
ASHEVILLE, NC 28806	56-6001467	501(C)(3)	21,290.	0.	воок		ASSISTING PEOPLE IN NEED
IMAGE PROJECT							
408 ELMHURST LANE	F4 004000	501/61/21	2- 22-	_	D. O. V.		DD01/07/1/2 01/1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
PORTSMOUTH, VA 23701	54-0943836	pnT(C)(3)	35,000.	0.	воок		PROMOTING QUALITY HEALTH

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMAGINE NORTH CAROLINA FIRST							
P.O. BOX 428							BUILDING COMMUNITY &
RALEIGH, NC 27602	46-4006055	501(C)(3)	52,500.	0.	воок		ECONOMIC VITALITY
IMMACULATE CONCEPTION CATHOLIC							
CHURCH - 611 NORTH CHURCH STREET							
SUITE 101 - HENDERSONVILLE, NC							
28792	56-0619353	501(C)(3)	50,000.	0.	воок		RELIGION
INSTITUTE FOR PREVENTIVE							
HEALTHCARE AND ADVOCACY - 43 MCGEE							
HILL ROAD - FAIRVIEW, NC 28730	85-0804230	501(C)(3)	15,000.	0.	воок		PROMOTING QUALITY HEALTH
INSTITUTE FOR RESPONSIBLE							
TECHNOLOGY - P.O. BOX 469 -							
FAIRFIELD, IA 52556	90-0607450	501(C)(3)	10,000.	0.	воок		ENHANCING THE ENVIRONMENT
INSTITUTE FOR SOUTHERN STUDIES							
P.O. BOX 531	50 4000440	504 (5) (0)					L
DURHAM, NC 27702	58-1090440	501(C)(3)	13,000.	0.	BOOK		ADVANCING THE ARTS
INTERFAITH ASSISTANCE MINISTRY							
P.O. BOX 2562							
HENDERSONVILLE, NC 28793	58-1556963	501(C)(3)	15,000.	0.	воок		ASSISTING PEOPLE IN NEED
,			, , , , , ,				
INTERNATIONAL FRIENDSHIP CENTER							
348 SOUTH FIFTH STREET							BUILDING COMMUNITY &
HIGHLANDS, NC 28741	56-2303345	501(C)(3)	56,500.	0.	воок		ECONOMIC VITALITY
INTERNATIONAL RESCUE COMMITTEE							
P.O. BOX 6068				_			BUILDING COMMUNITY &
ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	79,198.	0.	воок		ECONOMIC VITALITY
INTO THE WILD							
133 DOVER DRIVE							
KING, NC 27021	86-1899760	501(C)(3)	10,000.	0.	воок		PROMOTING QUALITY HEALTH
•		<u> </u>		<u> </u>	1	l	0-11-1-1/5000\

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISAAC HOMES YOUTH SHELTER P.O. BOX 265 PISGAH FOREST, NC 28768	82-1909926	501(C)(3)	7,000.	0.	воок		ASSISTING PEOPLE IN NEED
JAM BLUE RIDGE P.O. BOX 681 CASHIERS, NC 28717	84-4721133	501(C)(3)	22,000.	0.	воок		ADVANCING THE ARTS
JEWISH COMMUNITY CENTER OF ASHEVILLEINC 236 CHARLOTTE STREET - ASHEVILLE, NC 28801	56-0529951	501(C)(3)	12,254.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
JEWISH FAMILY SERVICES OF WNC 53 SOUTH FRENCH BROAD AVENUE SUITE ASHEVILLE, NC 28801	45-2497063	501(C)(3)	30,752.	0.	воок		ASSISTING PEOPLE IN NEED
JEWISH FEDERATION OF GREATER ATLANTA - 1440 SPRING STREET NW - ATLANTA, GA 30309	58-1021791	501(C)(3)	5,500.	0.	воок		RELIGION
JEWISH KID GROUPS FOUNDATION 675 PONCE DE LEON AVENUE NE, #8500, OFFICE #85 - ATLANTA, GA 30308	80-0785628	501(C)(3)	5,500.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
JOHN C. CAMPBELL FOLK SCHOOL ONE FOLK SCHOOL ROAD BRASSTOWN, NC 28902	56-0552780	501(C)(3)	6,100.	0.	воок		ADVANCING THE ARTS
JORDAN PEER RECOVERY 11 JOSHUA TRAIL CANDLER, NC 28715	84-2396823	501(C)(3)	25,000.	0.	воок		PROMOTING QUALITY HEALTH
JUPITER MEDICAL CENTER FOUNDATION 1210 SOUTH OLD DIXIE HIGHWAY JUPITER, FL 33458	65-0132406	501(C)(3)	12,000.	0.	воок		PROMOTING QUALITY HEALTH

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Part II Continuation of Grants and Other A				,		<u> </u>	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KARE (KIDS ADVOCACY RESOURCE							
EFFORT) - P.O. BOX 1392 -							
WAYNESVILLE, NC 28786-1392	58-1983449	501(C)(3)	27,418.	0.	воок		ASSISTING PEOPLE IN NEED
,							
KEY WEST TRACK AND FIELD CLUB							
714 SOUTHARD STREET							
KEY WEST, FL 33040	82-5120106	501(C)(3)	10,000.	0.	воок		PROMOTING QUALITY HEALTH
KIWANIS CLUB OF WAYNESVILLE							
CHARITABLE - P.O. BOX 815 -				_			BUILDING COMMUNITY &
WAYNESVILLE, NC 28786	02-0615497	501(C)(3)	7,500.	0.	воок		ECONOMIC VITALITY
KONTAKTMISSION USA							
P.O. BOX 825							
HUMBOLDT, TN 38343-0825	86-0983324	501 (C) (3)	6,000.	0	воок		RELIGION
monded in the second second	00 0303321	301(0)(3)	0,000.		Book		
LAKE TOXAWAY CHARITIES							
P.O. BOX 163							
LAKE TOXAWAY, NC 28747	56-1882460	501(C)(3)	35,923.	0.	воок		ASSISTING PEOPLE IN NEED
LATINO ADVOCACY COALITION OF			,				
HENDERSON COUNTY - 508 NORTH GROVE							
STREET - HENDERSONVILLE, NC							BUILDING COMMUNITY &
28792	56-2267574	501(C)(3)	8,750.	0.	BOOK		ECONOMIC VITALITY
LAUREL COMMUNITY CENTER							
ORGANIZATION - 4100 NC HWY 212 -				_			
MARSHALL, NC 28753	83-2417879	501(C)(3)	46,698.	0.	воок		ENHANCING THE ENVIRONMEN
LEAF GLOBAL ARTS							
19 EAGLE STREET SUITE 120							
ASHEVILLE, NC 28801	54-2123478	501(C)(3)	10,250.	,	воок		ADVANCING THE ARTS
MONDATINE, NC 20001	34 2123470	501(0)(3)	10,230.	0.	DOOR		EDVINCING THE ARTS
LEAGUE OF WOMEN VOTERS EDUCATION							
FUND - 1233 20TH STREET NW, SUITE							BUILDING COMMUNITY &
500 - WASHINGTON, DC 20036	53-0239013	501(C)(3)	5,250.	0.	воок		ECONOMIC VITALITY

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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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LEMUR CONSERVATION FOUNDATION P.O. BOX 249 MYAKKA CITY , FL 34251	59-3359549	501(C)(3)	10,000.	0.	воок		ANIMAL WELFARE		
LEOIR-RHYNE UNIVERSITY 625 7TH AVE NE, LRU 7467 HICKORY, NC 28601	56-0556753	501(C)(3)	10,000.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES		
LITERACY TOGETHER 31 COLLEGE PLACE BUILDING B,SUITE 2 ASHEVILLE, NC 28801	58-1696409	501(C)(3)	47,837.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES		
LIVING SAVIOR LUTHERAN CHURCH 301 OVERLOOK ROAD ASHEVILLE, NC 28803	56-2265776	501(C)(3)	41,500.	0.	воок		RELIGION		
LOCAL CLOTH 408 DEPOT STREET #100 ASHEVILLE, NC 28801	45-5399614	501(C)(3)	49,742.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY		
MACON COUNTY CARE NETWORK (CARENET) - 130 BIDWELL STREET - FRANKLIN, NC 28734	58-1813122	501(C)(3)	10,000.	0.	воок		ASSISTING PEOPLE IN NEED		
MACON PROGRAM FOR PROGRESS P.O. BOX 70065 FRANKLIN, NC 28744	56-6065297	501(C)(3)	20,000.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY		
MADISON COUNTY ARTS COUNCIL P.O. BOX 32 MARSHALL, NC 28753	56-1743991	501(C)(3)	5,300.	0.	воок		ADVANCING THE ARTS		
MAGGIEVALLEY SANITARY DISTRICT P.O. BOX 1029 MAGGIE VALLEY, NC 28751	56-1132710	501(C)(3)	30,000.	0.	воок		ENHANCING THE ENVIRONMENT		

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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MANNA FOODBANK 627 SWANNANOA RIVER ROAD ASHEVILLE, NC 28805-2445	58-1514800	501(C)(3)	280,542.	0.	воок		ASSISTING PEOPLE IN NEED
MARS HILL UNIVERSITY, ADVANCEMENT OFFICE - P.O. BOX 6792 - MARS HILL, NC 28754	56-0554207		18,549.		воок		IMPROVING EDUCATIONAL OPPORTUNITIES
MARTIN LUTHER KING JR. ASSOC. OF ASHEVILLE & BUNCOMBE CO P.O. BOX 328 - ASHEVILLE, NC 28802-0328	13-4219513	501(C)(3)	7,425.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
MAYLAND COMMUNITY COLLEGE FOUNDATION INC P.O. BOX 547 - SPRUCE PINE, NC 28777-0547	58-1486405	501(C)(3)	7,900.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
MEALS ON WHEELS OF ASHEVILLE AND BUNCOMBE COUNTY - 146 VICTORIA ROAD - ASHEVILLE, NC 28801	56-1115597	501(C)(3)	30,372.	0.	воок		ASSISTING PEOPLE IN NEED
MEDIATION CENTERINC. 40 N. FRENCH BROAD AVENUE SUITE B ASHEVILLE, NC 28801-2602	56-1424025	501(C)(3)	24,102.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
MEMORYCARE 100 FAR HORIZONS LANE ASHEVILLE, NC 28803	56-2178294	501(C)(3)	247,926.	0.	воок		PROMOTING QUALITY HEALTH
MINISTRY OF HOPE P.O. BOX 998 BLACK MOUNTAIN, NC 28711	56-2119097	501(C)(3)	7,928.	0.	воок		ASSISTING PEOPLE IN NEED
MISSISSIPPI COLLEGE MC BOX 4027 CLINTON, MS 39058	64-0303086	501(C)(3)	10,000.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES

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Part II Continuation of Grants and Other	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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MITCHELL COUNTY ANIMAL RESCUE P.O. BOX 308 SPRUCE PINE, NC 28777	56-1432402	501(C)(3)	5,250.	0.	воок		ANIMAL WELFARE			
MONTMORENCI UNITED METHODIST CHURCH - P.O. BOX 610 - CANDLER, NC 28715	85-3425927	501(C)(3)	10,000.	0.	воок		RELIGION			
MONTREAT COLLEGE P.O. BOX 1267 MONTREAT, NC 28757	56-0543261	501(C)(3)	90,765.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES			
MOUNT ZION COMMUNITY DEVELOPMENT, INC 47 EAGLE STREET - ASHEVILLE, NC 28801	56-2078982	501(C)(3)	50,000.	0.	воок		ASSISTING PEOPLE IN NEED			
MOUNTAIN AREA PREGNANCY SERVICES P.O. BOX 6116 ASHEVILLE, NC 28816	56-1854677	501(C)(3)	26,000.	0.	воок		PROMOTING QUALITY HEALTH			
MOUNTAIN BIZWORKSINC. 153 SOUTH LEXINGTON AVENUE ASHEVILLE, NC 28801	14-1864873	501(C)(3)	63,550.	0.	воок	1	BUILDING COMMUNITY & ECONOMIC VITALITY			
MOUNTAIN CHILD ADVOCACY CENTER 11 VANDERBILT PARK DRIVE SUITE A ASHEVILLE, NC 28803	58-1828408	501(C)(3)	16,750.	0.	воок		ASSISTING PEOPLE IN NEED			
MOUNTAIN HOUSING OPPORTUNITIES 64 CLINGMAN AVENUE SUITE 101 ASHEVILLE, NC 28801	58-1816998	501(C)(3)	8,750.	0.	воок	1	BUILDING COMMUNITY & ECONOMIC VITALITY			
MOUNTAIN PROJECTSINC. 2177 ASHEVILLE,ROAD WAYNESVILLE, NC 28786	56-0849092	501(C)(3)	147,750.	0.	воок		ASSISTING PEOPLE IN NEED			

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THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN VALLEYS RC&D COUNCILING.							
4388 US HWY. 25/70 SUITE 3							
MARSHALL, NC 28753	58-1767802	501(C)(3)	44,150.	0.	воок		ENHANCING THE ENVIRONMENT
MOUNTAINCAREINC.							
P.O. BOX 5956	56-2005198	E01/G\/3\	16,137.	0	воок		DDOMORING OHALTRY HEALTH
ASHEVILLE, NC 28813	30-2003198	501(C)(3)	10,137.	0.	BOOK		PROMOTING QUALITY HEALTH
MOUNTAINTRUE							
29 NORTH MARKET STREET SUITE 610							
ASHEVILLE, NC 28801	56-1422691	501(C)(3)	57,080.	0.	воок		ENHANCING THE ENVIRONMENT
MS. FOUNDATION FOR WOMEN							
12 METROTECH CENTER 26TH FLOOR							BUILDING COMMUNITY &
BROOKLYN, NY 11201	23-7252609	501(C)(3)	10,000.	0.	воок		ECONOMIC VITALITY
MUDDY SNEAKERS							
P.O. BOX 146							
BREVARD, NC 28712	26-0338084	501(C)(3)	13,500.	0.	BOOK		ENHANCING THE ENVIRONMENT
•			, -	-			
MURPHY ELEMENTARY SCHOOL							
315 VALLEY RIVER AVENUE							IMPROVING EDUCATIONAL
MURPHY, NC 28906	56-6000211	501(C)(3)	6,400.	0.	BOOK		OPPORTUNITIES
MUSICWORKSINC. C/O ASHEVILLE							
SYMPHONY SOCIETY - 27 COLLEGE							
PLACE, SUITE 100 - ASHEVILLE, NC							IMPROVING EDUCATIONAL
28801-2406	81-5308559	501(C)(3)	122,690.	0.	воок		OPPORTUNITIES
NATIONAL NETWORK OF ABORTION FUNDS							
9450 SW GEMINI DRIVE, PMB 16009							
BEAVERTON, OR 97008-7105	04-3236982	501(C)(3)	8,500.		воок		PROMOTING QUALITY HEALTH
	01 3230332		0,500.	· · ·			THE TOTAL OF THE TAXABLE PROPERTY.
NATIONAL WOMENS HEALTH NETWORK							
1413 K STREET NW, 4TH FLOOR							
WASHINGTON, DC 20005	52-1081261	501(C)(3)	6,000.	0.	воок		PROMOTING QUALITY HEALTH

Schedule I (Form 990)

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(D) EIN	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
NATURE CONSERVANCY OF NORTH							
CAROLINA - 334 BLACKWELL STREET							
SUITE 300 - DURHAM, NC 27701	53-0242652	501(C)(3)	152,924.	0.	воок		ENHANCING THE ENVIRONMEN
NC CHILD							
3101 POPLARWOOD COURT SUITE 300							
RALEIGH, NC 27604	58-1534066	501(C)(3)	10,000.	0.	воок		ASSISTING PEOPLE IN NEED
NC JUSTICE CENTER							DILLI DING GONGOLINI DI
P.O. BOX 28068	E 6 1240106	E01/Q\/3\	10 000	0	DOOK		BUILDING COMMUNITY &
RALEIGH, NC 27611-8068	56-1348186	501(C)(3)	10,000.	0.	воок		ECONOMIC VITALITY
NC MUSEUM OF ART FOUNDATION							
4630 MAIL SERVICE CENTER							
RALEIGH, NC 27699-4630	23-7071511	501(C)(3)	15,000.	0.	воок		ADVANCING THE ARTS
NC OUTWARD BOUND SCHOOL							
2582 RICEVILLE ROAD							BUILDING COMMUNITY &
ASHEVILLE, NC 28805	56-0957708	501(C)(3)	33,000.	0.	воок		ECONOMIC VITALITY
NC PUBLIC TELEVISION FOUNDATION							
P.O. BOX 600067							IMPROVING EDUCATIONAL
RALEIGH, NC 27675-6067	58-1720178	501(C)(3)	33,881.	0	BOOK		OPPORTUNITIES
	00 1/101/0						
NC STATE UNIVERSITY FOUNDATION							
GIFT PROCESSING - CAMPUS BOX 7474							IMPROVING EDUCATIONAL
- RALEIGH, NC 27695-7474	56-6049503	501(C)(3)	601,500.	0.	воок		OPPORTUNITIES
NC WRITERS' NETWORK ATTN: WNC							
REGION - 122 HAWTHORNE LANE -							IMPROVING EDUCATIONAL
BOONE, NC 28907-5417	56-1472203	DUT(C)(3)	11,000.	0.	воок		OPPORTUNITIES
NEBO ELEMENTARY SCHOOL							
254 NEBO SCHOOL ROAD							IMPROVING EDUCATIONAL
NEBO, NC 28761	56-6001073	501(C)(3)	20,400.	0.	воок		OPPORTUNITIES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORS IN MINISTRY							
P.O. BOX 1036							IMPROVING EDUCATIONAL
BREVARD, NC 28712	56-2032133	501(C)(3)	30,250.	0.	воок		OPPORTUNITIES
NEIGHBORS IN NEED							
P.O. BOX 64							BUILDING COMMUNITY &
MARSHALL, NC 28753	58-1492053	501(C)(3)	20,000.	0.	воок		ECONOMIC VITALITY
NEW DIMENSIONS PUBLIC CHARTER SCHOOL - 550 LENIOR ROAD - MORGANTON, NC 28655	56-2221716	501(C)(3)	20,000.	0.	воок		IMPROVING EDUCATIONAL
NEW ORLEANS FILM AND VIDEO FESTIVAL - 1215 PRYTANIA STREET, SUITE 371 - NEW ORLEANS, LA 70130	72-1136068		6,000.	0.	воок		ADVANCING THE ARTS
NEWBERY COLLEGE, ATTN: ADVANCEMENT 2100 COLLEGE STREET NEWBERRY, SC 29108	57-0314404	501(C)(3)	50,000.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
NEWLAND PRESBUTERIAN CHURCH P.O. BOX 579 NEWLAND, NC 28657-0579	56-1326726	501(C)(3)	13,260.	0.	воок		RELIGION
NORTH CAROLINA ARBORETUM SOCIETY 100 FREDERICK LAW OLMSTED WAY ASHEVILLE, NC 28806	56-1712373	501(C)(3)	63,860.	0.	воок		ENHANCING THE ENVIRONMEN
NORTH CAROLINA COMMUNITY FOUNDATIONINC 3737 GLENWOOD AVENUE SUITE 460 - RALEIGH, NC			·				BUILDING COMMUNITY &
27612	58-1661700	501(C)(3)	7,000.	0.	воок		ECONOMIC VITALITY
NORTH CAROLINA INDEPENDENT COLLEGES AND UNIVERSITIES - 530 NORTH BLOUNT STREET - RALEIGH, NC			·				IMPROVING EDUCATIONAL
27612	56-0775353	501(C)(3)	6,500.	0.	воок		OPPORTUNITIES

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA SATSANG SOCIETY							
6001 CHAPEL HILL ROAD, SUITE 103							
·	56-1572886	E01/G\/3\	10,000.	_	воок		RELIGION
RALEIGH, NC 27607	30-1372880	501(C)(3)	10,000.	0.	BOOK		RELIGION
NORTH CAROLINA SCHOOL OF SCIENCE							
AND MATHEMATICS FOUNDATION - P.O.							IMPROVING EDUCATIONAL
BOX 2733 - DURHAM, NC 27715-2733	56-1250756	501(C)(3)	10,250.	0	BOOK		OPPORTUNITIES
DOM 2700 DOMMAN, NO 27710 2700	30 1230,30	501(0)(3)	10,230.	•••	Book		OTT ORTONITIES
NORTH CAROLINA STAGE COMPANY							
15 STAGE LANE							
ASHEVILLE, NC 28801	56-2266836	501(C)(3)	26,500.	0	BOOK		ADVANCING THE ARTS
			1 22,533				
NORTHEASTERN UNIVERSITY							
402 COLUMBUS PLACE, 360 HUNTINGTON							IMPROVING EDUCATIONAL
BOSTON, MA 02115-5005	04-1679980	501(C)(3)	10,000.	0	BOOK		OPPORTUNITIES
	01 10/3300		10,000.	•			
OHR CHADASH C/O GINSBURG COHEN AND							
COMPANY - 12367 EAST CORNELL AVE							
- AURORA, CO 80014	84-1572763	501 (C) (3)	16,000.	0	BOOK		 RELIGION
ONTRACK FINANCIAL EDUCATION &	01 1372703	501(0)(3)	10,000.	<u> </u>	Door		
COUNSELING - 50 SOUTH FRENCH BROAD							
AVENUE SUITE 227 - ASHEVILLE, NC							BUILDING COMMUNITY &
28801-3217	56-1056077	501/0\/3\	15,750.	_	воок		ECONOMIC VITALITY
20001-3217	30-1030077	501(0/(3/	13,730.	0.	BOOK		ECONOMIC VITABILI
OPENDOORS OF ASHEVILLE							
P.O. BOX 8726							
ASHEVILLE, NC 28814	27-1543937	501 (C) (3)	58,250.	^	воок		ASSISTING PEOPLE IN NEE
MC 20014	21 1343331	501(0)(3)	30,230.	0.	DOOR		PASSISTING PROFILE IN NEE.
OPTIMIST SANTA PAL CLUB OF							
ASHEVILLE NC - P.O. BOX 1912 -							
	56-6055643	501/C\/3\	9,236.	_	воок		ACCIONING DEODIE IN NEED
ASHEVILLE, NC 28802	30-0033643	501(6)(3)	9,236.	U.	DOOK		ASSISTING PEOPLE IN NEED
ORGANIC CENTER							
444 NORTH CAPITOL STREET, NW SUITE 4							
, , , , , , , , , , , , , , , , , , ,	02_0626006	501(C)(3)	7 000	^	воок		ENHANCING THE ENGITECHME
WASHINGTON, DC 20001	02-0626006	POT(C)(3)	7,000.	υ.	BOOK		ENHANCING THE ENVIRONMEN

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Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	rt II.)	rago
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORGANIC GROWERS SCHOOL							
P.O. BOX 17804							
ASHEVILLE, NC 28816	75-3166329	501(C)(3)	46,500.	0.	воок		ENHANCING THE ENVIRONMENT
ORGANIZE TENNESSEE							
P.O. BOX 40083							BUILDING COMMUNITY &
NASHVILLE, TN 37204	84-1732329	501(C)(3)	15,000.	0.	воок		ECONOMIC VITALITY
ORIGINS GREENVILLE							
1708-C AUGUSTA STREET, #364							
GREENVILLE, SC 29605	26-4124135	501(C)(3)	13,000.	0	воок		RELIGION
OSHUN MOUNTAIN SANCTUARY							
87 RICHMOND HILL DRIVE							
ASHEVILLE, NC 28806	45-2763182	501(C)(3)	500,000.	0.	воок		PROMOTING QUALITY HEALTH
·			,				
OUR VOICEINC.							
P.O. BOX 1114							
ASHEVILLE, NC 28802	58-1491531	501(C)(3)	8,000.	0.	воок		ASSISTING PEOPLE IN NEED
OXFAM AMERICA ATTN: DONOR SERVICES							
226 CAUSEWAY STREET - 5TH FLOOR -							
BOSTON, MA 02114-2206	23-7069110	501(C)(3)	23,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
P.E.A.K. ACADEMY CHARTER SCHOOL							
27 BALM GROVE AVENUE							IMPROVING EDUCATIONAL
ASHEVILLE, NC 28806	84-2992064	501 (C) (3)	100,000.	0	воок		OPPORTUNITIES
ASHEVIDLE, NC 20000	04 2332004	501(0/(3/	100,000.	<u> </u>	BOOK		DIFORIUNITIES
PARDEE HOSPITAL FOUNDATION							
561 FLEMING STREET							
HENDERSONVILLE, NC 28739	56-1930028	501(C)(3)	57,000.	0.	воок		PROMOTING QUALITY HEALTH
•			, , , , ,				~
PARTNERS IN HEALTH							
P.O. BOX 996							
FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	22,800.	0.	воок		PROMOTING QUALITY HEALTH

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THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(a) Amount of	(f) Method of	(a) Description of	(b) Durnoss of grant
(a) Name and address of organization or government	(b) EIN	if applicable	cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR APPALACHIAN GIRLS							
EDUCATION (PAGE) - 329 BURLAGE							IMPROVING EDUCATIONAL
CIRCLE - CHAPEL HILL, NC 27514	85-2933248	501(C)(3)	10,250.	0	BOOK		OPPORTUNITIES
<u> </u>	00 1300110		10,200.				
PEACHTREE ELEMENTARY SCHOOL							
30 UPPER PEACHTREE ROAD							IMPROVING EDUCATIONAL
MURPHY, NC 28906	56-6000211	501(C)(3)	22,400.	0.	воок		OPPORTUNITIES
,			,_,_				
PEGGY CROSBY COMMUNITY SERVICE							
CENTER - 348 S 5TH STREET -							BUILDING COMMUNITY &
HIGHLANDS, NC 28741	56-1940997	501(C)(3)	7,250.	0.	воок		ECONOMIC VITALITY
PENLAND SCHOOL OF CRAFT							
P.O. BOX 37							
PENLAND, NC 28765	56-0623948	501(C)(3)	23,230.	0.	воок		ADVANCING THE ARTS
PERFORMING ARTS CENTERING.							
P.O. BOX 296							
HIGHLANDS, NC 28741	56-2155282	501(C)(3)	15,000.	0.	воок		ADVANCING THE ARTS
PIGEON COMMUNITY MULTICULTURAL							
DEVELOPMENT CENTER - P.O. BOX 1494							BUILDING COMMUNITY &
- WAYNESVILLE, NC 28786	32-0131282	501(C)(3)	10,000.	0.	воок		ECONOMIC VITALITY
PISGAH HIGH SCHOOL							
1 BLACKBEAR DRIVE							IMPROVING EDUCATIONAL
CANTON, NC 28716	56-6001045	501(C)(3)	10,000.	0.	BOOK		OPPORTUNITIES
DIGGNU HIGH GGHOOL DINE DOOGE							
PISGAH HIGH SCHOOL BAND BOOSTERS							
1 BLACKBEAR DRIVE	01 0601631	501/91/21	10000	_			IMPROVING EDUCATIONAL
CANTON, NC 28716	81-2621031	501(C)(3)	10,000.	0.	воок		OPPORTUNITIES
DICCAU I DCAI CEDVITCEC							
PISGAH LEGAL SERVICES							
P.O. BOX 2276	F6 110111F	E01/G)/3)	306 000	•	DOOK		AGGIGMING DEODIE IN N
ASHEVILLE, NC 28802	56-1191115	POT(C)(3)	396,002.	١.	BOOK		ASSISTING PEOPLE IN N

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD FEDERATION OF AMERICA - P.O. BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3)	7,248.	0.	воок		PROMOTING QUALITY HEALTH
PLANNED PARENTHOOD SOUTH ATLANTIC CORPORATE HEADQUARTERS - 100 SOUTH BOYLAN AVENUE - RALEIGH, NC 27603	56-1282557	501(C)(3)	244,871.	0.	воок		PROMOTING QUALITY HEALTH
PRAGER UNIVERSITY FOUNDATION 3389 SHERIDAN STREET, #293 HOLLYWOOD, FL 33021	27-1763901	501(C)(3)	6,000.	0.	воок		ADVANCING THE ARTS
PRESERVATION SOCIETY OF ASHEVILLE & BUNCOMBE CO P.O. BOX 2806 - ASHEVILLE, NC 28802	59-1768097	501(C)(3)	21,482.	0.	воок		ADVANCING THE ARTS
RAINBOW COMMUNITY SCHOOL 574 HAYWOOD ROAD ASHEVILLE, NC 28806	56-1217861	501(C)(3)	21,690.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
REACH OF HAYWOOD COUNTY, INC. P.O. BOX 206 WAYNESVILLE, NC 28786	58-1647862	501(C)(3)	7,543.	0.	воок		ASSISTING PEOPLE IN NEED
REACH OF MACON COUNTY P.O. BOX 228 FRANKLIN, NC 28744	56-1689264	501(C)(3)	19,600.	0.	воок		ASSISTING PEOPLE IN NEED
RENAISSANCE CHARITABLE FOUNDATION 8910 PURDUE ROAD, SUITE 555 INDIANAPOLIS, IN 46248	35-2129262	501(C)(3)	861,949.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
REPAIR THE WORLD, ATTN: DEVELOPMENT DEPARTMENT - P.O. BOX 2015 - NEW YORK, NY 10101	36-4524686	501(C)(3)	7,500.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY

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Part II Continuation of Grants and Other A				,			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESOURCES FOR RESILIENCE							
13 1/2 EAGLE STREET, SUITE K							
ASHEVILLE, NC 28801	82-0751905	501(C)(3)	5,190.	0.	воок		PROMOTING QUALITY HEALTH
,			1	<u> </u>			~
RESTORATION HOUSE WNC							
P.O. BOX 154							
BRYSON CITY, NC 28713	47-4539555	501(C)(3)	7,000.	0.	воок		ASSISTING PEOPLE IN NEED
RIVER VALLEY TECHNICAL CENTER							
307 SOUTH STREET				_			IMPROVING EDUCATIONAL
SPRINGFIELD, VT 05156	56-2649139	501(C)(3)	15,000.	0.	BOOK		OPPORTUNITIES
RIVERLINKINC.							
170 LYMAN STREET							
ASHEVILLE, NC 28801	58-1867958	501 (C) (3)	165,350.	0	воок		ENHANCING THE ENVIRONMEN
IDDEVIDED, NO 20001	30 1007330	301(0)(3)	103,330.		Book		Emmerica in Environment
ROCK OF ASHEVILLE							
273 MONTE VISTA ROAD							
CANDLER, NC 28715	56-1745676	501(C)(3)	40,000.	0.	воок		RELIGION
ROSMAN HIGH SCHOOL							
749 PICKENS HWY							IMPROVING EDUCATIONAL
ROSMAN, NC 28772	56-6001121	501(C)(3)	144,750.	0.	воок		OPPORTUNITIES
ROTARY CLUB OF ASHEVILLE							
FOUNDATION - P.O. BOX 1954 -	06 0666003	501 (6) (2)	10.560		D007		BUILDING COMMUNITY &
ASHEVILLE, NC 28802	26-2666203	501(C)(3)	18,568.	0.	BOOK		ECONOMIC VITALITY
ROTARY CLUB OF ASHEVILLE-BILTMORE							
FOUNDATION, C/O PAUL ZIMMERMAN, TREASURER - 56 FOREST ROAD -							BUILDING COMMUNITY &
ASHEVILLE, NC 28801	84-3160142	501 (C) (3)	5,500.	0	BOOK		ECONOMIC VITALITY
ADMENTIBLE, NC 20001	04-3100142	D01(C)(3)	3,300.	0.	BOOK		ECONOMIC VITABILI
ROTARY FOUNDATION OF ROTARY							
INTERNATIONAL - 14280 COLLECTIONS							BUILDING COMMUNITY &
CENTER DRIVE - CHICAGO, IL 60693	36-3245072	501(C)(3)	8,758.	0.	воок		ECONOMIC VITALITY

Schedule I (Form 990)

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTHERFORD COUNTY HABITAT FOR							
HUMANITY - P.O. BOX 1534 -							BUILDING COMMUNITY &
RUTHERFORDTON, NC 28139	56-1581336	501(C)(3)	10,000.	0.	воок		ECONOMIC VITALITY
RUTHERFORD HOUSING PARTNERSHIP							
P.O. BOX 1525							BUILDING COMMUNITY &
RUTHERFORDTON, NC 28139	56-2086573	501(C)(3)	37,200.	0.	воок		ECONOMIC VITALITY
SAFELIGHTINC.							
133 FIFTH AVENUE WEST							
HENDERSONVILLE, NC 28792	56-1469847	501(C)(3)	6,780.	0.	воок		ASSISTING PEOPLE IN NEED
SALEM UNITED METHODIST CHURCH							
P.O. BOX 2201							
BOSTIC, NC 28018	56-6131754	501(C)(3)	10,000.	0.	BOOK		RELIGION
SALVATION ARMY-ASHEVILLE CORPS							
P.O. BOX 1778							
ASHEVILLE, NC 28802	58-0660607	501(C)(3)	41,367.	0.	воок		ASSISTING PEOPLE IN NEED
		552(5)(5)	12,007.				THE PROPERTY OF THE PROPERTY O
SAMARITANS PURSE							
P.O. BOX 3000							
BOONE, NC 28607-3000	58-1437002	501(C)(3)	11,925.	0.	воок		ASSISTING PEOPLE IN NEED
CAND UTIL VENADLE DIEMENMADY							
SAND HILL - VENABLE ELEMENTARY SCHOOL - 154 SAND HILL SCHOOL ROAD							IMPROVING EDUCATIONAL
- ASHEVILLE, NC 28806	56-6000994	501(C)(3)	10,000.	,	BOOK		OPPORTUNITIES
ASHEVILLE, NC 20000	30 0000334	501(0)(5)	10,000.	· · ·	BOOK		OFFORTONITIES
SAND HILL - VENABLE ELEMENTARY							
SCHOOL - 154 SAND HILL SCHOOL							IMPROVING EDUCATIONAL
ROAD - ASHEVILLE, NC 28806	56-6000994	501(C)(3)	5,645.	0.	воок		OPPORTUNITIES
SANDRA WALKER							
128 E.S. W. DRIVE	F. 4005-	504 (5) (2)		_			L
FOREST CITY, NC 28043	56-1325897	pu1(C)(3)	6,570.	<u>0.</u>	воок		RELIGION OCTOBER 1/5 and 1/5

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Part II Continuation of Grants and Other A		mestic Organizations		vernments (Sch	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE THE CHILDREN FEDERATION, INC.							
P.O. BOX 97132							IMPROVING EDUCATIONAL
WASHINGTON, DC 20090-7132	06-0726487	501(C)(3)	8,250.	0.	воок		OPPORTUNITIES
SAVE VALLEY CONSERVANCY FUND							
5037 SW 28TH AVENUE							
FORT LAUDERDALE, FL 33312	45-4287628	501(C)(3)	7,973.	0.	воок		ASSISTING PEOPLE IN NEED
GEGOVE VARVEGE FOOD DAWN OF							
SECOND HARVEST FOOD BANK OF NORTHEAST TENNESSEE - P.O. BOX							
3327 - JOHNSON CITY, TN 37602	62-1303822	501 (C) (3)	6,000.	,	BOOK		ASSISTING PEOPLE IN NEED
SS27 BOHNSON CITT, IN S7002	02 1303022	501(0/(3/	0,000.	<u> </u>	BOOK		ASSISTING FEOTILE IN NEED
SHLOMO KATZ PROJECT							
815 JEFFERSON STREET							
WOODMERE, NY 11598	82-5385834	501(C)(3)	7,000.	0.	воок		RELIGION
SKYLAND UNITED METHODIST CHURCH							
P.O. BOX 697							
SKYLAND, NC 28776	56-0713060	501(C)(3)	10,250.	0.	воок		RELIGION
SMART START OF TRANSYLVANIA COUNTY							
P.O. BOX 1676							
BREVARD, NC 28712	31-1489864	501(C)(3)	98,500.	0	воок		ASSISTING PEOPLE IN NEED
SMITHSONIAN INSTITUTION							
CONTRIBUTION RECEIPT CENTER - P.O.							
BOX 98096 - WASHINGTON, DC							
20090-8096	53-0206027	501(C)(3)	6,748.	0.	воок		ADVANCING THE ARTS
SOLIDAIRE NETWORK							
P.O. BOX 94684				_			BUILDING COMMUNITY &
SEATTLE, WA 98124-6984	84-2130536	501(C)(3)	20,000.	0.	воок		ECONOMIC VITALITY
SOUTH ANDROS NATURE CENTER							
1136 FRANKLIN CIRCLE NE							
ATLANTA, GA 30324	87-1178757	501(C)(3)	100,000.	0.	воок		ENHANCING THE ENVIRONMENT

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN APPALACHIAN HIGHLANDS CONSERVANCY - 372 MERRIMON AVENUE - ASHEVILLE, NC 28801-1222	62-1098890	501(C)(3)	215,488.	0.	воок		ENHANCING THE ENVIRONMENT
SOUTHERN ENVIRONMENTAL LAW CENTER 201 W. MAIN STREET SUITE 14 CHARLOTTESVILLE, VA 22902-5065	52-1436778	501(C)(3)	68,500.	0.	воок		ENHANCING THE ENVIRONMENT
SOUTHERN POVERTY LAW CENTERING. 400 WASHINGTONDON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	12,375.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
SOUTHERN RECONCILIATION MINISTRIES INC P.O. BOX 1147 - BURNSVILLE, NC 28714	56-1373255	501(C)(3)	10,500.	0.	воок		ASSISTING PEOPLE IN NEED
SOUTHWESTERN COMMUNITY COLLEGE FOUNDATION - 447 COLLEGE DRIVE - SYLVA, NC 28779	23-7322352	501(C)(3)	6,286.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
SOUTHWESTERN NC RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL - 589 RACCOON ROAD, SUITE 202 - WAYNESVILLE, NC 28786	58-1767801	501(C)(3)	20,000.	0.	воок		ENHANCING THE ENVIRONMENT
SPRUCE PINE UNITED METHODIST CHURCH - 11090 HIGHWAY 226 SOUTH - SPRUCE PINE, NC 28777	56-0955215	501(C)(3)	8,300.	0.	воок		RELIGION
ST. EUGENE CATHOLIC CHURCH 72 CULVERN STREET ASHEVILLE, NC 28804	56-0694202	501(C)(3)	7,900.	0.	воок		RELIGION
ST. FRANCIS EPISCOPAL CHURCH 395 NORTH MAIN STREET RUTHERFORDTON, NC 28139	56-0690391	501(C)(3)	9,530.	0.	воок		RELIGION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. GERARD HOUSE							
620 OAKLAND STREET							
HENDERSONVILLE, NC 28791	45-0948760	501(C)(3)	67,800.	0.	воок		ASSISTING PEOPLE IN NEED
•			, -				
ST. GILES CHAPEL							
1617 HENDERSONVILLE, ROAD							
ASHEVILLE, NC 28803	31-1799918	501(C)(3)	5,412.	0.	воок		RELIGION
ST. GREGORY'S EPISCOPAL CHURCH							
815 WILMOT ROAD							
DEERFIELD, IL 60015	23-7075487	501(C)(3)	6,750.	0.	воок		RELIGION
an							
ST. JAMES EPISCOPAL CHURCH							
766 N. MAIN STREET	F6 0692494	E01/G\/2\	F2 010		DOOK		DEL TOTON
HENDERSONVILLE, NC 28792	56-0682484	501(0)(3)	52,919.	٠.	воок		RELIGION
ST. JAMES UNITED METHODIST CHURCH							
2000 EAST 6TH STREET							
GREENVILLE, NC 27858	56-0656384	501(C)(3)	30,000.	0.	воок		RELIGION
ST. MARK'S LUTHERAN CHURCH							
P.O. BOX 8608							
ASHEVILLE, NC 28814	16-1647426	501(C)(3)	10,200.	0.	воок		RELIGION
ST. MARY'S EPISCOPAL CHURCH							
337 CHARLOTTE STREET							
ASHEVILLE, NC 28801	56-1002246	501(C)(3)	10,000.	0.	воок		RELIGION
ST. PHILIP'S CHURCH							
142 CHURCH STREET		504 (5) (0)		_			L
CHARLESTON, SC 29401	57-0327892	501(C)(3)	10,500.	0.	BOOK		RELIGION
STRAWBRIDGE AND MARTHA WILSON							
YOUNG FOUNDATION - 134 JOE YOUNG							
ROAD - BURNSVILLE, NC 28714	82-3134313	501(C)(3)	12,500.	0	воок		ADVANCING THE ARTS
TOTAL DOMESTILLE, NO 20/14	1 32 3134313	551(5)(5)	12,300.	<u> </u>	Poor	L	12712101110 1111 111110

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Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rage i
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SUMMIT CHARTER SCHOOL 370 MITTEN LANE CASHIERS, NC 28717	56-1993257	501(C)(3)	61,800.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
SWAIN/QUALLA SAFEINC. P.O. BOX 1416 BRYSON CITY, NC 28713	56-1454335	501(C)(3)	13,500.	0.	воок		ASSISTING PEOPLE IN NEED
SWANNANOA VALLEY CHRISTIAN MINISTRY - P.O. BOX 235 - BLACK MOUNTAIN, NC 28711	56-1132257	501(C)(3)	21,000.	0.	воок		ASSISTING PEOPLE IN NEED
TANZANIAN CHILDREN'S FUND 14 ALBERTA TERRACE, UNIT 1 CAMBRIDGE, MA 02140	74-3087284	501(C)(3)	6,000.	0.	воок		ASSISTING PEOPLE IN NEED
THE BASCOM 323 FRANKLIN ROAD HIGHLANDS, NC 28741	56-2093546	501(C)(3)	43,630.	0.	воок		ADVANCING THE ARTS
THE CHRISTINE AVERY LEARNING CENTER INC P.O. BOX 7594 - ASHEVILLE, NC 28802	47-1618110	501(C)(3)	6,920.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
THE CINDY PLATT BOYS AND GIRLS CLUB OF TRANSYLVANIA COUNTY - 11 GALLIMORE ROAD - BREVARD, NC 28712	56-2142829	501(C)(3)	12,000.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
THE COMMUNITY KITCHEN P.O. BOX 513 CANTON, NC 28716	51-0605733	501(C)(3)	75,000.	0.	воок		ASSISTING PEOPLE IN NEED
THE CONSERVATION FUND 1655 NORTH FORT MYER DRIVE SUITE 13 ARLINGTON, VA 22209-2156	52-1388917	501(C)(3)	60,000.	0.	воок		ENHANCING THE ENVIRONMENT

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FREE CLINICS (OF HENDERSON COUNTY) - 841 CASE STREET - HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)	10,070.	0.	воок		PROMOTING QUALITY HEALTH
THE GROWHAUS 3840 YORK STREET, SUITE 210 DENVER, CO 80205	20-3533527	501(C)(3)	20,000.	0.	воок		ASSISTING PEOPLE IN NEED
THE HAVEN OF TRANSYLVANIA COUNTY P.O. BOX 25 BREVARD, NC 28712	27-1124164		16,000.		воок		ASSISTING PEOPLE IN NEED
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVENUE NE WASHINGTON, DC 20002-4999	23-7327730	501(C)(3)	7,922.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
THE ONSITE FOUNDATION P.O. BOX 92247 NASHVILLE, TN 37209	46-0397395	501(C)(3)	20,000.	0.	воок		PROMOTING QUALITY HEALTH
THE SOURCE MINISTRIES P.O. BOX 1525 FOREST CITY, NC 28043	82-4891801	501(C)(3)	10,000.	0.	воок		RELIGION
THE UTOPIAN SEED PROJECT 243 HAYWOOD STREET ASHEVILLE, NC 28801	83-3696014	501(C)(3)	32,250.	0.	воок		ENHANCING THE ENVIRONMENT
THINK TENNESSEE 414 UNION STREET SUITE #1900 NASHVILLE, TN 37219	81-2821568	501(C)(3)	10,000.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
THIRTIETH JUDICIAL DISTRICT DOMESTIC VIOLENCE-SEXUAL ASSAULT ALLIANCE - P.O. BOX 554 - WAYNESVILLE, NC 28786	56-2112725	501(C)(3)	10,000.	0.	воок		ASSISTING PEOPLE IN NEED

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Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule i (Form 990), Pa	π II.) Τ	Τ
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMPSON CHILD & FAMILY FOCUS							
6800 ST. PETER'S LANE							
MATTHEWS, NC 28105	56-0547460	501(C)(3)	20,000.	0.	воок		ASSISTING PEOPLE IN NEED
THRIVE ASHEVILLE							
15 WESTGATE ROAD							BUILDING COMMUNITY &
ASHEVILLE, NC 28806	87-1110868	501(C)(3)	7,500.	0.	воок		ECONOMIC VITALITY
THURSTON COUNTY FOOD BANK							
220 THURSTON AVENUE NE							
OLYMPIA, WA 98501	23-7297837	501(C)(3)	25,000.	0.	воок		ASSISTING PEOPLE IN NEED
TIDES FOUNDATION							
P.O. BOX 399389							BUILDING COMMUNITY &
SAN FRANCISCO, CA 94139-9389	51-0198509	501(C)(3)	70,000.	0.	BOOK		ECONOMIC VITALITY
TOE RIVER AGGREGATION CENTER			1 , , , , , , , ,				
TRAINING ORGANIZATION REGIONAL							
(TRACTOR) INC P.O. BOX 1507 -							
BURNSVILLE, NC 28714	45-5100047	501(C)(3)	100,500.	0.	воок		ENHANCING THE ENVIRONMEN
TOE RIVER ARTS COUNCIL							
P.O. BOX 826							
SPRUCE PINE, NC 28777	56-1141339	501(C)(3)	8,000.	0.	воок		ADVANCING THE ARTS
TOWERING OAKS CHRISTIAN SCHOOL							
1985 BUCKINGHAM ROAD							IMPROVING EDUCATIONAL
GREENEVILLE, TN 37745	62-0990888	501(C)(3)	10,000.	0	BOOK		OPPORTUNITIES
CREATE IN STATE	02 0330000	301(0)(3)	10,000.		book		
TOWN OF WAYNESVILLE							
P.O. BOX 100							BUILDING COMMUNITY &
WAYNESVILLE, NC 28786	56-6001367	501(C)(3)	17,450.	0.	воок		ECONOMIC VITALITY
TRANSYLVANIA CHRISTIAN MINISTRY,							
AKA SHARING HOUSE - P.O. BOX 958							
- BREVARD, NC 28712	56-1292875	501(C)(3)	32,000.	0.	воок		ASSISTING PEOPLE IN NEED

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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TRANSYLVANIA COUNTY SCHOOLS 225 ROSENWALD LANE BREVARD, NC 28712	56-6001121	501(C)(3)	20,000.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
TRANSYLVANIA HABITAT FOR HUMANITY 692 ECUSTA ROAD BREVARD, NC 28712	58-1581118	501(C)(3)	7,000.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
TRIANGLE COMMUNITY FOUNDATION P.O. BOX 12729 DURHAM, NC 27709	56-1380796	501(C)(3)	8,000.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
TRI-COUNTY PREGNANCY CENTER P.O. BOX 125 BURNSVILLE, NC 28714	56-1899404	501(C)(3)	9,000.	0.	воок		ASSISTING PEOPLE IN NEED
TRINITY EPISCOPAL CHURCH 60 CHURCH STREET ASHEVILLE, NC 28801	11-1646315	501(C)(3)	52,377.	0.	воок		RELIGION
TSR ADVENTURES 1314 EAST LAS OLAS BOULEVARD, SUITE 302 - FORT LAUDERDALE, FL 33301	45-1442103	501(C)(3)	5,250.	0.	воок		BUILDING COMMUNITY & ECONOMIC VITALITY
UNC ASHEVILLE FOUNDATION INC. CPO #3800 ONE UNIVERSITY HEIGHTS ASHEVILLE, NC 28804-8507	23-7073829	501(C)(3)	309,823.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
UNC CHAPELHILL P.O. BOX 309 CHAPEL HILL, NC 27514-0309	56-6001393	501(C)(3)	20,337.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
UNDER ONE SKY VILLAGE FOUNDATION P.O. BOX 18526 ASHEVILLE, NC 28814	80-0749116	501(C)(3)	7,000.	0.	воок		ASSISTING PEOPLE IN NEED

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
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UNICEF USA							
125 MAIDEN LANE							
NEW YORK, NY 10038	13-1760110	501(C)(3)	17,250.	0.	воок		ASSISTING PEOPLE IN NEED
UNITARIAN UNIVERSALIST			1				
CONGREGATION OF ASHEVILLE - ONE							
EDWIN PLACE - ASHEVILLE, NC							
28801	04-2103733	501(C)(3)	8,500.	0.	воок		RELIGION
UNITED CHRISTIAN MINISTRIES OF							
JACKSON COUNTY - P.O. BOX 188 -							
SYLVA, NC 28779	56-1659229	501(C)(3)	25,000.	0.	воок		ASSISTING PEOPLE IN NEED
UNITED WAY OF ASHEVILLE AND							
BUNCOMBE COUNTY - 50 SOUTH FRENCH							
BROAD AVENUE - ASHEVILLE, NC				_			
28801	56-0576157	501(C)(3)	239,809.	0.	BOOK		ASSISTING PEOPLE IN NEED
THE THE LAW OF COURSE COLUMN							
UNITED WAY OF GREENE COUNTY							DILLI DING GOMETNITEV S
115 ACADEMY STREET	62-6015767	E01/G)/2)	20,000.	0	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
GREENEVILLE, TN 37743	02-0015707	501(C)(3)	20,000.	0.	BOOK		ECONOMIC VITALITY
UNITED WAY OF HAYWOOD COUNTY							
P.O. BOX 1139							BUILDING COMMUNITY &
WAYNESVILLE, NC 28786-1139	23-7112548	501(C)(3)	11,750.	0.	воок		ECONOMIC VITALITY
			,				
UNITED WAY OF RUTHERFORD COUNTY							
P.O. BOX 823							BUILDING COMMUNITY &
SPINDALE, NC 28160	56-1030597	501(C)(3)	10,000.	0.	воок		ECONOMIC VITALITY
UNIVERSITY BOTANICAL GARDENS AT							
ASHEVILLEINC 151 W.T. WEAVER							
BLVD ASHEVILLE, NC 28804-3414	56-0845050	501(C)(3)	37,018.	0.	воок		ENHANCING THE ENVIRONMENT
UNIVERSITY OF GEORGIA FOUNDATION							
ONE PRESS PLACE	50 602262	501/61/21			2001		IMPROVING EDUCATIONAL
ATHENS, GA 30602	58-6033837	pnT(C)(3)	7,075.	0.	воок		OPPORTUNITIES

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF THE VIRGIN ISLANDS,							
DEVELOPMENT OFFICE - 2 JOHN							
BREWERS BAY - ST. THOMAS,							IMPROVING EDUCATIONAL
00802-6004, VIRGIN ISLANDS	66-0432514	501(C)(3)	24,200.	0.	BOOK		OPPORTUNITIES
URBAN YOUTH IMPACT							
PO BOX 222592							
WEST PALM BEACH, FL 33422	91-1901103	501(C)(3)	10,000.	0.	воок		ENHANCING THE ENVIRONMENT
URGENT ACTION FUND FOR WOMEN'S			, ,	-			
HUMAN RIGHTS - 2601 BLANDING							
AVENUE SUITE C,#155 - ALAMEDA, CA							BUILDING COMMUNITY &
94501	03-0419743	501(C)(3)	7,000.	0.	воок		ECONOMIC VITALITY
VECINOS FARMWORKER HEALTH PROGRAM			·				
3971 LITTLE SAVANNAH ROAD 173							
HEALTH AND HUMAN SCIENCES BUILDING							
- CULLOWHE	57-1192063	501(C)(3)	50,000.	0.	воок		PROMOTING QUALITY HEALTH
VERITAS CHRISTAIN ACADEMY							
17 CANE CREEK ROAD							IMPROVING EDUCATIONAL
FLETCHER, NC 28732	56-2089482	501(C)(3)	6,000.	0.	воок		OPPORTUNITIES
VERNER CENTER FOR EARLY LEARNING							
2586 RICEVILLE ROAD							IMPROVING EDUCATIONAL
ASHEVILLE, NC 28805	56-2040462	501(C)(3)	48,990.	0	воок		OPPORTUNITIES
IBBETTELL, No Ecots	30 2010102	301(0)(3)	10,330.	•	book		OTT ON TOWN TILES
VILLAGE GREEN OF CASHIERS							
P.O. BOX 2201							
CASHIERS, NC 28717	90-0947131	501(C)(3)	11,000.	0.	воок		ENHANCING THE ENVIRONMEN
VINE OF THE MOUNTAINS							
P.O. BOX 101							
WAYNESVILLE, NC 28786	30-0091243	501(C)(3)	18,000.	0.	воок		RELIGION
VISION CASHIERS, INC.							
P.O. BOX 2302							BUILDING COMMUNITY &
CASHIERS, NC 28717	56-1818753	501(C)(3)	7,000.	_	воок		ECONOMIC VITALITY
CUDITING NC 70/11	70-1010/33	hot(c)(2)	1,000.	ı	POOR		ECONOMIC VITALITY

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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VOCATIONAL SOLUTIONS OF HENDERSON COUNTY - 2110 SPARTANBURG HIGHWAY							
- EAST FLAT ROCK, NC 28762	56-0897854	501(C)(3)	6,300.	0.	воок		ASSISTING PEOPLE IN NEED
VOICES IN THE LAUREL P.O. BOX 1581 LAKE JUNALUSKA, NC 28745	56-1991624	501(C)(3)	33,068.	0	воок		ADVANCING THE ARTS
EME COMMODER, NO 20143	30 1331024	301(0)(3)	33,000.		Book		IDVINCING IIII INCIS
WAMY COMMUNITY ACTIONINC. 225 BIRCH STREET SUITE 2 BOONE, NC 28607	56-0816296	501(C)(3)	20,000.	0.	воок		ASSISTING PEOPLE IN NEED
WARREN WILSON COLLEGE WWC CPO 6376,P.O. BOX 9000 ASHEVILLE, NC 28815-9000	56-0767736	501(C)(3)	38,949.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
WATAUGA COUNTY PUBLIC LIBRARY 140 QUEEN STREET BOONE, NC 28607	56-0768739	501(C)(3)	8,580.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
WEST HENDERSON HIGH SCHOOL 3600 HAYWOOD ROAD HENDERSONVILLE, NC 28791	56-1821543	501(C)(3)	6,000.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
WESTERN CAROLINA RESCUE MINISTRIES P.O. BOX 909 ASHEVILLE, NC 28802	56-1249407	501(C)(3)	9,455.	0.	воок		ASSISTING PEOPLE IN NEED
WESTERN CAROLINA UNIVERSITY FOUNDATION - 201 H.F. ROBINSON			1,				
ADMIN. BUILDING 1 UNIVERSITY DRIVE - CULLOWHEE, NC 28723 WESTERN CAROLINA UNIVERSITY	23-7159170	501(C)(3)	113,714.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES
FOUNDATION - ONE UNIVERSITY DRIVE, 201 H.F. ROBINSON ADMINISTRATION BUILDING - CULLOWHEE, NC 28723	56-6001440	501(C)(3)	37,500.	0.	воок		IMPROVING EDUCATIONAL OPPORTUNITIES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN NORTH CAROLINA HEATH							
SERVICES - P.O. BOX 3387 -							
ASHEVILLE, NC 28802	56-1852922	501(C)(3)	13,368.	0.	воок		PROMOTING QUALITY HEALTH
WILD FOR LIFE CENTER FOR	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						2000000
REHABILITATION OF WILDLIFE - 33							
POSSUM TROT - ASHEVILLE, NC							
28806	56-2165782	501(C)(3)	6,785.	0.	воок		ANIMAL WELFARE
WNC BAPTIST RETIREMENT HOME							
213 RICHMOND HILL DRIVE							
ASHEVILLE, NC 28806	56-0562308	501(C)(3)	6,137.	0.	BOOK		ASSISTING PEOPLE IN NEED
WNC BRIDGE FOUNDATION							
P.O. BOX 1315							
ARDEN, NC 28704	56-2110357	501(C)(3)	6,927.	0.	воок		PROMOTING QUALITY HEALTH
			·				
WNC COMMUNITIES							
594 BREVARD, ROAD							BUILDING COMMUNITY &
ASHEVILLE, NC 28806	56-0797766	501(C)(3)	5,250.	0.	воок		ECONOMIC VITALITY
WNC HEALTH NETWORK							
1 HAYWOOD STREET, SUITE 425							
ASHEVILLE, NC 28801	56-1889715	501(C)(3)	8,500.	,	воок		PROMOTING QUALITY HEALTH
ASHEVIELE, NC 20001	30 1003713	301(0)(3)	0,300.	· ·	BOOK		FROMOTING QUADITI MEADIN
WNC MADISON COUNTY HOUSING							
CORPORATION - P.O. BOX 97 - HOT							
SPRINGS, NC 28743	58-1643763	501(C)(3)	8,200.	0.	воок		ASSISTING PEOPLE IN NEED
WNC SUPERHEROES							
P.O. BOX 363							
ASHEVILLE, NC 28802	83-0874386	501(C)(3)	55,013.	0.	BOOK		ASSISTING PEOPLE IN NEED
WOMEN DONORS NETWORK							
P.O. BOX 2930							BUILDING COMMUNITY &
SAN FRANCISCO, CA 94126	05-0542397	501(C)(3)	24,500.	0.	воок		ECONOMIC VITALITY

Schedule I (Form 990)

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORKING WHEELS							
76 WEAVERVILLE ROAD							
ASHEVILLE, NC 28804	81-4965358	501(C)(3)	103,750.	0.	воок		ASSISTING PEOPLE IN NEED
WORLD CENTRAL KITCHEN							
200 MASSACHUSETTS AVENUE NW, 7TH FL							
WASHINGTON, DC 20001	27-3521132	501(C)(3)	13,500.	0.	воок		ASSISTING PEOPLE IN NEED
WORLD FOOD PROGRAM USA							
P.O. BOX 37239							
BOONE, IA 50037-0239	13-3843435	501(C)(3)	60,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
,			, , , , , , , , ,				
WORLD NEWS GROUP							
P.O. BOX 20002							
ASHEVILLE, NC 28802	56-0538016	501(C)(3)	15,000.	0.	воок		ADVANCING THE ARTS
YANCEY COUNTY SCHOOLS							
P.O. BOX 190				_			IMPROVING EDUCATIONAL
BURNSVILLE, NC 28714	56-6001138	501(C)(3)	20,000.	0.	воок		OPPORTUNITIES
YMCA OF WESTERN NORTH CAROLINA							
40 NORTH MERRIMON AVENUE SUITE 309							
ASHEVILLE, NC 28804	56-0530013	501(C)(3)	12,575.	0.	воок		ASSISTING PEOPLE IN NEED
· ·			,				
YMI CULTURAL CENTER							
39 SOUTH MARKET STREET, SUITE B							BUILDING COMMUNITY &
ASHEVILLE, NC 28801	58-1448997	501(C)(3)	95,250.	0.	воок		ECONOMIC VITALITY
NONDERLINE GERMAN							
YOKEFELLOW SERVICE CENTER, INC.							
P.O. BOX 351		504 (5) (0)		_			
SPINDALE, NC 28160	56-1116990	501(C)(3)	20,000.	0.	воок		ASSISTING PEOPLE IN NEED
YOUNG LIFE							
P.O. BOX 70065							
PRESCOTT, AZ 86304-7065	84-0385934	E01/G)/2)	14,500.		воок		RELIGION

56-1223384 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance noncash (book, FMV, assistance appraisal, other) YOUNG LIFE - TOE VALLEY P.O. BOX 1088 BURNSVILLE, NC 28714 84-0385934 501(C)(3) 10,000. 0. BOOK RELIGION YTL TRAINING PROGRAMS 32 MELBOURNE PLACE IMPROVING EDUCATIONAL ASHEVILLE, NC 28801 47-1832861 501(C)(3) 60,250 0. BOOK OPPORTUNITIES YWCA OF ASHEVILLE 185 SOUTH FRENCH BROAD AVENUE BUILDING COMMUNITY & ASHEVILLE, NC 28801 56-0547476 501(C)(3) 94,770. 0.BOOK ECONOMIC VITALITY

56-1223384

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING					
APPALACHIAN STATE UNIVERSITY	14	42,500.	0.	воок	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING					
ASBURY UNIVERSITY	1	2,000.	0.	воок	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING					
ASHEVILLE-BUNCOMBE TECHNICAL COMMUNITY COLLEGE	1	1,500.	0.	воок	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING BLUE					
RIDGE COMMUNITY COLLEGE	1	1,000.	0.	воок	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING					
BRANDEIS UNIVERSITY	1	5,000.	0.	воок	

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:

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA CONFIRMS THE ELIGIBILITY

STATUS OF EACH GRANT RECIPIENT ON A MONTHLY BASIS. FOR GRANTS THAT HAVE

RESTRICTIONS FOR THE USE OF FUNDS, THE RESTRICTIONS ARE COMMUNICATED TO THE

RESPECTIVE GRANTEES. CERTAIN GRANTS REQUIRE THE GRANTEE TO PROVIDE

DOCUMENTATION FOR THE ULTIMATE USE OF THE FUNDS AND OTHER FORMS OF

EVALUATION DATA. ALL REQUESTED GRANTEE INFORMATION AND EVALUATION DATA IS

KEPT ON FILE.

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)										
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING										
BRIGHAM YOUNG UNIVERSITY	1.	1,000.	0.	воок						
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING										
BUTLER UNIVERSITY	1.	1,000.	0.	воок						
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING CAMPBELL UNIVERSITY	1.	2,000.	0.	воок						
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING CHAPMAN UNIVERSITY	1.	1,000.	0.	воок						
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING	1	2 000	0	DOOM						
COASTAL CAROLINA UNIVERSITY	1.	3,000.	0.	BOOK						
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING										
DAVIDSON COLLEGE	1.	5,750.	0.	воок						
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING DUKE										
UNIVERSITY	3.	12,000.	0.	воок						
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING EAST										
TENNESSEE UNIVERSITY	5.	14,000.	0.	воок						
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING ECKERD COLLEGE	1.	1,000.	0.	воок						

Part III Continuation of Grants and Other Assistance to Dome					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING					
FREEDA HARDEMAN UNIVERSITY	1.	1,000.	0.	воок	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING JOHN					
BROWN UNIVERSITY	1.	2,000.	0.	воок	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING LENOIR-RHYNE UNIVERSITY	2.	6,000.		воок	
BENOTE MITTER ONLY BASILI	2.	0,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING MARS					
HILL UNIVERSITY	1.	500.	0.	воок	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING MAYLAND COMMUNITY COLLEGE	1.	1,000.	0.	воок	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING NORTH					
CAROLINA STATE UNIVERSITY	19.	85,000.	0.	воок	
FINANCIAL ASSISTANCE FOR A STUDENTS ATTENDING					
SOUTHWESTERN COMMUNITY COLLEGE	2.	8,000.	0.	воок	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING STANFORD UNIVERSITY	1.	5,000.	0	воок	
Z-1-1-1-1-2 CALL BAGGIT	1	3,000.	0.		
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING					
TOCCOA FALLS COLLEGE	1.	6,000.	0.	воок	

Part III Continuation of Grants and Other Assistance to Dome					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE FOR A STUDENTS ATTENDING THE					
UNIVERSITY OF NORTH CAROLINA - ASHEVILLE	8.	30,500.	0.	воок	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING THE					
UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL	28.	136,428.	0.	воок	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING THE UNIVERSITY OF NORTH CAROLINA - CHARLOTTE	4.	16,000.	0	воок	
ONIVERSITY OF NORTH CHROLING CHROLOTTE	7.	10,000.	· ·	book	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING THE					
UNIVERSITY OF NORTH CAROLINA -PEMBROKE	1.	1,000.	0.	воок	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING THE					
UNC SCHOOL OF THE ARTS	1.	4,000.	0.	воок	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING THE UNIVERSITY OF NORTH CAROLINA - WILMINGTON	1.	2,000.	0.	воок	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING THE		4 000			
UNIVERSITY OF CALIFORNIA SAN DIEGO	1.	4,000.	0.	воок	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING THE					
UNIVERSITY OF GEORGIA	1.	5,000.	0.	воок	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING THE UNIVERSITY OF PENNSYLVANIA	1.	5,000.	0.	воок	

Schedule (10111990) OI WEDIERRY HORE					30 1223304 Fage
Part III Continuation of Grants and Other Assistance to Domes	stic Individuals (Schedule I (Form 99	90), Part III.)	1	1
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING THE					
JNIVERSITY OF SOUTH CAROLINA	1.	1,000.	0.	воок	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING THE					
UNIVERSITY OF TENNESSEE	1.	5,000.	0.	воок	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING THE					
UNIVERSITY OF TEXAS	1.	1,500.	0.	воок	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING THE UNIVERSITY OF UTAH	1.	10,000.	0.	воок	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING WARREN VILSON COLLEGE	1.	2,000.	0.	воок	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING WESTERN CAROLINA UNIVERSITY	18.	62,500.	0.	воок	
		-			
INANCIAL ASSISTANCE FOR STUDENT ATTENDING WESTERN	1	1 000		DOOK	
PIEDMONT COMMUNITY COLLEGE	1.	1,000.	0.	воок	
INANCIAL ASSISTANCE FOR STUDENT ATTENDING WHEATON					
COLLEGE	1.	7,500.	0.	воок	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING WOFFORD					
COLLEGE	1.	6,000.	0.	воок	

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)										
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING										
WORCESTER POLYTECHNIC INSTITUTE	1.	7,500.	0.	воок						
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING YOUNG HARRIS COLLEGE	1.	1,000.	0.	воок						
		,								

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

 $Employer\ identification\ number \\ 56-1223384$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	1,	4a	Х	<u> </u>
b		4b	\longrightarrow	X
С		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	· · · · · · · · · · · · · · · · · · ·	5a	\longrightarrow	X
b		5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	J	i

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

Schedule J (Form 990) 2021

33132.01

Schedule J (Form 990) 2021

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.

			compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ELIZABETH K. BRAZAS (i	i)	285,619.	0.	0.	0.	39,836.	325,455.	0.	
PRESIDENT (ii		0.	0.	0.	0.	0.	0.	0.	
(2) GRAHAM KEEVER (i	i)	176,818.	0.	0.	0.	46,182.	223,000.	0.	
CHIEF FINANCIAL OFFICER (i	i)	0.	0.	0.	0.	0.	0.	0.	
(3) PHILIP P. BELCHER	i)	136,813.	0.	0.	0.	37,593.	174,406.	0.	
VICE PRESIDENT PROGRAMS (ii	i)	0.	0.	0.	0.	0.	0.	0.	
(4) JULIE D. KLIPP	i)	137,086.	0.	0.	0.	22,831.	159,917.	0.	
CHIEF OPERATING OFFICER (i	i)	0.	0.	0.	0.	0.	0.	0.	
(i	i)								
(ii									
(i									
(i)									
(i									
(i)									
(i									
(ii									
(i									
(i									
(i									
(ii									
(i (i)									
(i (i)									
(i									
(ii									
(i	_								
(i									
(i									
(ii									

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.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

INC.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA,

Employer identification number 56-1223384

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

(a) Name of disqualified person

(b) Relationship between disqualified person and organization

(c) Description of transaction

(d) Corrected?

Yes No

Person and organization

(a) Form 990-EZ, Part V, line 40b.

(b) Relationship between disqualified person of transaction

(c) Description of transaction

(d) Corrected?

Yes No

Person and organization of transaction

(d) Corrected?

Yes No

In the amount of transaction of transaction

(d) Corrected?

Yes No

In the amount of transaction of t

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due		from the		(f) Balance due	(g) In default?		(h) Approved by board or committee? (i) W		Vritten ement?		
			То	From			Yes	No	Yes	No	Yes	No
Total					> \$							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

	TERN NORTH CAROLINA,	INC.	56-1223	384	Page 2
Part IV Business Transactions Involvi	•	Na 00 -			
Complete if the organization answered (a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of		aring of
(a) Name of interested person	person and the organization	transaction	transaction		zation's nues?
				Yes	No
SARAH THORNBURG	BOARD MEMBER OF ORG	610.	MRS. THORNB		Х
					
					+
					+
					+
					<u> </u>
Part V Supplemental Information.					
Provide additional information for response	nses to questions on Schedule L (see in	nstructions).			
SCH L, PART IV, BUSINESS T	Α ΣΝΙΟΛΙΚΉ ΕΝΟΤΉΣΑ Ε	C TNTERESTE	D PERSONS.		
ben il, ilmi iv, bobinibb il	MINDICITOND INVOLVIN	<u> </u>	D I HINDOND.		
(A) NAME OF PERSON: SARAH	THORNBURG				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
BOARD MEMBER OF ORGANIZATION	ON				
(C) AMOUNT OF TRANSACTION	\$ 610.				
(D) DESCRIPTION OF TRANSAC	TION: MRS. THORNBURG	IS AN ATTO	RNEY WITH		
MCGUIRE, WOOD & BISSETTE,	P.A., WHICH IS THE O	RGANIZATION	'S LEGAL		
COUNSEL. ALTHOUGH MRS. TH	ORNBURG BOTH SERVES	ON THE ORGA	NIZATION'S	BOAR	.D
OF DIRECTORS AND IS EMPLOY	ED BY THE ORGANIZATI	ON'S LEGAL	COUNSEL, TH	E	
ORGANIZATION DOES NOT DEAL	WITH MRS. THORNBURG	IN ITS BUS	INESS WITH	THE	
LAW FIRM. IN ORDER TO PRE	VENT CONFLICTS OF IN	TEREST FROM	ARISING, T	HE	
ORGANIZATION WORKS WITH OT	HER, UNRELATED ATTOR	NEYS IN THE	FIRM.		
(E) SHARING OF ORGANIZATION	N REVENUES? = NO				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC. Employer identification number 56-1223384

Pai	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	ıts
			literns contributed	Form 990, Fart VIII, line 19			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property	X	108	7 470 767	TPMT 7		
9	Securities - Publicly traded		100	7,478,767.	r m v		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
<u>28</u>	Other ()						
29	Number of Forms 8283 received by the organiz	•					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			Т
				=		Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	ed for		1 37
	exempt purposes for the entire holding period?					30a	<u> </u>
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p				ions'?	31 X	_
32a	Does the organization hire or use third parties of		•				1
	contributions?					32a X	
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also combine this part for any additional information.	ation plete
SCHEDULE M, LINE 32B:	
THE ORGANIZATION UTILIZES THE SERVICES OF A VARIETY OF FINANCIAL	
SERVICES FIRMS TO LIQUIDATE GIFTS OF SECURITIES IN THE MOST COST	
EFFICIENT MANNER POSSIBLE.	

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Employer identification number 56-1223384

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE COMMUNITY FOUNDATION IS A PHILANTHROPIC ORGANIZATION DEDICATED TO

RAISING CHARITABLE CAPITAL FOR THE BENEFIT OF THE COMMUNITIES THAT WE

SERVE AND STRATEGICALLY ALLOCATING RESOURCES WITHIN THE COMMUNITY TO

ADDRESS PRESSING NEEDS.

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

THE FORM 990 IS DISTRIBUTED TO THE GOVERNING BODY IN ADVANCE OF A BOARD

MEETING FOR REVIEW, AND GIVEN AN EXTENDED OPEN-COMMENT PERIOD, WHICH IS

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

OUESTIONS THAT EMERGED DURING THE COMMENT PERIOD.

STAFF AND BOARD MEMBERS MUST DISCLOSE CONFLICTS OF INTEREST IN WRITTEN FORM
ON AN ANNUAL BASIS.

FOLLOWED BY A DISCUSSION AT THE BOARD MEETING OF KEY SECTIONS AND ANY

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

THE PROCESS HAS HISTORICALLY INCLUDED A REVIEW OF COMPREHENSIVE DATA

GATHERED FROM THE COMMUNITY FOUNDATION FIELD AND PUBLISHED ANNUALLY. THAT

DATA IS JOB SPECIFIC AND ALLOWS BOTH ASSET SIZE ANALYSIS AND REGIONAL

ANALYSIS.

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

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ADDITIONALLY, THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Employer identification number 56-1223384

WEBSITE, WWW.CFWNC.ORG, AND ALSO THROUGH GUIDESTAR, AN ONLINE DIRECTORY OF

NON-PROFIT ORGANIZATIONS. THE FOUNDATION'S GOVERNING DOCUMENTS ARE ALSO

AVAILABLE THROUGH THE NORTH CAROLINA SECRETARY OF STATE'S WEBSITE,

WWW.SECRETARY.STATE.NC.US.

FORM 990, PART VIII LINE 11A

2021 MANAGEMENT FEE INCOME: \$3,652,362

2021 MANAGEMENT FEE EXPENSE ALLOCATION TO FUNDS: \$2,973,464

LINE 11A NET: \$678,898

2020 MANAGEMENT FEE INCOME \$3,376,931

2020 MANAGEMENT FEE EXPENSE ALLOCATION TO FUNDS \$2,755,446

LINE 11A NET: \$621,485

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS

-654,173.

ANNUITY DISTRIBUTIONS

-354,284.

TOTAL TO FORM 990, PART XI, LINE 9

-1,008,457.

FORM 990, PART XI, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

THIS HAS NOT CHANGED SINCE THE PRIOR YEAR.

FORM 990, PART VI, SECTION B, QUESTION 15B

FOR ALL EMPLOYEES OF THE ORGANIZATION, THE EXECUTIVE COMMITTEE OF THE

Schedule O (Form 990) 2021 Page 2 THE COMMUNITY FOUNDATION Name of the organization **Employer identification number** OF WESTERN NORTH CAROLINA, INC. 56-1223384 BOARD REVIEWS AND APPROVES A POOL AVAILABLE FOR SALARY INCREASES AS A PART OF THE OPERATING BUDGET PROCESS. MANAGEMENT ALLOCATES THE POOL AMONGST STAFFF BASED ON THE PERFORMANCE AND COMPARATIVE SALARY DATA FROM THE COMMUNITY FOUNDATION FIELD. FORM 990, SCHEDULE D, PART V, ENDOWMENT FUNDS THE ORGANIZATION'S PERMANENTLY RESTRICTED NET ASSETS INCLUDE CERTAIN FUNDS NOT CLASSIFIED AS TRADITIONAL ENDOWMENT FUNDS, INCLUDING THE ESTIMATED RESIDUAL INTEREST IN SPLIT-INTEREST GIFT ARRANGEMENTS AND THE MINIMUM FUND BALANCE REQUIREMENTS FOR DONOR ADVISED FUNDS.

SCHEDULE R (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.

2021

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE COMMUNITY FOUNDATION

OF WESTERN NORTH CAROLINA, INC.

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

Employer identification number 56-1223384

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
	1				

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	rolled
				501(c)(3))		Yes	No
WESTERN NORTH CAROLINA REAL ESTATE							
FOUNDATION - 26-1998057, P.O. BOX 1888,	RECEIVES & HOLDS DONATIONS			LINE 11(A)			
ASHEVILLE, NC 28802	OF REAL PROPERTY TO CFWNC.	NORTH CAROLINA	501(C)(3)	TYPE I			X

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

Page 2

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.

organization treates as a particular grant and year.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership	
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes N		
											ļ	
							<u> </u>				<u> </u>	
											1	

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									-
-									

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a		X
b Gift, grant, or capital contribution to related organization(s)				1b	Х	
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		<u>X</u>
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		<u>X</u>
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1 j		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
Performance of services or membership or fundraising solicitations for related organizations.	ınization(s)			11		X
m Performance of services or membership or fundraising solicitations by related orga				1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n		X
				10		X
C Chairing of paid omprofess with related organization(c)						
p Reimbursement paid to related organization(s) for expenses				1p		Х
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		_X_
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
WESTERN NORTH CAROLINA REAL ESTATE	type (a s)					
(1) FOUNDATION	В	6 000	CASH VALUE			
(I) I CONDATION	<u> </u>	0,000	CADII VALOL			
(2)						
(-)						
(3)						
(4)						
(5)						
(6)						
			Schedule	R (Forn	n 990)	2021
	110		00.1104.4110		,	

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) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

Name THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	Employer Identification Number 56–1223384	
Based on the information provided with this return, the following are possible carryover amounts to next year.		
SECTION 1231 LOSS - AG REALTY FUND VIII LP		,167.
SECTION 1231 LOSS - HEADLANDS CAPITAL SECONDARY FUND	III	1.
SECTION 1231 LOSS - EMG FUND IV LP	184	.,703.
FEDERAL POST-2017 NET OPERATING LOSS - EMG FUND II LP	10	,299.
FEDERAL POST-2017 NET OPERATING LOSS - AG REALTY FUND	VIII L 19	,037.
FEDERAL POST-2017 NET OPERATING LOSS - HEADLANDS CAPI	TAL SEC 1	,866.
FEDERAL POST-2017 NET OPERATING LOSS - EMG FUND IV LP	127	,567.
FEDERAL POST-2017 NET OPERATING LOSS - BROOKFIELD INF	RASTRUC	84.
FEDERAL POST-2017 NET OPERATING LOSS - HEADLANDS CAPI	TAL SEC	568.
FEDERAL POST-2017 NET OPERATING LOSS - STEPSTONE VC S	ECONDAR	503.

	Type and Entity: EMG FUND II LP POST-2017 NOL FED DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover										
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for								
2021	10,299.										
2021											
Ì	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail Type	S Used for B	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
	C										

	and Entity: AG 382 Annual Limitation	REALTY FUND V	III LP POST-20 Section 382 Carryover			ARRYOVER SCH					
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2021	19,037.										
2021											
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail Type	E Amount S Used for B C	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
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ection 38	2 Annual Limitation		Section 382 Carryover Amount	Amount	Amount	I Amarint	Amarint	I Amarint	Amarint	I Amarint	Amour
rigi- ated	Original Carryover Amount	Total Amount Used	Used for	Used for	Used for	Amount Used for	Used fo				
2021	1,866.										
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amou
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Type Section	and Entity: EMG	FUND IV LP	POST-2017 NOL Section 382 Carryover			ARRYOVER SCH					
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	1 127,567.										
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Detail Type	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
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/ear Origi- ated	Original Carryover Amount	Total Amount Used	Section 382 Carryover Amount Used for	Amount Used for	Amoun Used fo						
2021	84.										
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ype and Section 382 A	Entity: HEADLA Annual Limitation	NDS CAPITAL	SECO POST-201 Section 382 Carryover	.7 NO	DETAIL C	ARRYOVER SCH	EDULE				
Year Origi-	Original Carryover	Total Amount	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amour Used fo
ated	Amount	Used									
2021	568.										
l F	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amou
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Year Origi- ated	2 Annual Limitation Original Carryover Amount	Total Amount Used	Section 382 Carryover Amount Used for	Amount Used for	Amoun Used fo						
2021	503.										
etail	Amount S Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amou Used t
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Form **990-W**

(Worksheet)

Department of the Treasury Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-T

Go to www.irs.gov/Form990W for instructions and the latest information.
 Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

2022

Form **990-W** (2022)

33132.01

						1	
1	Unrelated business taxable income expected in the tax ye	ear				1	462,433.
2	Tax on the amount on line 1. See instructions for tax co	2	97,111.				
	Alternative minimum tax for trusts. See instructions	3					
J	Alternative minimum tax for trusts, occ instructions						
4	Total. Add lines 2 and 3					4	97,111.
5	Estimated tax credits. See instructions					5	
6	Subtract line 5 from line 4					6	97,111.
	Other taxes. See instructions					7	
8	Total. Add lines 6 and 7					8	97,111.
9	Credit for federal tax paid on fuels. See instructions					9	
10.	Subtract line 9 from line 8. Note: If less than \$500, the c	.raoni-a	ation is not required to make				
iva	estimated tax payments. Private foundations, see instruc	-	-	1 1	97,111.		
h	Enter the tax shown on the 2021 return. See instructions				J / / I I I		
	zero or the tax year was for less than 12 months, skip th		ion, 11				
	-			10b	97,111.		
C	2022 Estimated Tax. Enter the smaller of line 10a or line				ter the amount		
	from line 10a on line 10c			ADJUS	TED TO	10c	97,120.
			(a)	(b)	(c)		(d)
11	Installment due dates. See instructions	11					06/15/23
12	Required installments. Enter 25% of line 10c in						
	columns (a) through (d). But see instructions if						
	the organization uses the annualized income installment method, the adjusted seasonal						
	installment method, or is a "large organization."	12					77,635.
	matamment method, of is a large organization.	14			1		77,055
13	2021 Overpayment. See instructions	13					
14	Payment due (Subtract line 13 from line 12)	14					77,635.

ESTIMATED TAX
AMOUNT PAID
AMOUNT DUE

For Paperwork Reduction Act Notice, see instructions.

97,120. 19,485.

77,635.

IRS e-file Signature Authorization for a Tax Exempt Entity

, 2021, and ending JUN 30 , 20 22	2
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EIN or SSN

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

For calendar year 2021, or fiscal year beginning JUL 1

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

THE COMMUNITY FOUNDATION

OF WESTERN NORTH CAROLINA 56-1223384 INC. GRAHAM KEEVER

Name and title of officer or person subject to tax

CHIEF FINANCIAL OFFICER

Part	Type of Return and Ret	urı	n Information		
Form 5 or 10a whiche	330 filers may enter dollars and cents. below, and the amount on that line for	For the	ing this Form 8879-TE and enter the applicable amount, if any, from the reall other forms, enter whole dollars only. If you check the box on line 1a return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b ut, if you entered -0- on the return, then enter -0- on the applicable line be	, 2a, 3a, o, 5b, 6b	4a, 5a, 6a, 7a, 8a, 9a , 7b, 8b, 9b, or 10b,
1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b	-
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here >	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here ► X	b	Total tax (Form 990-T, Part III, line 4)	6b	97,111.
7a	Form 4720 check here >	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)		
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10	b
Part	II Declaration and Signate	ure	Authorization of Officer or Person Subject to Tax		
Under	penalties of perjury, I declare that $oxed{X}$	Ιa	m an officer of the above entity or 🔲 I am a person subject to tax with	respect	to (name
of entit	ry)		, (EIN) and that I	nave exa	mined a copy of the
completintermed acknown of any entry to financial later the	ete. I further declare that the amount in ediate service provider, transmitter, or e wledgement of receipt or reason for reje refund. If applicable, I authorize the U.S o the financial institution account indica all institution to debit the entry to this act an 2 business days prior to the paymer	Par lectic ctic ctic ted ted tt (s	eles and statements, and, to the best of my knowledge and belief, they are I above is the amount shown on the copy of the electronic return. I constronic return originator (ERO) to send the return to the IRS and to receive in of the transmission, (b) the reason for any delay in processing the return easury and its designated Financial Agent to initiate an electronic funds vin the tax preparation software for payment of the federal taxes owed or unt. To revoke a payment, I must contact the U.S. Treasury Financial Agent ettlement) date. I also authorize the financial institutions involved in the payment propagation.	sent to all from the irn or refu withdraw in this retu int at 1-8 irocessin	llow my IRS (a) an und, and (c) the date ral (direct debit) urn, and the 88-353-4537 no g of the electronic

personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only	
X I authorize DMJPS PLLC	to enter my PIN 33132
ERO firm name	Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56229533132 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ KAREN S. GRAY, CPA

Date = 03/31/23

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form	990-T		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		OMB No. 1545-0047
		For cal	endar year 2021 or other tax year beginning $\ \underline{JUL\ 1\ ,\ 2021} $, and ending $\ \underline{JUN\ 30\ ,\ 202}$	<u>2</u> .	2021
Depar Interna	tment of the Treasury al Revenue Service	•	\blacktriangleright Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
Α [Check box if address changed.		Name of organization (oyer identification number
	xempt under section	Print	OF WESTERN NORTH CAROLINA, INC.		6-1223384
X] 501(c)(3)] 408(e) [220(e)	Type	Number, street, and room or suite no. If a P.O. box, see instructions. 4 VANDERBILT PARK DRIVE SUITE 300		o exemption number nstructions)
	408A 530(a) 529A		City or town, state or province, country, and ZIP or foreign postal code ASHEVILLE, NC 28803	F \square	Check box if
	_ ,,	СВо	ok value of all assets at end of year	1	an amended return.
G	Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust		
Н	Check if filing only to	o >	Claim credit from Form 8941 Claim a refund shown on Form 2439		
1 (Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		>
J	Enter the number of	attache	ed Schedules A (Form 990-T)	1	
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No
			GRAHAM KEEVER Telephone number ▶ 8	28-	254-4960
Pa	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	463,437.
2	Reserved			2	
3	Add lines 1 and 2			3	463,437.
4	Charitable contrib	utions (see instructions for limitation rules) STMT 3 STMT 4	4	4.
5	Total unrelated bu	siness '	taxable income before net operating losses. Subtract line 4 from line 3	5	463,433.
6	Deduction for net	operatii	ng loss. See instructions	6	
7	Total of unrelated	busines	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro	m line 5	j	7	463,433.
8	Specific deduction	n (gener	ally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A ded	duction. See instructions	9	
10	Total deductions			10	1,000.
11	Unrelated busine enter zero	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,	11	462,433.
Pa	rt II Tax Com	putati	on		
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	97,111.
2			ates. See instructions for tax computation. Income tax on the amount on		•
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins			3	
4	Other tax amounts			4	
5	Alternative minimu	ım tax (5	
6			cility income. See instructions	6	
7			n 6 to line 1 or 2, whichever applies	7	97,111.
LHA			on Act Notice, see instructions.		Form 990-T (2021)

Form 9		·					Page 2
Part		Tax and Payments					
1a		gn tax credit (corporations attach Form 1					
b							
C		ral business credit. Attach Form 3800 (se					
d		t for prior year minimum tax (attach Form				4-	
e		credits. Add lines 1a through 1d				1e	97,111.
2		act line 1e from Part II, line 7		0007] Farm 0000	2	91,111.
3	Otne	amounts due. Check if from: Form Other	(attach statement)			3	
4	Tota	tax. Add lines 2 and 3 (see instructions).	Check if includes tax	previously deferre	d under		
		on 1294. Enter tax amount here				4	97,111.
5		nt net 965 tax liability paid from Form 969				5	0.
6a		ents: A 2020 overpayment credited to 20			2,125.		
b		estimated tax payments. Check if section			73,763.		
С							
d		gn organizations: Tax paid or withheld at					
е		up withholding (see instructions)					
f		t for small employer health insurance pre					
g	Othe	credits, adjustments, and payments:					
-	T-4-1	Form 4136				_	75,888.
7		payments. Add lines 6a through 6g ated tax penalty (see instructions). Check				7	571.
8 9		lue. If line 7 is smaller than the total of line				9	21,794.
10		payment. If line 7 is larger than the total of				10	<u> </u>
11		the amount of line 10 you want: Credite		werpald	Refunded >	11	
Part		Statements Regarding Certain					
1		y time during the 2021 calendar year, did		•	· · · · · · · · · · · · · · · · · · ·		Yes No
-		a financial account (bank, securities, or ot	•	•	•		100 110
		N Form 114, Report of Foreign Bank and		-	•		
	here		,		,		х
2	Durin	g the tax year, did the organization receiv	e a distribution from, or was it the	grantor of, or tran	nsferor to, a		
	foreig	n trust?					X
		s," see instructions for other forms the or					
3	Enter	the amount of tax-exempt interest receive	ed or accrued during the tax year		> \$		
4		available pre-2018 NOL carryovers here				ryover	
	show	n on Schedule A (Form 990-T). Don't redu	ice the NOL carryover shown here	by any deduction	reported on Part	I, line 4.	
5	Post-	2017 NOL carryovers. Enter available Bus	siness Activity Code and post-2017	7 NOL carryovers.	Don't reduce		
	the a	mounts shown below by any NOL claimed	d on any Schedule A, Part II, line 1	7 for the tax year.	See instructions.		
		Business Activit	ty Code	Available	post-2017 NOL c	arryover	
				\$			
				\$			
6a		ne organization change its method of acc	, , , , , , , , , , , , , , , , , , , ,				Х
b	If 6a	s "Yes," has the organization described t	he change on Form 990, 990-EZ, 9	990-PF, or Form 1	128? If "No,"		
		in in Part V					
Part		Supplemental Information					
Provide	e the e	xplanation required by Part IV, line 6b. Als	so, provide any other additional inf	ormation. See ins	tructions.		
	To	nder penalties of perjury, I declare that I have examined	this return, including accompanying schedules	and statements, and to	the best of my knowled	dae and belief	it is true
Sign	0	prect, and complete. Declaration of preparer (other than	taxpayer) is based on all information of which	preparer has any knowle	edae	ige and belief,	it is true,
Here			1 k	F FINANCI	IVI	-	cuss this return with
		Signature of officer	Date OFFI	CER		e preparer shostructions)?	wn below (see
		1	T	Data			X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check i	f PTIN	
Paid		KADEN G CDAV CDA	KAREN S. GRAY, CP	A 03/31/23	self- employed	חחם	322371
Prepa		KAREN S. GRAY, CPA Firm's name ► DMJPS PLLC	MAREN D. GRAI, CP	7 N 2 / 2 I / 2 / 2	•		0570567
Use (Only		PLACE, SUITE 300		Firm's EIN ►	30-	0310301
		Firm's address ASHEVILLE,			Phone no. 8	28-25	4-2374
123711 (01-31-22	ADITEVITUE,	11C 20001		Ti none no. O		orm 990-T (2021)
5, 11 (rc	//// · (2021)

FORM 990-T	L2	ATE PAYMENT	INTER	EST		STA	TEMENT 1	
DESCRIPTION	DATE	AMOUNT	ва	LANCE	RATE	DAYS	INTERES	T
TAX DUE INTEREST RATE CHANGE DATE FILED	11/15/22 12/31/22 05/15/23	21,223 0	•	21,223. 21,384. 21,945.				
TOTAL LATE PAYMENT IN	TEREST						72	2.
FORM 990-T	LAT	TE PAYMENT	PENALT	Y		STA	TEMENT 2	
DESCRIPTION	DATI	E AMOU	NT	BALANCE	: M	ONTHS	PENALTY	
TAX DUE DATE FILED	11/15/ 05/15/		,223.	21,2 21,2		6	63	7 .
TOTAL LATE PAYMENT PE	NALTY					:	63	7.
FORM 990-T		CONTRIBUTI	ONS			STA	TEMENT 3	 }
DESCRIPTION/KIND OF P	ROPERTY	METHOD USE	D TO D	ETERMINE	FMV		AMOUNT	
CHARITABLE CONTRIBUTI ENERGY & MINERALS GRO IV LP		N/A						4
TOTAL TO FORM 990-T,	PART I, LIN	NE 4						4

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 4	
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2016 FOR TAX YEAR 2017			
FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	4	_	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	4 46,244		
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	0 0 0	_	
ALLOWABLE CONTRIBUTIONS DEDUCTION		4	
TOTAL CONTRIBUTION DEDUCTION		4	

FORM 990-T	INTEREST AND PENALTIES	STATEMENT 5
TAX FROM FORM 990-T, P. UNDERPAYMENT PENALTY LATE PAYMENT INTERES LATE PAYMENT PENALTY	T	21,223. 571. 722. 637.
TOTAL AMOUNT DUE		23,153.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

THE COMMUNITY FOUNDATION

OF WESTERN NORTH CAROLINA, INC.

501(c)(3) Organizations Only

B Employer identification number

56-1223384

	scribe the unrelated trade or business HEADLANDS CA	ヒエエヤコ	T VECONDAR!	1. (1141)		
art	I Unrelated Trade or Business Income		(A) Income	(B) Expe	enses	(C) Net
la (Gross receipts or sales					
	Less returns and allowances c Balance	1c				
	Cost of goods sold (Part III, line 8)	2				
	Gross profit. Subtract line 2 from line 1c	3				
	Capital gain net income (attach Sch D (Form 1041 or Form	_				
	1120)). See instructions	4a				
	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
	Capital loss deduction for trusts	4c				
	ncome (loss) from a partnership or an S corporation (attach					
	statement) STATEMENT 6	5	643.			643
	Rent income (Part IV)	6				
	Jnrelated debt-financed income (Part V)	7				
	nterest, annuities, royalties, and rents from a controlled					
(organization (Part VI)	8				
	nvestment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
	Exploited exempt activity income (Part VIII)	10				
	Advertising income (Part IX)	11				
	Other income (see instructions; attach statement)	12				
	Fotal. Combine lines 3 through 12	13	643.			643
arı	Deductions Not Taken Elsewhere See instruction	ons for	•	uctions. D	eductions r	
	directly connected with the unrelated business inc	ons for come	limitations on ded			
(directly connected with the unrelated business inc	ons for come	limitations on ded		1	
(directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages	ons for come	limitations on ded		1	
;	directly connected with the unrelated business inc Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance	ons for come	limitations on ded		1 2 3	
; ;	directly connected with the unrelated business inc Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts	ons for come	limitations on ded		1 2 3 4	
(; !	directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions	ons for come	limitations on ded		1 2 3 4 5 5	
(; ; ;	directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses	ons for come	limitations on ded		1 2 3 4 5 5	
(; ; ;	directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions	ons for	limitations on ded		1 2 3 4 5 6	
	directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	ons for	limitations on ded		1 2 3 4 5 5	
	directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion	ons for come	limitations on ded		1 2 3 4 5 6 8b 9	
	directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans	ons for come	limitations on ded		1 2 3 4 5 6 8b 9 10	
	directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs	ons for come	limitations on ded		1 2 3 4 5 6 8b 9 10 11	
	directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII)	ons for come	limitations on ded		1 2 3 4 5 6 8b 9 10 11 12	
	directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX)	ons for come	limitations on ded		1 2 3 4 5 6 8b 9 10 11 12 13 13	
	directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement)	ons for come	limitations on ded		1 2 3 4 5 6 8b 9 10 11 12 13 14 14	must be
	directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions. Add lines 1 through 14	ons for come	Imitations on ded		1 2 3 4 5 6 8b 9 10 11 12 13 14 14	must be
	directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Fotal deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Su	ons for come	Imitations on ded	3,	1 2 3 4 5 6 8b 9 10 11 12 13 14 15	must be
	directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Faxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions. Add lines 1 through 14	ons for come	Imitations on ded	3,	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	0 643

	1
Page	2

Part	III Cost of Goods Sold Enter meth	od of inventory valuation	on •		Page Z
1	Inventory at beginning of year	•		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p				Yes No
Part	1 1		-		
1	Description of property (property street address, city, st	ate, ZIP code). Check i	f a dual-use. See instru	uctions.	
	A				
	B				
	C				
		A	В	С	
2	Rent received or accrued	A	В	C	<u>U</u>
a	From personal property (if the percentage of				
u	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
				_	0
5 Part	Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se	er here and on Part I, li	ne 6, column (B)	>	0.
		,	and if a dual upa. Can	inaturations	
1	Description of debt-financed property (street address, ci	ity, state, ZIP codej. Ch	leck ii a dual-use. See	instructions.	
	в 🗆				
	c \square				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				_
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Part	I, line 7, column (A)	>	0.
_	Allered to the destruction of the second of	Г	Т	T	
9	Allocable deductions. Multiply line 3c by line 6	yugh D. Estar barra acad	on Bort Libra 7 sales	an (D)	0.
10	Total allocable deductions. Add line 9, columns A throat dividends-received deductions included in line				0.
11	. S.a. arriadiad i Societa academono i illoladea III III e			······································	<u>.</u>

	VI Interest, Annu	ities, R	oyalties, and Re	ents fror	m Control	led Or	ganizations	S (se	ee instruct	tions)		r age o
						E	xempt Contro	lled Or	ganization	ns		
	Name of controlled organization		2. Employer identification number			ments made that is i		art of colur s included folling orga s gross inc	in the aniza-	C	Deductions directly connected with come in column 5	
(1)												
(2)												
(3)												
(4)												
				1	Controlled Or						_	
7.	. Taxable Income	ir	Net unrelated acome (loss) e instructions)	I	otal of specif lyments mad		that is inc controlling gross	cluded	in the zation's		con	ductions directly inected with e in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ente	er he	lumns 6 and 11. ere and on Part I, 8, column (B)
Totals						•			0.			0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)			
		cription of			2. Amou incon	nt of	3. Deduction directly connumber (attach states	ons ected		-asides tateme	nt)	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)					A del con co						_	Add and a second a fee
Totals					Add amou column 2. here and or line 9, colu	Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt /	Activity Income,	Other 1	Than Adve		Income	(see in	structions)	١		
1	Description of exploite						,	(000 1111	<u> </u>			
2	Gross unrelated busine	•		ness. Ente	r here and o	n Part I.	line 10. colum	n (A)		2		
3	Expenses directly con						•	. ,				
	line 10, column (B)									3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from act									5		
6	Expenses attributable									6		
7	Excess exempt expens											
	4. Enter here and on P	art II, line	12	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	7		

Schedule A (Form 990-T) 2021 Page **4**

Part	IX Advertising Income					9
1	Name(s) of periodical(s). Check box if reporti	ing two or	more periodicals on a	consolidated basis	S.	
	A					
	В					
	c 🗆					
	D					
Enter	amounts for each periodical listed above in the	e correspo	nding column.			
	•	·	A	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or	n Part I, lin	e 11, column (A)		•	0.
а	-					
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or	n Part I, lin	ie 11, column (B)		>	0.
4	Advertising gain (loss). Subtract line 3 from li	line				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column	in				
	line 4 showing a loss or zero, do not comple	ete				
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than	n				
	line 5, subtract line 6 from line 5. If line 5 is le	ess				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g					•
D	Part II, line 13	• • •	T)	0.
<u>Part</u>	X Compensation of Officers, Di	Tectors	, and Trustees (s	see instructions)	T	
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
		+			to business	unrelated business
(1)		+			%	
(2)		+			%	
(3)		1			%	
(4)		1			%	
Total	I. Enter here and on Part II, line 1					0.
Part		see instruc	tiona)	<u></u>		
ı art	Supplemental information (s	see mstruc	lioris)			

FORM 990-T (A)	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION			NET INCOME OR (LOSS)
HEADLANDS CAPITAL SEC	ONDARY FUND LP -	ORDINARY BUSINESS	643.
TOTAL INCLUDED ON SCH	EDULE A, PART I,	LINE 5	643.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

A Name of the organization THE COMMUNITY FOUND OF WESTERN NORTH CAROLINA, IN		B Employer identification number 56-1223384		
C Unrelated business activity code (see instructions) > 9	D Sequence: 2	of 12		
E Describe the unrelated trade or business ►STONELAKI	₹ OPPORTI	INTTY PARTNE	RS TT LP	
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
Tarri omelatea riade el Basinese mesme		(A) meome	(B) Expenses	(0) Net
1a Gross receipts or sales				
b Less returns and allowances c Bala				
2 Cost of goods sold (Part III, line 8)				
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Sch D (Form 1041 or Form				
1120)). See instructions				
b Net gain (loss) (Form 4797) (attach Form 4797). See instruct				
c Capital loss deduction for trusts				
5 Income (loss) from a partnership or an S corporation (attach		00 405		00 405
statement) STATEMENT 7		28,495.		28,495.
6 Rent income (Part IV)				
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled				
organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17)				
organizations (Part VII)				
10 Exploited exempt activity income (Part VIII)				
11 Advertising income (Part IX)				
Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	28,495.		28,495.
Part II Deductions Not Taken Elsewhere See ins directly connected with the unrelated busin	ess income			must be
1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages			2	
3 Repairs and maintenance			3	
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses			6	
7 Depreciation (attach Form 4562). See instructions		7		
8 Less depreciation claimed in Part III and elsewhere on return	n	8a	8b	
9 Depletion			9	
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
				0.
16 Unrelated business income before net operating loss deduced				00 10=
column (C)			16	28,495.
17 Deduction for net operating loss. See instructions				0.
18 Unrelated business taxable income. Subtract line 17 from	n line 16			28,495.
LHA For Paperwork Reduction Act Notice, see instructions.			Schedule	A (Form 990-T) 2021

			2	
		Pa	2 ge 2	
-				
	 Yes [No	į.
	D			
			0.	
			0.	i i
	D			
%			%	
/0			0.	

Part	III Cost of Goods Sold Enter met	hod of inventory valua	ation •		rago z
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line	2	8	
9	Do the rules of section 263A (with respect to property	produced or acquired	for resale) apply to the	organization?	Yes No
Part	IV Rent Income (From Real Property and	d Personal Prope	rty Leased with F	Real Property)	
1	Description of property (property street address, city, s	state, ZIP code). Chec	k if a dual-use. See ins	tructions.	
	A				
	В 🔲				
	c 🗆				
	D			<u> </u>	
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter her	e and on Part I, line 6,	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I	, line 6, column (B)	>	0.
Part '	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use. Se	e instructions.	
	A				
	В				
	c				
	D		_		
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				_
	financed property (attach statement)				
6	Divide line 4 by line 5	9	6 %	6 %	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D		art I, line 7, column (A)	>	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th	rough D. Enter here ar	nd on Part I, line 7, colu	umn (B)	0.
11	Total dividends-received deductions included in line				0.

2 Page **3**

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganization	S (see instru	uctions)	Page 3		
		-					Exempt Contro	, , , , , , , , , , , , , , , , , , , ,				
	Name of controlled organization		2. Employer identification number			4. Tota	al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		e connected with		
(1)												
(2)												
(3)												
<u>(4)</u>												
	· +				Controlled O				1	2 1 11 11 11		
7	in		Net unrelated ncome (loss) e instructions)	9. Total of spr payments n			that is inc	of column 9 cluded in the organization's s income		11. Deductions directly connected with income in column 10		
(1)												
(2)												
(3)												
(4)												
							Enter here	nns 5 and 10. and on Part I, column (A)	Enter	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals						•		0		0.		
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orga	nization (s	ee instructions		-		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected (attach	et-asides statement	5. Total deductions and set-asides (add cols 3 and 4)		
(1)												
(2)												
(3)												
(4)					Add amou	ınte in				Add amounts in		
Totals				•	column 2 here and o line 9, colu	. Enter n Part I,				column 5. Enter here and on Part I, line 9, column (B)		
Part	VIII Exploited E	xempt A	Activity Income	, Other 1	Than Adve	ertising	g Income	(see instruction	ns)			
1	Description of exploite	ed activity:							_			
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	. 2			
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)								3			
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete											
5	Gross income from ac											
6	Expenses attributable								6			
7	Excess exempt expen 4. Enter here and on F			o, but do no	ot enter mor	e than th	ne amount on I	ine				
	4. Enter here and on F	art II, IME	14						1 / 1			

Part	IX Advertising Income				r ago r
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a c	onsolidated basis.		
	A	·			
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the co	orrespondina column.			
		A	В	С	D
2	Gross advertising income				
_	Add columns A through D. Enter here and on P			<u> </u>	0.
а	, iaa colamiio , i iii cagii Di Emerimore ana ciii				
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on P				0.
u	Add coldmins At through B. Enter here and on the	urt i, iirio 11, ooidimii (b)	• • • • • • • • • • • • • • • • • • • •		
4	Advertising gain (loss). Subtract line 3 from line				
7	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
'	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
Ū	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great	<u> </u>	al or zoro boro and	on	
а	Part II, line 13				0.
Part	X Compensation of Officers, Dire	ctors. and Trustees	e instructions)		
		, ,		3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
,	-			,,	
Total	Enter here and on Part II, line 1			•	0.
Part		instructions)			
	11 (666	mondonoj			
					_
					_

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7		
DESCRIPTION	NET INCOME OR (LOSS)		
STONELAKE OPPORTUNITY PARTNERS LP - NET RENTAL REAL ESTATE INCOME STONELAKE OPPORTUNITY PARTNERS LP - OTHER INCOME (LOSS)	32,113. -3,618.		
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	28,495.		

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only THE COMMUNITY FOUNDATION B Employer identification number Name of the organization OF WESTERN NORTH CAROLINA, INC. 56-1223384 12 **D** Sequence: Unrelated business activity code (see instructions) Describe the unrelated trade or business **EMG** FUND II LP Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 8 -10,299. -10,299. Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 -10,299.**Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 2 Salaries and wages 3 3 Repairs and maintenance 4 4 Interest (attach statement). See instructions 5 5 Taxes and licenses 6 6 Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion _____ 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 12 Excess exempt expenses (Part VIII) 12 Excess readership costs (Part IX) 13 13 14 Other deductions (attach statement) Total deductions. Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 column (C) 16 Deduction for net operating loss. See instructions 17

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2021

-10,299.

18

	3 Page 2
Yes	No
D	
	0.
	0.
D	
	%

Part	Cost of Goods Sold Enter me	thod of inventory valua	tion							
1	Inventory at beginning of year			1						
2	Purchases			2						
3	Cost of labor									
4	Additional section 263A costs (attach statement)									
5	Other costs (attach statement) 5									
6	Total. Add lines 1 through 5									
7	Inventory at end of year 7									
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line	2	8						
9	Do the rules of section 263A (with respect to property				Yes No					
Part	N Rent Income (From Real Property an	d Personal Prope	rty Leased with Re	eal Property)						
1	Description of property (property street address, city,	state, ZIP code). Check	if a dual-use. See instru	uctions.						
	A <u> </u>									
	В									
	c <u> </u>									
	D	T								
		Α	В	С	D					
2	Rent received or accrued									
а	From personal property (if the percentage of									
	rent for personal property is more than 10%									
	but not more than 50%)									
b	From real and personal property (if the									
	percentage of rent for personal property exceeds									
	50% or if the rent is based on profit or income)									
С	Total rents received or accrued by property.									
	Add lines 2a and 2b, columns A through D									
3 4	Total rents received or accrued. Add line 2c columns and Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				0.					
5 Part	Total deductions. Add line 4 columns A through D. E V Unrelated Debt-Financed Income	nter here and on Part I	line 6, column (B)	>	0.					
1	Description of debt-financed property (street address,		Chapte if a dual upa Cap	inateriana						
'	A Street address,	city, state, Zir codej. (oneck if a dual-use. See	instructions.						
	В —									
	c \square									
		A	В	С						
2	Gross income from or allocable to debt-financed		D	•						
_	property									
3	Deductions directly connected with or allocable									
Ū	to debt-financed property									
а	Straight line depreciation (attach statement)									
b	Other deductions (attach statement)									
c	Total deductions (add lines 3a and 3b,									
·	columns A through D)									
4	Amount of average acquisition debt on or allocable									
•	to debt-financed property (attach statement)									
5	Average adjusted basis of or allocable to debt-									
	financed property (attach statement)									
6	Divide line 4 by line 5		%	%	%					
7	Gross income reportable. Multiply line 2 by line 6	70	70	70	70					
8	Total gross income (add line 7, columns A through D)). Enter here and on Pa	urt I, line 7, column (A)	•	0.					
3	. J.	,. Enter here and office	, ,							
9	Allocable deductions. Multiply line 3c by line 6									
10	Total allocable deductions. Add line 9, columns A th	rough D. Enter here an	d on Part I. line 7. colum	nn (B)	0.					
11	Total dividends-received deductions included in line				0.					

7~~	
-aue	,

Part V	Interest, Annu	iities, R	oyalties, and Re	ents fror	n Control	led Or	ganizations	S (se	ee instruct	tions)		Page 3
		-					Exempt Contro					_
	Name of controlled organization		2. Employer identification number			4. Tota	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		mn 4 in the aniza-	connected with	
(1)												
(2)												
(3)												
<u>(4)</u>			N		No 1 1 1 1 1							
	Tavabla Incomo		Net unrelated		Controlled Or		ons 10. Part o	of colu	mn 0	11	Dod	uctions directly
,.	ir		ncome (loss) e instructions)	9. Total of sper payments ma			that is inc	cluded in the organization's income			connected with income in column 10	
(1)												
(2)												
(3)												
(4)												
							Enter here and on Part I, Enter here a			umns 6 and 11. re and on Part I, r, column (B)		
Totals						•			0.			0.
Part V	II Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)			
	1. Description of income			2. Amount of income directly connected (attach statement)			4. Set-asides ttach statement)		Total deductions and set-asides add cols 3 and 4)			
(1)												
(2)												
(3)												
(4)					Add amou	ınto in						Add amounts in
					column 2.							column 5. Enter
					here and or							nere and on Part I,
Totals				_	line 9, colu	0 •						line 9, column (B) 0 •
Part V	III Exploited E	xempt A	Activity Income,	Other 1	⊥ Than Adve		Income	see ins	structions)			
1 [Description of exploite		-			<i></i>	<i>y</i>	300 1110	<u>structions</u>			
	Gross unrelated busing			ness. Ente	r here and o	n Part I.	line 10. colum	n (A)		2		
	Expenses directly con											
I	ine 10, column (B)									3		
	Net income (loss) from											
										4		
	Gross income from ac									5		
	Expenses attributable									6		
	Excess exempt expens			•								
	 Enter here and on P 	art II, line	12							7		

Part	IX Advertising Income				r ago r
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a c	onsolidated basis.		
	A 🔲	·			
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the c	corresponding column.			
		A	В	С	D
2	Gross advertising income		<u> </u>		
_	Add columns A through D. Enter here and on	-		<u> </u>	0.
а	, tad detailine / timedgir B. Enter Here and en	arti, into 11, ocianii (vy			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on			<u> </u>	0.
-	, tad detailine / timedgir B. Enter Here and en	art i, iii e i i, seiai iii (2)			
4	Advertising gain (loss). Subtract line 3 from lin	_			
•	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
•	line 5, subtract line 6 from line 5. If line 5 is less	s			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	,			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gra	·	al or zero here and	lon	<u> </u>
	Part II, line 13				0.
Part	X Compensation of Officers, Dire	ectors, and Trustees (se	e instructions)	,	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	. Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (see	e instructions)			

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHI	PS STATEMENT 8
DESCRIPTION	NET INCOME OR (LOSS)
THE ENERGY & MINERALS GROUP FUND II LP - ORDINARY BUSINCOME (LOSS) THE ENERGY & MINERALS GROUP FUND II LP - OTHER INCOME (LOSS)	INESS 20,769.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-10,299.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

	of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.		B Employer identification number 56-1223384			
C Unre	lated business activity code (see instructions) > 90110	1		D Sequence:	4 of 12	
E Doso	ribe the unrelated trade or business ▶AG REALTY FUI	ער עו	ттт т.р			
	Unrelated Trade or Business Income	\ <u>\</u>		(B) Eymanasa	(C) Not	
Part I	Officialed Trade of Busiliess Income		(A) Income	(B) Expenses	(C) Net	
	oss receipts or sales					
	s returns and allowances c Balance >	1c				
	st of goods sold (Part III, line 8)	2				
	oss profit. Subtract line 2 from line 1c	3				
4a Ca	pital gain net income (attach Sch D (Form 1041 or Form					
	20)). See instructions	4a	2 4 6 7		2.45	
	t gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b	-3,167.		-3,167.	
	pital loss deduction for trusts	4c				
	ome (loss) from a partnership or an S corporation (attach		45.050		1	
	tement) STATEMENT 9	5	-15,870.		-15,870.	
	nt income (Part IV)	6				
7 Un	related debt-financed income (Part V)	7				
	erest, annuities, royalties, and rents from a controlled					
	ganization (Part VI)	8				
	estment income of section 501(c)(7), (9), or (17)					
	ganizations (Part VII)	9				
10 Exp	ploited exempt activity income (Part VIII)	10				
	vertising income (Part IX)	11				
12 Oth	ner income (see instructions; attach statement)	12				
13 To	tal. Combine lines 3 through 12	13	-19,037.		-19,037.	
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business income	come			ns must be	
	mpensation of officers, directors, and trustees (Part X)					
2 Sa	aries and wages			2		
3 Re	pairs and maintenance			3		
	d debts					
	erest (attach statement). See instructions					
	kes and licenses			6		
7 De	preciation (attach Form 4562). See instructions		7			
8 Les	ss depreciation claimed in Part III and elsewhere on return		8a	8b		
9 De	pletion			9		
10 Co	ntributions to deferred compensation plans			10		
11 Em	ployee benefit programs			<u>11</u>		
12 Exc	cess exempt expenses (Part VIII)			12		
	cess readership costs (Part IX)					
14 Oth	ner deductions (attach statement)			14		
					0.	
16 Un	related business income before net operating loss deduction. Su	ıbtract li	ne 15 from Part I, line 13	3,		
col	umn (C)			16	-19,037.	
17 De	duction for net operating loss. See instructions			17	0.	
18 Un	related business taxable income. Subtract line 17 from line 16			18	-19,037.	
LHA F o	or Paperwork Reduction Act Notice, see instructions.			Schedu	ule A (Form 990-T) 2021	

Pa	a	e	2

Part	III Cost of Goods Sold Enter meth	od of inventory valuation	on •		Page Z
1	Inventory at beginning of year	•		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p				Yes No
Part	1 1		-		
1	Description of property (property street address, city, st	ate, ZIP code). Check i	f a dual-use. See instru	uctions.	
	A				
	B				
	C				
		A	В	С	
2	Rent received or accrued	A	В	C	<u>U</u>
a	From personal property (if the percentage of				
u	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
				_	0
5 Part	Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se	er here and on Part I, li	ne 6, column (B)	>	0.
		,	and if a dual upa. Can	inaturations	
1	Description of debt-financed property (street address, ci	ity, state, ZIP codej. Ch	leck ii a dual-use. See	instructions.	
	в 🗆				
	c \square				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				_
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Part	I, line 7, column (A)	>	0.
_	Allered to the destruction of the second of	Г	Т	T	
9	Allocable deductions. Multiply line 3c by line 6	yugh D. Estar barra acad	on Bort Libra 7 sales	an (D)	0.
10	Total allocable deductions. Add line 9, columns A throat dividends-received deductions included in line				0.
11	. S.a. arriadiad i Societa academono i illoladea III III e			······································	<u>.</u>

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganization	S (see instr	uctions)	Page 3
	organization identifica			<u> </u>			xempt Controlled Organizations			
			identification				al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
<u>(4)</u>										
	· + · · · ·				Controlled O					D 1 11 11 11
7	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)	1	otal of specif syments mad		that is inc	of column 9 cluded in the organization's income	. .	Deductions directly connected with one in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A)	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals						•		0		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orga	nization (s	ee instruction		-
		cription of			2. Amou incor	nt of	3. Deduction directly connumber (attach states	ected (attach	Set-asides n statemen	5. Total deductions and set-asides (add cols 3 and 4)
<u>(1)</u>										
(2)										
(3)										
(4)					Add amou	ınto in				Add amounts in
Totals				>	column 2 here and o line 9, colu	. Enter n Part I,				column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	, Other 1	Than Adve	ertisin	g Income	(see instructio	ns)	
1	Description of exploite	ed activity:							_	
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	. 2	
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,		
	line 10, column (B)								3	
4	Net income (loss) from						• .			
5	Gross income from ac									
6	Expenses attributable								6	
7	Excess exempt expen 4. Enter here and on F			o, but do no	ot enter mor	e tnan tr	ne amount on I	ine	,	
	T. Linter Here and Off F	arrii, iii le	14							

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a c	onsolidated basis.		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the co	rresponding column.			
	,	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Pa			•	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa			•	0.
	3	, , , , , , , , , , , , , , , , , , , ,			
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero	I I			
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	· · · · · · · · · · · · · · · · · · ·	al or zero here and or	1	
	Part II, line 13			>	0.
Part	X Compensation of Officers, Direct	ctors, and Trustees (se	e instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title	c	of time devoted	attributable to
				to business	unrelated business
(1)				ارم	
				%	
				% %	
(2)					
(2) (3)				%	
(2) (3) (4)				% %	
(2) (3) (4) Total.	Enter here and on Part II, line 1			% %	0.
(2) (3) (4)	. Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 9
DESCRIPTION	NET INCOME OR (LOSS)
AG REALTY FUND VIII, LP - ORDINARY BUSINESS INCOME (LOSS) AG REALTY FUND VIII, LP - NET RENTAL REAL ESTATE INCOME AG REALTY FUND VIII, LP - OTHER INCOME (LOSS)	-697. -13,769. -1,404.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-15,870.

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form4797 for instructions and the latest information. Name(s) shown on return Identifying number THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, 56-1223384 INC. 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale REALTY FUND VIII, -3,167LP Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 -3,167. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 3,167 Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 -3,167.Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

18b

(Form 1040), Part I, line 4

Form 4797 (2021) OF WESTERN NORTH CAROLINA, INC.

Pa	rt III Gain From Disposition of Propert	y Und	der Sections 1245,	1250, 1252	, 125	54, and 1255	(see	instructions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	5 property:			(b) Date acquii (mo., day, yr.		(c) Date sold (mo., day, yr.)
_A								
<u>B</u>								
<u> </u>								
<u>D</u>								
	These columns relate to the properties on			_	_	_		
	lines 19A through 19D.	. ▶	Property A	Property	В	Property	<u>C</u>	Property D
20	Gross sales price (Note: See line 1a before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
<u>24</u>	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
	Enter the smaller of line 24 or 27b	27c						
a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b	Enter the smaller of line 24 or 28a	28b						
	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b	Enter the smaller of line 24 or 29a. See instructions	29b						
Sui	mmary of Part III Gains. Complete property of	olumn	s A through D through lin	a 20h hafora (aoina	to line 30		
		Joiurnin		le 23b belole (gonig	to line 50.		
30	Total gains for all properties. Add property columns	A thro	ough D, line 24				30	
31	Add property columns A through D, lines 25b, 26g,		•				31	
32	Subtract line 31 from line 30. Enter the portion from		uity or theft on Form 4684	, iine 33. Ente	r the p	portion		
Pa	from other than casualty or theft on Form 4797, line IT IV Recapture Amounts Under Section	ns 17	79 and 280F(b)(2) W	hen Busine	ess l	Jse Drops to	32 50%	or Less
	(see instructions)							
						(a) Section 179	1	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable	in prior years	ſ	33			
34					34			
35	Recapture amount. Subtract line 34 from line 33. Se				35			

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

A 1	lame of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identified 56-12233			
		_			
C l	Unrelated business activity code (see instructions) > 90110	1		D Sequence:	5 of 12
		D = == 3			
E [Describe the unrelated trade or business HEADLANDS CA	PITA	L SECONDARY I	FUND III	_
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b	-1.		<u>-1.</u>
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 10	5	-1,874.		-1,874.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11	9.		ο
12	Other income (see instructions; attach statement) STMT 11		-1,866.		9. -1,866.
13	Total. Combine lines 3 through 12		•		· · · · · ·
Pa	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in		r limitations on dedu	ctions. Deduction	s must be
1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts				
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return		· · · · · · · · · · · · · · · · · · ·	8b	
9	Depletion				
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14 45	Other deductions (attach statement)				0.
15 10	Total deductions. Add lines 1 through 14				U •
16	Unrelated business income before net operating loss deduction. So				-1,866.
47	column (C)				0.
17 10	Deduction for net operating loss. See instructions				-1,866.
<u>18</u> □ ⊔ ∧	Unrelated business taxable income. Subtract line 17 from line 16	<u>.</u>			· · · · · · · · · · · · · · · · · · ·
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2021

Jo A (Form 000 T) 2021				Pogo 4
ule A (Form 990-T) 2021 III Cost of Goods Sold Enter m	ethod of inventory valuation			Page 2
Inventory at beginning of year			1	
Cost of labor			3	
Other costs (attach statement)			5	
Cost of goods sold. Subtract line 7 from line 6. Ente	er here and in Part I, line 2		8	
				Yes No
	, state, ZIP code). Check if a	dual-use. See instruction	ons.	
- - -				
D		I	<u> </u>	
	A	В	С	D
Add lines 2a and 2b, columns A through D				
V Unrelated Debt-Financed Income	(see instructions)			0.
A				
В				
c				
D				
	Α	В	С	D
Gross income from or allocable to debt-financed				
Deductions directly connected with or allocable				
Deductions directly connected with or allocable to debt-financed property				
•				
to debt-financed property				
to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)				
to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)				
to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable				
to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)				
to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5		%	%	%
to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)		%	%	
to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	96			% 0.
to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	96			
	Purchases Cost of labor Additional section 263A costs (attach statement) Other costs (attach statement) Total. Add lines 1 through 5 Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Entered to the rules of section 263A (with respect to property) Rent Income (From Real Property at Description of property (property street address, city) A	Purchases Cost of labor Additional section 263A costs (attach statement) Other costs (attach statement) Total. Add lines 1 through 5 Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the rules of section 263A (with respect to property produced or acquired for re IV Rent Income (From Real Property and Personal Property I Description of property (property street address, city, state, ZIP code). Check if a c A B B C D Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) From real and personal property (if the percentage of rent for personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) Total rents received or accrued. Add line 2c columns A through D. Enter here and Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter here and on Part I, line IV Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check A B G Gross income from or allocable to debt-financed	Purchases Cost of labor Additional section 263A costs (attach statement) Other costs (attach statement) Total. Add lines 1 through 5 Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the orgal IV Rent Income (From Real Property and Personal Property Leased with Real Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instruction A B B Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) Total rents received or accrued Add line 2c columns A through D. Enter here and on Part I, line 6, column Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) V Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See inst A B Gross income from or allocable to debt-financed	Purchases Cost of labor Additional section 263A costs (attach statement) Other costs (attach statement) Total. Add lines 1 through 5 6 Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Went lincome (From Real Property and Personal Property Leased with Real Property) Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C Rent received or accrued From personal property (if the percentage of rent for personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) Total rents received or accrued Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) Peductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) V Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C

Total dividends-received deductions included in line 10

Schedule A (Form 990-T) 2021 Page

	VI Interest, Annu		oyalties, and Re	ents fron	n Control	led Or	ganizations	s (see in	nstructi	ons)	r age c
			Exempt Controlled Organizations								
	Name of controlled organization		2. Employer identification number	identification income (loss) payments		al of specified nents made that is included controlling org tion's gross in		luded i ng orga	n the niza-	Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)						<u> </u>					
	Tavalela leasens			1	Controlled O			-fl	<u> </u>	44.0	and and almostic
,	. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc	of column s sluded in th organization income	ne	С	eductions directly onnected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c			Enter	columns 6 and 11. here and on Part I, e 8, column (B)
Totals						>			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instruct	tions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected (att	4. Set-a tach sta	asides atement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou	. Enter					Add amounts in column 5. Enter
Totals				>	here and or line 9, colu	,					here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	, Other T	han Adve	ertising	g Income	see instruc	ctions)		
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,			
										3	
4	Net income (loss) from										
_										4	
5	Gross income from ac									5	
6 7	Expenses attributable Excess exempt expen									6	
7	4 Enter here and on F			, but do No	or eniter more	t uidii li	ie amount on i	ıı ı C		7	

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a c	onsolidated basis.		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the co	rresponding column.			
	,	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Pa			•	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa			•	0.
	3	, , , , , , , , , , , , , , , , , , , ,			
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero	I I			
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	· · · · · · · · · · · · · · · · · · ·	al or zero here and or	1	
	Part II, line 13			>	0.
Part	X Compensation of Officers, Direct	ctors, and Trustees (se	e instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title	c	of time devoted	attributable to
				to business	unrelated business
(1)				ارم	
				%	
				% %	
(2)					
(2) (3)				%	
(2) (3) (4)				% %	
(2) (3) (4) Total.	Enter here and on Part II, line 1			% %	0.
(2) (3) (4)	. Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 10
DESCRIPTION		NET INCOME OR (LOSS)
HEADLANDS CAPITAL INCOME (LOSS)	SECONDARY FUND II LP - ORDINARY BUSINESS	-2,201.
HEADLANDS CAPITAL	SECONDARY FUND II LP - INTEREST INCOME	327.
TOTAL INCLUDED ON	SCHEDULE A, PART I, LINE 5	-1,874.
FORM 990-T (A)	OTHER INCOME	STATEMENT 11
DESCRIPTION		AMOUNT
CANCELLATION OF DE	EBT HEADLANDS CAPITAL SECONDARY FUND II LP	9.
TOTAL TO SCHEDULE	A, PART I, LINE 12	9.

Form **4797**

Department of the Treasury Internal Revenue Service **Sales of Business Property**

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment Sequence No. 27

Name(s) shown on return Identifying number THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, 56-1223384 INC. 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale HEADLANDS CAPITAL SECONDARY FUND II 3 Gain, if any, from Form 4684, line 39 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 <u>-</u>1. Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

Form 4797 (2021) OF WESTERN NORTH CAROLINA, INC.

Pa	Itt III Gain From Disposition of Propert	y Und	ler Sections 1245	o, 1250, 1252	2, 125	64, and 1255	(see ir	nstructions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
_A								
<u>B</u>							\longrightarrow	
<u></u> C							\longrightarrow	
<u>D</u>							\longrightarrow	
	These columns relate to the properties on				_		_	
	lines 19A through 19D.	▶	Property A	Property	В	Property	c	Property D
20	Gross sales price (Note: See line 1a before completing.)	20					\longrightarrow	
21	Cost or other basis plus expense of sale	21					-+	
22	Depreciation (or depletion) allowed or allowable	22					-+	
23	Adjusted basis. Subtract line 22 from line 21	23					-+	
24	Total gain. Subtract line 23 from line 20	24					-+	
	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a					\longrightarrow	
	Enter the smaller of line 24 or 25a	25b					-+	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e					\longrightarrow	
f	Section 291 amount (corporations only)	26f						
g	Add lines 26b, 26e, and 26f	26g						
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a					\longrightarrow	
	Line 27a multiplied by applicable percentage	27b						
С	Enter the smaller of line 24 or 27b	27c						
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
	Enter the smaller of line 24 or 28a	28b						
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b	Enter the smaller of line 24 or 29a. See instructions	29b						
				l' 001 l f		00		
Sui	mmary of Part III Gains. Complete property of	columns	A through D through	line 29b before	going	to line 30.		
30	Total gains for all properties. Add property columns	A throu	ıgh D, line 24				30	
•	Add assessment as the Add at Section 2011	07 0-	de and 601 E : :	P				
31	Add property columns A through D, lines 25b, 26g,		•				31	
32	Subtract line 31 from line 30. Enter the portion from		•		•		00	
Pa	from other than casualty or theft on Form 4797, line Irt IV Recapture Amounts Under Section	ns 17	9 and 280F(h)(2)	When Rusin	ese I	Ise Drone to	50% (or Less
	(see instructions)	17	5 dila 2001 (b)(2)	TTICH DUSIN	(oc propa to	JJ /0 (J. LUJJ
	lace manachonal					(a) Section	ı	(b) Section
				ĺ		179	$-\!$	280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable ir	n prior years		33			
34					34		-+	
35	Recapture amount, Subtract line 34 from line 33, Se	e the in	structions for where t	o report	35		1	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

	The verified Service	017		1	501(c)(3) Organizations Only
A N	ame of the organization THE COMMUNITY FOUNDATI OF WESTERN NORTH CAROLINA, INC.	ON		B Employer identi	
<u>с</u> .	Inrelated business activity code (see instructions) > 90110	1		D Sequence:	6 of 12
<u>E [</u>	Describe the unrelated trade or business ►EMG FUND IV	LP			
	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance >	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b	-184,703.		-184,703.
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 12	5	4,942.		4,942.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 13	12	52,194.		52,194.
13	Total. Combine lines 3 through 12	13	-127,567.		-127,567.
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come			
1	Compensation of officers, directors, and trustees (Part X)				
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts				
5					
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion				
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15 16			ing 15 from Port I ling 13		<u> </u>
16	Unrelated business income before net operating loss deduction. S column (C)				-127,567.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 1				-127,567.

LHA For Paperwork Reduction Act Notice, see instructions.

	ule A (Form 990-T) 2021				Page 2
Part	III Cost of Goods Sold Enter met	hod of inventory valuat	ion		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2	<u> </u>	8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	l Personal Proper	ty Leased with Re	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instru	uctions.	
	A				
	В				
	c				
	D	<u> </u>			
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 <u>5</u>	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	nter here and on Part I,	line 6, column (B)	>	0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address, or	city, state, ZIP code). C	heck if a dual-use. See	instructions.	
	A				
	В 🔲				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	Foton because 1 - 5	41 Bas 7 b (A)		0.
8	Total gross income (add line 7, columns A through D)	. ∟nter nere and on Pa	τι, line /, column (A)	P	U •
•	Allocable deducations Multiply line Co. by the Co.		Γ	I	
9 10	Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A thr	Cough D. Enter have and	l on Part Lline 7 action	an (R)	0.
10 11	Total dividends-received deductions included in line				0.

Schedule A (Form 990-T) 2021 Page 3

	VI Interest, Annu		oyalties, and Re	ents fron	n Control	led Or	ganizations	s (see in	nstructi	ons)	r age c
						E	xempt Contro	lled Organi	izations	3	
Name of controlled organization		2. Employer identification number	ication income (loss) payment		al of specified nents made 5. Part of columns that is included controlling organized tion's gross in		luded i ng orga	n the niza-	Deductions directly connected with income in column 5		
(1)											
(2)											
(3)											
(4)						<u> </u>					
	Tavalela leasens			1	Controlled O			-fl	<u> </u>	44.0	and and almostic
,	. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc	of column s sluded in th organization income	ne	С	eductions directly onnected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c			Enter	columns 6 and 11. here and on Part I, e 8, column (B)
Totals						>			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instruct	tions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected (att	4. Set-a tach sta	asides atement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou	. Enter					Add amounts in column 5. Enter
Totals				>	here and or line 9, colu	,					here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	, Other T	han Adve	ertising	g Income	see instruc	ctions)		
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,			
										3	
4	Net income (loss) from										
_										4	
5	Gross income from ac									5	
6 7	Expenses attributable Excess exempt expen									6	
7	4 Enter here and on F			, but do No	or eniter more	t uidii li	ie amount on i	ıı ı C		7	

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a c	onsolidated basis.		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the co	rresponding column.			
	,	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Pa			•	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa			•	0.
	3	, , , , , , , , , , , , , , , , , , , ,			
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero	I I			
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	· · · · · · · · · · · · · · · · · · ·	al or zero here and or	1	
	Part II, line 13			>	0.
Part	X Compensation of Officers, Direct	ctors, and Trustees (se	e instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title	c	of time devoted	attributable to
				to business	unrelated business
(1)				ارم	
				%	
				% %	
(2)					
(2) (3)				%	
(2) (3) (4)				% %	
(2) (3) (4) Total.	Enter here and on Part II, line 1			% %	0.
(2) (3) (4)	. Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 12
DESCRIPTION	NET INCOME OR (LOSS)
THE ENERGY & MINERALS GROUP FUND IV LP - ORDINARY BUSINESS INCOME (LOSS)	51,794.
THE ENERGY & MINERALS GROUP FUND IV LP - OTHER INCOME (LOSS)	-46,852.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	4,942.
FORM 990-T (A) OTHER INCOME	STATEMENT 13
DESCRIPTION	AMOUNT
CANCELLATION OF DEBT THE ENERGY & MINERALS GROUP FUND IV LP	52,194.
TOTAL TO SCHEDULE A, PART I, LINE 12	52,194.

Form **4797**

Department of the Treasury Internal Revenue Service **Sales of Business Property**

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment Sequence No. 27

Name(s) shown on return Identifying number THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, 56-1223384 INC. 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale THE ENERGY & MINERALS GROUP FUND IV LP -184,703. Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 -184,703. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 184,703.) Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 -184,703. Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

Form 4797 (2021) OF WESTERN NORTH CAROLINA, INC.

(a) Description of section 1245, 1250, 1252, 1254, o	or 1255 p	oroperty:			(b) Date acquir (mo., day, yr.		(c) Date solo (mo., day, yr.
;							
These columns relate to the properties on							
lines 19A through 19D.	▶	Property A	Property I	В	Property (2	Property I
Gross sales price (Note: See line 1a before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
Depreciation allowed or allowable from line 22	25a						
• Enter the smaller of line 24 or 25a	25b						
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
o Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
Enter the smaller of line 26c or 26d	26e						
Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
Line 27a multiplied by applicable percentage	27b						
Enter the smaller of line 24 or 27b	27c						
If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
Enter the smaller of line 24 or 28a	28b						
If section 1255 property: Applicable percentage of payments excluded from the percentage of payments excluded from the percentage of payments and payments are percentaged.	29a						
from income under section 126. See instructions Enter the smaller of line 24 or 29a. See instructions	29b						
			l	<u> </u>			
mmary of Part III Gains. Complete property of	olumns	A through D through	line 29b before (going	to line 30.		
Total gains for all properties. Add property columns	A throug	gh D, line 24				30	
Add property columns A through D, lines 25b, 26g,		·				31	
Subtract line 31 from line 30. Enter the portion from		y or theft on Form 46	884, line 33. Ente	r the p	portion		
from other than casualty or theft on Form 4797, line	6) d 000E(! \'0\	What D		las Dere	32	
art IV Recapture Amounts Under Section	ns 179	and 280F(b)(2)	wnen Busine	ess (וse Drops to	5U% C	or Less
(see instructions)					(a) Section 179		(b) Section 280F(b)(2)
			١		1/8		ZOUF(D)(Z)
Section 179 expense deduction or depreciation allo	wable in	prior years		33			
Recomputed depreciation. See instructions			1	34			

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A N	lame of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	NC		B Employer 56-12		
<u>c</u> ს	Unrelated business activity code (see instructions) > 90110	1		D Sequenc	e: 7	of 12
E 0	Describe the unrelated trade or business MTP ENERGY O	PPOI	RTUNITIES F	UND II LLC		
Pai			(A) Income	(B) Expense		(C) Net
		_	. ,			. ,
	Gross receipts or sales					
	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8) Gross profit. Subtract line 2 from line 1c	3				
3	Capital gain net income (attach Sch D (Form 1041 or Form					
4 a	1120)). See instructions	4a	134,443	3.		134,443.
h	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b	201,110			
	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
_	statement) STATEMENT 14	5	170,397	· .		170,397.
6	Rent income (Part IV)	6	•			
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	304,840) .		304,840.
Pai	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in			deductions. Ded	uctions	must be
	•					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions				- 0-	
8 9	Less depreciation claimed in Part III and elsewhere on return Depletion				8b 9	
10					10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)		SEE ST.	ATEMENT 15	14	7,053.
15	Total deductions. Add lines 1 through 14				15	7,053.
16	Unrelated business income before net operating loss deduction. Su					-
	column (C)				16	297,787.
17	Deduction for net operating loss. See instructions				17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				18	297,787.
ΙΗΔ	For Panerwork Reduction Act Notice see instructions				Schodule	Δ (Form 990-T) 2021

Pag	ıe	2

Part	III Cost of Goods Sold Fnter me	thod of inventory valuation	n •		Page Z
1		and of inventory valuation	., -	1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property an	d Personal Property	Leased with Rea	al Property)	
1	Description of property (property street address, city,	state, ZIP code). Check if	a dual-use. See instruc	ctions.	
	A				
	В				
	c				_
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					_
3	Total rents received or accrued. Add line 2c columns a	A through D. Enter here a	nd on Part I, line 6, col	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					•
5 Part	Total deductions. Add line 4 columns A through D. E V Unrelated Debt-Financed Income	nter here and on Part I, lir	ne 6, column (B)	<u></u>	0.
		,	and if a division as Can in		
1	Description of debt-financed property (street address,	city, state, ZIP codej. Che	eck ii a dual-use. See ii	istructions.	
	B				
	D				
	Б	A	В	С	
2	Gross income from or allocable to debt-financed	A -	В		<u>U</u>
2					
3	property Deductions directly connected with or allocable				
3	to debt-financed property				
•	Straight line depreciation (attach statement)				
a	Other deductions (attach statement)				
b	Total deductions (add lines 3a and 3b,				
С	•				
4	columns A through D) Amount of average acquisition debt on or allocable				
7	to debt-financed property (attach statement)				
_					
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)		0/	0/	
6	Divide line 4 by line 5		<u>%</u>	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6		L line 7 column (A)		0.
8	Total gross income (add line 7, columns A through D	n. ⊏nter here and on Part	i, iirie 7, column (A)	P	<u>U•</u>
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th	urough D. Enter hard and a	on Part Lline 7 column	n (R)	0.
11	Total dividends-received deductions included in line				0.
				······	

Schedule A (Form 990-T) 2021 Page **3**

	VI Interest, Annu		oyalties, and Re	ents fron	n Control	led Or	ganizations	s (see in	nstructi	ons)	r age c
						E	xempt Contro	lled Organi	izations	3	
Name of controlled organization		d	2. Employer identification number			al of specified nents made 5. Part of column that is included controlling org tion's gross in		luded i ng orga	n the niza-	Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)						<u> </u>					
	Tavalela leasens			1	Controlled O			-fl	<u> </u>	44.0	and and almostic
,	. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc	of column s sluded in th organization income	ne	С	eductions directly onnected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c			Enter	columns 6 and 11. here and on Part I, e 8, column (B)
Totals						>			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instruct	tions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected (att	4. Set-a tach sta	asides atement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou	. Enter					Add amounts in column 5. Enter
Totals				>	here and or line 9, colu	,					here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	, Other T	han Adve	ertising	g Income	see instruc	ctions)		
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,			
										3	
4	Net income (loss) from										
_										4	
5	Gross income from ac									5	
6 7	Expenses attributable Excess exempt expen									6	
7	4 Enter here and on F			, but do No	or eniter more	t uidii li	ie amount on i	ıı ı C		7	

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporti	ng two or more periodicals on a conso	olidated basis.		
	Α 🔲				
	В				
	c 🗆				
	D				
Entor o	- — <u> </u>	a corresponding column			
iller a	amounts for each periodical listed above in the	_		С	
_		A	В		D
2	Gross advertising income				0.
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)		▶	<u>U•</u>
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)		>	0.
4	Advertising gain (loss). Subtract line 3 from I	ine			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column	in			
	line 4 showing a loss or zero, do not comple	te			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	ess			
	than line 6, enter zero	I I			
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	on			
	line 4, enter the lesser of line 4 or line 7	I			
а	Add line 8, columns A through D. Enter the	· · · · · · · · · · · · · · · · · · ·	zero here and o	on .	<u> </u>
_	Part II, line 13	, case. eee ca, ce.ae reta. e.		>	0.
Part :		rectors, and Trustees (see ins			
	<u> </u>	,	,	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	i. Name			to business	unrelated business
	i. Name				
1)	i. Name				
	i. Name			%	
2)	i. Name			% %	
2)	i. Name			% % %	
2)	i. Name			% %	
2) 3) 4)				% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1			% % %	0.
(1) (2) (3) (4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) (3) (4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	
2) 3) 4) Total.	. Enter here and on Part II, line 1	ee instructions)		% % %	

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 14
DESCRIPTION	NET INCOME OR (LOSS)
MTP ENERGY OPORTUNITIES - ORDINARY BUSINESS INCOME (LOSS) MTP ENERGY OPORTUNITIES - OTHER INCOME (LOSS)	173,103. -2,706.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	170,397.
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 15
DESCRIPTION	AMOUNT
INVESTMENT FEES MANAGEMENT FEES OFFICER SALARIES AND BENEFITS	4,320. 1,065. 1,668.
TOTAL TO SCHEDULE A, PART II, LINE 14	7,053.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

Name

Employer identification number

THE COMMUNITY FOUNDATION	
OF WESTERN NORTH CAROLINA, INC.	56-1223384
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	▶ Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.	

Part I Short-Term Capital Gain					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa				6	(
				7	
7 Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gair	ns and Losses - Ass	ets Held More Tha	n One Year		l
ee instructions for how to figure the amounts o enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga		(h) Gain or (loss) Subtract column (e) from
his form may be easier to complete if you ound off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column		column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
Bb Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					
11 Enter gain from Form 4797, line 7 or 9				11	134,443.
2 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind				13	
A One that we to although out and				14	
15 Net long-term capital gain or (loss). Combine				15	134,443
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin	e 7) over net long-term capita	al loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term				17	134,443
				18	134,443.
18 Add lines 16 and 17. Enter here and on Form 1 Note: If losses exceed gains, see Capital Loss	1120, page 1, line 8, or the ap				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

Department of the Treasury Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

	TE COMMINITURE FOUNDAM	TON					lae	ntifying number
	E COMMUNITY FOUNDAT WESTERN NORTH CARO		1.					56-1223384
	Enter the gross proceeds from sales	-		2021 on Form(s)	1099-B or 1099-S			
	(or substitute statement) that you are		0.40 - 00				1a	
b	Enter the total amount of gain that yo	ou are including o	n lines 2, 10, ar	nd 24 due to the pa	artial dispositions o	f		
	MACRS assets						1b	
С	Enter the total amount of loss that yo	u are including o	n lines 2 and 10	due to the partial	dispositions of MA	CRS		
_	assets	D I II-					1c	F Oll
Pa	art I Sales or Exchanges of Than Casualty or Theft					-	ions	From Other
	Than Casualty of Their	Tiviosi Prope	ity neid wio	Te man rea		·		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or of basis, plus improvements expense of sa	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
MΤ	'P ENERGY							
OP	ORTUNITIES							134,443.
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment sa						4	
5	Section 1231 gain or (loss) from like-l						5	
6	Gain, if any, from line 32, from other t	•					6	124 442
7	Combine lines 2 through 6. Enter the						7	134,443.
	Partnerships and S corporations. F line 10, or Form 1120-S, Schedule K,				or Form 1065, Sche	edule K,		
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return	lines 8 and 9. If I in an earlier year	ne 7 is a gain a r, enter the gain	nd you didn't have from line 7 as a lo	any prior year sec	tion		
8	Nonrecaptured net section 1231 loss	es from prior vea	rs. See instructi	ons			8	
9	Subtract line 8 from line 7. If zero or I					F		
	line 9 is more than zero, enter the am	ount from line 8	on line 12 below	and enter the gair	n from line 9 as a lo	ong-term		
	capital gain on the Schedule D filed v	vith your return. S	See instructions				9	134,443.
Pa	art II Ordinary Gains and I	Losses (see in:	structions)					
10	Ordinary gains and losses not include	led on lines 11 th	rough 16 (includ	de property held 1	year or less):			
	, ,				Ì			
11							11	(
12	Gain, if any, from line 7 or amount fro	m line 8, if applic	able				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lin	es 31 and 38a					14	
15	Ordinary gain from installment sales t						15	
16	Ordinary gain or (loss) from like-kind e	exchanges from F	orm 8824				16	
17							17	
18	For all except individual returns, ente			appropriate line of	your return and sk	kip lines		
	a and b below. For individual returns,			a > a>				
а	If the loss on line 11 includes a loss f	•	•					
	loss from income-producing property						40	
	as an employee.) Identify as from "Fo						18a	
a	Redetermine the gain or (loss) on line (Form 1040), Part I, line 4	· ·			e and on Schedule	=	18b	
	(1 UIIII 1040), Fail I, IIIIE 4						IOD	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2021)

Form 4797 (2021) OF WESTERN NORTH CAROLINA, INC.

Pa	rt III Gain From Disposition of Propert	y Und	der Sections 1245,	1250, 1252	, 125	54, and 1255	(see	instructions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	5 property:			(b) Date acquii (mo., day, yr.		(c) Date sold (mo., day, yr.)
_A								
<u>B</u>								
<u> </u>								
<u>D</u>								
	These columns relate to the properties on			_	_	_		
	lines 19A through 19D.	. ▶	Property A	Property	В	Property	<u>C</u>	Property D
20	Gross sales price (Note: See line 1a before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
<u>24</u>	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
	Enter the smaller of line 24 or 27b	27c						
a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b	Enter the smaller of line 24 or 28a	28b						
	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b	Enter the smaller of line 24 or 29a. See instructions	29b						
Sui	mmary of Part III Gains. Complete property of	olumn	s A through D through lin	a 20h hafora (aoina	to line 30		
		Joiumn		le 23b belole (gonig	to line 50.		
30	Total gains for all properties. Add property columns	A thro	ough D, line 24				30	
31	Add property columns A through D, lines 25b, 26g,		•				31	
32	Subtract line 31 from line 30. Enter the portion from		uity or theft on Form 4684	, iine 33. Ente	r the p	portion		
Pa	from other than casualty or theft on Form 4797, line IT IV Recapture Amounts Under Section	ns 17	79 and 280F(b)(2) W	hen Busine	ess l	Jse Drops to	32 50%	or Less
	(see instructions)							
						(a) Section 179	1	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable	in prior years	ſ	33			
34					34			
35	Recapture amount. Subtract line 34 from line 33. Se				35			

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Onen to Public Inspection :

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

THE COMMUNITY FOUNDATION

OF WESTERN NORTH CAROLINA, INC.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number 56-1223384

<u>)</u>	nrelated business activity code (see instructions) > 90110	1		D Sequence:	8 of 12
D	escribe the unrelated trade or business BROOKFIELD II	<u>NFRA</u>	STRUCTURE FUN	ID III	T
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
4.	0				
	Gross receipts or sales				
	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach		0.4		0.4
	statement) STATEMENT 16	5	-84.		-84.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
3	Total. Combine lines 3 through 12	13	-84.		-84.
Par	TII Deductions Not Taken Elsewhere See instruction	ons for	r limitations on dedu	ctions. Deduction	ns must be
	directly connected with the unrelated business in	come			
	Occurred to the state of a first one of the state of the				T
1	Compensation of officers, directors, and trustees (Part X)				
2	Salaries and wages				
3	Repairs and maintenance			-	
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions			01-	
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion Contributions to deferred companyation plans				
0	Contributions to deferred compensation plans				
1	Employee benefit programs				
2	Excess exempt expenses (Part VIII)				
3	Excess readership costs (Part IX)				
4 <i>E</i>	Other deductions (attach statement)			45	0.
5			ing 45 from Doubling 40		"
6	Unrelated business income before net operating loss deduction. Su				-84.
-	column (C)			<u>16</u>	0.
7	Deduction for net operating loss. See instructions				-84.
111	Unrelated business taxable income. Subtract line 17 from line 16	·			
-HA	For Paperwork Reduction Act Notice, see instructions.			Sched	ule A (Form 990-T) 2021

8 Page 2
Yes No
-
D
0.
0.
D

Part	III Cost of Goods Sold Enter met	thod of inventory valua	tion		1 ago <u>2</u>
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			1 _ 1	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	produced or acquired	for resale) apply to the or	rganization?	Yes No
Part	IV Rent Income (From Real Property and	d Personal Prope	rty Leased with Re	al Property)	
1	Description of property (property street address, city, s	state, ZIP code). Check	k if a dual-use. See instru	ctions.	
	A				
	В				
	С				_
	D				
		Α	В	С	
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, coldnins A through b		<u> </u>		
3	Total rents received or accrued. Add line 2c columns A	\ through D. Entar have	and on Part Lline 6, co	luma (A)	0.
3	Deductions directly connected with the income	Tillough D. Enter here	and on Fart i, line 0, co	idiffit (A)	
4	in lines 2(a) and 2(b) (attach statement)				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	ntar hara and an Bart I	line 6 column (P)	_	0.
Part		see instructions)	, line o, column (b)		
1	Description of debt-financed property (street address,		Thack if a dualuse See i	netructions	
•	A Street address,	city, state, Zir codej. v	Sileck ii a duaruse. See i	i istructions.	
	В				
	c -				
	D				
		A	В	С	
2	Gross income from or allocable to debt-financed		В	0	
2					
_	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Pa	art I, line 7, column (A)	>	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th				0.
11	Total dividends-received deductions included in line	e 10		>	0.

Schedule A (Form 990-T) 2021 Page 3

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganization	S (see instr	uctions)	Page 3
		-					Exempt Contro	· · · · · · · · · · · · · · · · · · ·		
	Name of controlled organization		2. Employer identification number			al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
<u>(4)</u>										
	· + · · · ·				Controlled O					D 1 11 11 11
7	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)	1	otal of specif syments mad		that is inc	of column 9 cluded in the organization's income	. .	Deductions directly connected with one in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A)	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals						•		0		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orga	nization (s	ee instruction		-
		cription of			2. Amou incor	nt of	3. Deduction directly connumber (attach states	ected (attach	Set-asides n statemen	5. Total deductions and set-asides (add cols 3 and 4)
<u>(1)</u>										
(2)										
(3)										
(4)					Add amou	ınto in				Add amounts in
Totals				>	column 2 here and o line 9, colu	. Enter n Part I,				column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	, Other 1	Than Adve	ertisin	g Income	(see instructio	ns)	
1	Description of exploite	ed activity:							_	
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	. 2	
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,		
	line 10, column (B)								3	
4	Net income (loss) from						• .			
5	Gross income from ac									
6	Expenses attributable								6	
7	Excess exempt expen 4. Enter here and on F			o, but do no	ot enter mor	e tnan tr	ne amount on I	ine	,	
	T. Linter Here and Off F	arrii, iii le	14							

Part	IX	Advertising Income				
1	Nam	e(s) of periodical(s). Check box if reporting	g two or more periodicals	on a consolidated bas	sis.	
	A [
	вГ					
	сΓ					
	ρĒ					
nter a		ts for each periodical listed above in the c	corresponding column			
	inoun	to for oder periodical noted above in the	A	В	С	D
2	Gros	s advertising income				
_		s advertising income columns A through D. Enter here and on l		<u> </u>		0.
а	Add	Coldmins A through B. Effect field and offi	rarri, iiric 11, colariir (ri)			
3	Diroc	ct advertising costs by periodical				
a		columns A through D. Enter here and on I	Part I line 11 column (R)			0.
а	Add	Coldmins A through b. Enter here and on	rarri, iirie 11, coluinii (b)			
4	۸dva	ertising gain (loss). Subtract line 3 from line	^			
-		or any column in line 4 showing a gain,				
		plete lines 5 through 8. For any column in 4 showing a loss or zero, do not complete				
		5 through 7, and enter zero on line 8				
E						
5		dership costs				
6 7		ulation incomeess readership costs. If line 6 is less than				
′		•				
		5, subtract line 6 from line 5. If line 5 is les				
		line 6, enter zero				
8		ess readership costs allowed as a	_			
		uction. For each column showing a gain on 4, enter the lesser of line 4 or line 7	•			
_			· · · · · · · · · · · · · · · · · · ·			
а		line 8, columns A through D. Enter the gre II, line 13	eater of the line oa, coluit			0.
Part :		Compensation of Officers, Dire	ectors. and Trustee		<u>P</u>	
			,	- (occ mondono)	3. Percentage	4. Compensation
		1. Name	2. Ti	tle	of time devoted	attributable to
		n riame			to business	unrelated business
1)					%	
2)					%	
, 3)					%	
5) 4)					%	
,					70	
Total.	Enter	here and on Part II, line 1				0.
Part :		Supplemental Information (see	instructions)			•
	<u> </u>	(Sec	e iristructions)			

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 16
DESCRIPTION	NET INCOME OR (LOSS)
BROOKFIELD INRASTRUCTURE FUND III-D LP - ORDINARY BUSINESS INCOME (LOSS) BROOKFIELD INRASTRUCTURE FUND III-D LP - OTHER INCOME (LOSS)	-79. -5.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-84.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

THE COMMUNITY FOUNDATION

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

B Employer identification number

	OF WESTERN NORTH CAROLINA, INC.			56-122	<u> 1338</u>	4	
	00110	1			^	4.0	
<u>c</u> L	nrelated business activity code (see instructions) > 90110	Τ		D Sequence:	9	of 12	
- -	MEDCED DADMIN	TD C	TD				
	escribe the unrelated trade or business MERCED PARTN	EKS	шЕ		$\neg \tau$		
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net	
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 17	5	136,451.			136,4	451.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	136,451.			136,4	<u>451.</u>
Par 1	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	come			tions	must be	
2	Salaries and wages				2		
3	Repairs and maintenance				3		
4	Bad debts			1	4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6		
7	Depreciation (attach Form 4562). See instructions						
8	Less depreciation claimed in Part III and elsewhere on return				8b		
9	Depletion				9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs				11		
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		
14	Other deductions (attach statement)				14		
15					15		0.
16	Unrelated business income before net operating loss deduction. Su column (C)			1	16	136,4	451.
17	Deduction for net operating loss. See instructions				17		0.
18	Unrelated business taxable income. Subtract line 17 from line 16				18	136,4	451 .
LHA	For Paperwork Reduction Act Notice, see instructions.			Sc	hedule	A (Form 990-	T) 2021

Part III	Cost of Goods Sold Enter meth	1 6 1 1				
a 1	Enter mot	nod of inventory valua				
	urchases					
3 C	ost of labor			3		
	dditional section 263A costs (attach statement)					
	ther costs (attach statement)					
	otal. Add lines 1 through 5					
	ventory at end of year					
	ost of goods sold. Subtract line 7 from line 6. Enter h	•				٦
	o the rules of section 263A (with respect to property p				Yes	No
Part IV	Rent Income (From Real Property and		_			
	escription of property (property street address, city, st	ate, ZIP code). Checl	κ if a dual-use. See instru	ictions.		
Α						
В						
С	<u> </u>					
D					1	
		Α	В	C	D	
2 R	ent received or accrued					
a Fr	rom personal property (if the percentage of					
re	ent for personal property is more than 10%					
bı	ut not more than 50%)					
b Fr	rom real and personal property (if the					
ре	ercentage of rent for personal property exceeds					
50	0% or if the rent is based on profit or income)					
c To	otal rents received or accrued by property.					
A	dd lines 2a and 2b, columns A through D					
4 in	otal rents received or accrued. Add line 2c columns A eductions directly connected with the income I lines 2(a) and 2(b) (attach statement)					
5 To Part V	eductions directly connected with the income lines 2(a) and 2(b) (attach statement)otal deductions. Add line 4 columns A through D. En	ter here and on Part I se instructions)	, line 6, column (B)	>		
5 To Part V	eductions directly connected with the income I lines 2(a) and 2(b) (attach statement) otal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see escription of debt-financed property (street address, compared income)	ter here and on Part I se instructions)	, line 6, column (B)	>		
5 To Part V 1 Do A	eductions directly connected with the income I lines 2(a) and 2(b) (attach statement) otal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se escription of debt-financed property (street address, co	ter here and on Part I se instructions)	, line 6, column (B)	>		
5 To Part V 1 Do A B C	eductions directly connected with the income I lines 2(a) and 2(b) (attach statement) otal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se escription of debt-financed property (street address, c	ter here and on Part I se instructions)	, line 6, column (B)	>		
5 To Part V 1 Do A	eductions directly connected with the income I lines 2(a) and 2(b) (attach statement) otal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se escription of debt-financed property (street address, c	ter here and on Part I ee instructions) ity, state, ZIP code). (, line 6, column (B) Check if a dual-use. See	instructions.		
4 in 5 To Part V 1 Do A B C D	eductions directly connected with the income lines 2(a) and 2(b) (attach statement) otal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (seescription of debt-financed property (street address, columns)	ter here and on Part I se instructions)	, line 6, column (B)	>	D	
5 To Part V 1 Do A B C D	eductions directly connected with the income I lines 2(a) and 2(b) (attach statement) otal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se escription of debt-financed property (street address, columns) ross income from or allocable to debt-financed	ter here and on Part I ee instructions) ity, state, ZIP code). (, line 6, column (B) Check if a dual-use. See	instructions.	D	
5 To Part V 1 Do A B C D 2 G pr	eductions directly connected with the income I lines 2(a) and 2(b) (attach statement) otal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se escription of debt-financed property (street address, columns) ross income from or allocable to debt-financed roperty	ter here and on Part I ee instructions) ity, state, ZIP code). (, line 6, column (B) Check if a dual-use. See	instructions.	D	
4 in 5 To Part V 1 Do A B C D 2 G pr 3 Do	eductions directly connected with the income I lines 2(a) and 2(b) (attach statement) otal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se escription of debt-financed property (street address, of otal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se escription of debt-financed property (street address, of otal deductions directly connected with or allocable	ter here and on Part I ee instructions) ity, state, ZIP code). (, line 6, column (B) Check if a dual-use. See	instructions.	D	
4 in 5 To Part V 1 Do A B C D 2 G pr 3 Do to	eductions directly connected with the income I lines 2(a) and 2(b) (attach statement) otal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se escription of debt-financed property (street address, of otal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se escription of debt-financed property (street address, of otal deductions of debt-financed property (street address) oross income from or allocable to debt-financed property eductions directly connected with or allocable of debt-financed property	ter here and on Part I ee instructions) ity, state, ZIP code). (, line 6, column (B) Check if a dual-use. See	instructions.	D	
4 in 5 To Part V 1 Do A B C D 2 G pr 3 Do to a Si	eductions directly connected with the income I lines 2(a) and 2(b) (attach statement) otal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se escription of debt-financed property (street address, of otal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se escription of debt-financed property (street address, of otal deductions of debt-financed property (street address) oross income from or allocable to debt-financed property eductions directly connected with or allocable of debt-financed property traight line depreciation (attach statement)	ter here and on Part I ee instructions) ity, state, ZIP code). (, line 6, column (B) Check if a dual-use. See	instructions.	D	
4 in 5 To Part V 1 Do A B C D 2 G pr 3 Do to to a Si b Or	eductions directly connected with the income I lines 2(a) and 2(b) (attach statement) otal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se escription of debt-financed property (street address, of oross income from or allocable to debt-financed property eductions directly connected with or allocable to debt-financed property traight line depreciation (attach statement) other deductions (attach statement)	ter here and on Part I ee instructions) ity, state, ZIP code). (, line 6, column (B) Check if a dual-use. See	instructions.	D	
4 in 5 To Part V 1 Do A B C D 2 G pr 3 Do to a Si b O c To	eductions directly connected with the income I lines 2(a) and 2(b) (attach statement) otal deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se escription of debt-financed property (street address, of constructions income from or allocable to debt-financed property eductions directly connected with or allocable to debt-financed property traight line depreciation (attach statement) otal deductions (add lines 3a and 3b,	ter here and on Part I ee instructions) ity, state, ZIP code). (, line 6, column (B) Check if a dual-use. See	instructions.	D	
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Schedule A (Form 990-T) 2021 Part VI Interest, Annu		ovaltics, and Do	nto fron	n Control	lad Or	ganizations				Page 3
Part VI Interest, Anni	illes, ne	Jyailles, allu ne	TILS II UII	ii Control		<u> </u>		instructi		
Name of controlle organization	ed	2. Employer identification number	incom	unrelated ne (loss) structions)	4. Tota	exempt Control al of specified nents made	5. Part that is in controlli	of colum	nn 4 n the niza-	5. Deductions directly connected with income in column 5
1)							tionogi	1000 1110	51110	
2)										
3)										_
(4)										
		No	nexempt C	Controlled Or	ganizati	ons				
7. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc		the	C	Deductions directly connected with ome in column 10
1)										
2)										
3)										
4)										
						Add colum Enter here a line 8, c		art I,	Enter	columns 6 and 11. here and on Part I, ne 8, column (B)
Totals Part VII Investment		. (- 0 - 1' 50	4/-\/7\ //	0) (4.7)	<u></u> ▶	<u> </u>		0.		0.
	cription of	of a Section 50 income	1(C)(1), (S	2. Amou incon	nt of	3. Deduction directly connected (attach stater	ected (a	ctions) 4. Set-a ttach sta		5. Total deductions and set-asides (add cols 3 and 4)
1)										
2)										
3)										
4)										
Fotals			>	Add amou column 2. here and or line 9, colu	Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part VIII Exploited E	xempt A	activity Income,	Other T	han Adve	ertising	g Income (see instru	uctions)		
1 Description of exploite	ed activity:									
2 Gross unrelated busin	ess incom	e from trade or busi	ness. Enter	r here and o	n Part I,	line 10, columi	n (A)		2	
3 Expenses directly con line 10, column (B)		h production of unre							3	
4 Net income (loss) from	n unrelated		Subtract lin	ne 3 from line	e 2. If a ç	gain, complete			4	
5 Gross income from ac									5	
									6	
 Expenses attributable to income entered on line 5 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 					ſ					

Schedule A (Form 990-T) 2021

4. Enter here and on Part II, line 12

Schedule A (Form 990-T) 2021 Page **4**

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporti	ing two or r	nore periodicals on a	consolidated basis.		
	A					
	В					
	c 🗆					
	D					
Enter a	amounts for each periodical listed above in the	e correspor	ding column.			
	·		Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or		e 11, column (A)		•	0.
а	· ·					
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or	n Part I, line	e 11, column (B)		>	0.
4	Advertising gain (loss). Subtract line 3 from li	line				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i	in				
	line 4 showing a loss or zero, do not complet	te				
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than	n				
	line 5, subtract line 6 from line 5. If line 5 is le	ess				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		ne line 8a, columns to			0
Dort	Part II, line 13	irootore	and Trustons	· · · · · · · · · · · · · · · · · · ·	>	0.
Part	Part II, line 13 Compensation of Officers, Di	irectors,	and Trustees (s	ee instructions)	Т	
Part	Compensation of Officers, Di	irectors,	and Trustees (s	ee instructions)	3. Percentage	4. Compensation
Part	Part II, line 13	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted	4. Compensation attributable to
	Compensation of Officers, Di	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business	4. Compensation
(1)	Compensation of Officers, Di	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2)	Compensation of Officers, Di	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	Compensation of Officers, Di	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
(1) (2) (3)	Compensation of Officers, Di	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	1. Name	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	1. Name 1. Name	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
(1) (2) (3) (4)	1. Name 1. Name	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Enter here and on Part II, line 1	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Enter here and on Part II, line 1	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Enter here and on Part II, line 1	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Enter here and on Part II, line 1	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Enter here and on Part II, line 1	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Enter here and on Part II, line 1	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name 1. Enter here and on Part II, line 1	irectors,	and Trustees (s	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 17
DESCRIPTION	NET INCOME OR (LOSS)
MERCED PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS) MERCED PARTNERS LP - OTHER INCOME (LOSS)	170,001. -33,550.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	136,451.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

THE COMMUNITY FOUNDATION

OF WESTERN NORTH CAROLINA, INC.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

B Employer identification number 56-1223384

	nrelated business activity code (see instructions) > 90110	1		D Sequer	nce: 10	of 12
	escribe the unrelated trade or business ACCOLADE PAR					
Par		INEK	(A) Income	(B) Expen	ses	(C) Net
	Gross receipts or sales					
	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) STATEMENT 18	5	61.			61.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
0	Exploited exempt activity income (Part VIII)	10				
	Advertising income (Part IX)	11				
1						
2 3	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Total Deductions Not Taken Elsewhere See instructions	12 13 ons for	61.	uctions. De	ductions	
2 3	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Total Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business incomparison.	12 13 ons for come	limitations on ded			
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2 3 Par 1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 5 6 1 1 2 3 4 5 5 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Su	12 13 ons for come	limitations on ded	3,	1 2 3 4 5 6 8b 9 10 11 12 13 14 15	must be
1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 6 7 8 9 6 6 6 7 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Sucolumn (C)	12 13 ons for come	limitations on ded	3,	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	0. 61.
2 3 Par 1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 5 6 1 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Su	12 13 ons for come	limitations on ded	3,	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	0. 61. 0. 61. 0.

$D \sim \sim \sim$	
raue	

	ule A (Form 990-T) 2021				Page 2
Part	Entermet	nod of inventory valuation			
1					
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	·			
9	Do the rules of section 263A (with respect to property p				Yes No
Part	, , , ,	-	-		
1	Description of property (property street address, city, st	tate, ZIP code). Check is	f a dual-use. See instru	ictions.	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 <u>5</u> Part '	Description of debt-financed property (street address, c	ter here and on Part I, li ee instructions)		•	0.
	C				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
		· I			
5	Average adjusted basis of or allocable to debt-				
5	financed property (attach statement)				
5 6	financed property (attach statement) Divide line 4 by line 5	%	%	%	9
	financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	%		, -	
6	financed property (attach statement) Divide line 4 by line 5	%		, -	9
6 7	financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	%		, -	
6 7	financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Allocable deductions. Multiply line 3c by line 6	% Enter here and on Part	I, line 7, column (A)	>	0.
6 7 8	financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D).	% . Enter here and on Part ough D. Enter here and	I, line 7, column (A) on Part I, line 7, colum	nn (B)	0.

Page :

	VI Interest, Annu		oyalties, and Re	ents fron	n Control	led Or	ganizations	s (see in	nstructi	ons)	r age c
						E	xempt Contro	lled Organi	izations	3	
Name of controlled organization		2. Employer identification number			al of specified that is included controlling orgation's gross inc		luded i ng orga	n the niza-	Deductions directly connected with acome in column 5		
(1)											
(2)											
(3)											
(4)						<u> </u>					
	Tavalela leasens			1	Controlled O					T 5	
,	ir		Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc	of column s sluded in th organization income	ne	С	eductions directly onnected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c			Enter	columns 6 and 11. here and on Part I, e 8, column (B)
Totals						>			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instruct	tions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected (att	4. Set-a tach sta	asides atement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou	. Enter					Add amounts in column 5. Enter
Totals				>	here and or line 9, colu	,					here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	, Other T	han Adve	ertising	g Income	see instruc	ctions)		
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,			
										3	
4	Net income (loss) from										
_										4	
5	Gross income from ac									5	
6 7	Expenses attributable Excess exempt expen									6	
7	4 Enter here and on F			, but do No	or eniter more	t uidii li	ie amount on i	ıı ı C		7	

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a c	onsolidated basis.		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the co	rresponding column.			
	,	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Pa			•	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa			•	0.
	3	, , , , , , , , , , , , , , , , , , , ,			
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero	I I			
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	· · · · · · · · · · · · · · · · · · ·	al or zero here and or	1	
	Part II, line 13			>	0.
Part	X Compensation of Officers, Direct	ctors, and Trustees (se	e instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title	c	of time devoted	attributable to
				to business	unrelated business
(1)				ارم	
				%	
				% %	
(2)					
(2) (3)				%	
(2) (3) (4)				% %	
(2) (3) (4) Total.	Enter here and on Part II, line 1			% %	0.
(2) (3) (4)	. Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.
(2) (3) (4) Total.	Enter here and on Part II, line 1 XI Supplemental Information (see i	instructions)		% %	0.

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 18
DESCRIPTION		NET INCOME OR (LOSS)
ACCOLADE PARTNERS VIII I	L.P ORDINARY BUSINESS INCOME	61.
TOTAL INCLUDED ON SCHEDUL	LE A, PART I, LINE 5	61.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

► Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only THE COMMUNITY FOUNDATION B Employer identification number Name of the organization OF WESTERN NORTH CAROLINA, INC. 56-1223384 Unrelated business activity code (see instructions) > 901101 11 12 **D** Sequence: Describe the unrelated trade or business

HEADLANDS CAPITAL SECONDARY FUND III Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 216. 216. 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 19 -784.-784.Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 -568. -568. **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 2 Salaries and wages 3 3 Repairs and maintenance 4 4 Interest (attach statement). See instructions 5 5 Taxes and licenses 6 6 Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion _____ 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 14 Other deductions (attach statement) Total deductions. Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 -568. column (C) 16 Deduction for net operating loss. See instructions

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2021

17

18

-568.

	11 Page 2
Yes [No
D	
	0.
	0.
D	
	%

Part	III Cost of Goods Sold Enter me	ethod of inventory valuation	>		
1	Inventory at beginning of year	-		1	
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7					
8	Cost of goods sold. Subtract line 7 from line 6. Ente				
9	Do the rules of section 263A (with respect to property	•			Yes No
Part					
1	Description of property (property street address, city,				
	A	,,			
	В				
	c \square				
	D				
		Α	В	С	
2	Rent received or accrued				
– a	From personal property (if the percentage of				
u	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
D	percentage of rent for personal property exceeds				
	FOO(if the amount in heart of any more (it amine amount)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, coldinins A through b				
3	Total rents received or accrued. Add line 2c columns	A through D. Enter here and	on Port Llino 6 o	olumn (A)	0.
3	Deductions directly connected with the income	A through b. Litter here and	TOTT Fart 1, liftle 0, C	olullii (A)	<u>.</u>
4	•				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. B	Inter here and an Dort Line	6 column (D)		0.
Part '		(coo instructions)	o, coluitiii (b)		•
1	Description of debt-financed property (street address	•	k if a dual usa. Sac	vinetructions	
'	A Street address	, city, state, zir codej. Onec	k ii a duaruse. See	instructions.	
	В —				
	c -				
	D	T .		0	
_	Curan impage from a valle cable to debt financed	Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through I	O). Enter here and on Part I,	line 7, column (A)	>	0.
					_
9	Allocable deductions. Multiply line 3c by line 6				_
10	Total allocable deductions. Add line 9, columns A to				0.
11	Total dividends-received deductions included in lin	e 10		>	0.

Part VI Interest, Anni	uities, Royalties, and R	Rents from	m Control	led Or	ganizations	S (see instru	ctions)	Page 3
				E	Exempt Contro	lled Organizatio	ns ,	
Name of controlle organization	' '		3. Net unrelated 4. Total		al of specified nents made that is included controlling organized tion's gross in		umn 4 d in the ganiza-	6. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
			Controlled O				1	
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		otal of specif lyments mad		that is inc	of column 9 cluded in the organization's income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
					Enter here	nns 5 and 10. and on Part I, column (A)	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals		04(-)(7)	(A) (4.7)	<u></u>		0.		0.
	Income of a Section 5	U1(C)(7), (ee instructions)		F =
1. Des	cription of income		2. Amou incor		3. Deduction directly connumber (attach state)	ected (attach	t-asides statemen	5. Total deductions and set-asides (add cols 3 and 4)
<u>(1)</u>								
(2)								
(3)								
(4)			Add amou	ınte in				Add amounts in
			column 2 here and o line 9, colu	. Enter n Part I, umn (A)				column 5. Enter here and on Part I, line 9, column (B)
Part VIII Exploited E	Yomat Activity Income		Thom Adve	0.	- Income	, , , ,	`	0.
	Exempt Activity Income	e, Other	ilian Adve	er using	y income	(see instruction:	S)	
1 Description of exploit	-	-i F-t-		- David I	line 10 celum	- (A)		
	ness income from trade or bus						2	
•	nnected with production of un					•	3	
4 Net income (loss) from	n unrelated trade or business.	. Subtract li	ne 3 from line	e 2. If a 🤉	gain, complete	•		
	ctivity that is not unrelated bu						5	
	to income entered on line 5						6	
	nses. Subtract line 5 from line							
4. Enter here and on F		_,					7	

Part	IX Advertising Income					. ago .
1	Name(s) of periodical(s). Check box if reportir	g two or more period	icals on a cons	olidated basis.		
	A					
	в 🔲					
	c					
	D					
Enter a	amounts for each periodical listed above in the	corresponding colum	n		-	
		A	\	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, line 11, colum	n (A)		▶	0.
a	Divert advertising seets by paviadical					
3 a	Direct advertising costs by periodical	Part Llino 11 colum	n (B)			0.
а	Add coldnins A through b. Enter here and on	Fart i, line 11, colum	II (b)			
4	Advertising gain (loss). Subtract line 3 from lin	ne 🗆				
-	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	n				
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
•	than line 6, enter zero					
8	Excess readership costs allowed as a deduction. For each column showing a gain of	nn.				
	line 4, enter the lesser of line 4 or line 7	I				
а	Add line 8, columns A through D. Enter the g		olumns total or	zero here and o	 n	
	Part II, line 13				_	0.
Part	X Compensation of Officers, Dir	ectors, and Trus	stees (see in	structions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					<u>%</u> %	
(4)					70	
Total	Enter here and on Part II, line 1				•	0.
Part		ee instructions)				

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 19
DESCRIPTION		NET INCOME OR (LOSS)
HEADLANDS CAPITAL SECTION (LOSS)	CONDARY FUND III - ORDINARY BUSINESS	-794.
	CONDARY FUND III - INTEREST INCOME CONDARY FUND III - OTHER INCOME (LOSS)	8. 2.
TOTAL INCLUDED ON SCI	HEDULE A, PART I, LINE 5	-784.

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

➤ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
☐ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC. Employer identification number

56-1223384

Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain (d) (e) to enter on the lines below. Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) Part I, line 2, column (g) (sales price) result with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, column (d) and combine the This form may be easier to complete if you (sales price) (or other basis) Part II, line 2, column (g) result with column (a) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on -717 Form(s) 8949 with Box F checked 933 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 216. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 216. 216 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns Note: If losses exceed gains, see Capital Losses in the instructions.

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

Attachment Sequence No. 12A

Form 8949 (2021)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

THE COMMUNITY FOUNDATION

Social security number or taxpayer identification no.

OF WESTERN NORTH CAROLINA, 56-1223384 INC Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Cabadala D. line Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) see *Column (*e) ir combine the result Amount of Code(s) with column (g) the instructions adjustment HEADLANDS CAPITAL SECONDARY FUND III -717.2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E -717. above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2021)

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form4797 for instructions and the latest information. Name(s) shown on return Identifying number THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, 56-1223384 INC. 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale HEADLANDS CAPITAL SECONDARY FUND III 933 Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 933. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 933. capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

18b

(Form 1040), Part I, line 4

Form 4797 (2021) OF WESTERN NORTH CAROLINA, INC.

Pa	rt III Gain From Disposition of Propert	y Und	der Sections 1245,	1250, 1252	, 125	54, and 1255	(see	instructions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	5 property:			(b) Date acquii (mo., day, yr.		(c) Date sold (mo., day, yr.)
_A								
<u>B</u>								
<u> </u>								
<u>D</u>								
	These columns relate to the properties on			_	_	_		
	lines 19A through 19D.	. ▶	Property A	Property	В	Property	<u>C</u>	Property D
20	Gross sales price (Note: See line 1a before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
<u>24</u>	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
	Enter the smaller of line 24 or 27b	27c						
a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b	Enter the smaller of line 24 or 28a	28b						
	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b	Enter the smaller of line 24 or 29a. See instructions	29b						
Sui	mmary of Part III Gains. Complete property of	olumn	s A through D through lin	a 20h hafora (aoina	to line 30		
		Joiurnin		le 23b belole (gonig	to line 50.		
30	Total gains for all properties. Add property columns	A thro	ough D, line 24				30	
31	Add property columns A through D, lines 25b, 26g,		•				31	
32	Subtract line 31 from line 30. Enter the portion from		uity or theft on Form 4684	, iine 33. Ente	r the p	portion		
Pa	from other than casualty or theft on Form 4797, line Irt IV Recapture Amounts Under Sectio	ns 17	79 and 280F(b)(2) W	hen Busine	ess l	Jse Drops to	32 50%	or Less
	(see instructions)							
						(a) Section 179	1	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable	in prior years	ſ	33			
34					34			
35	Recapture amount. Subtract line 34 from line 33. Se				35			

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of the organization THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Unrelated business activity code (see instructions)

901101

B Employer identification number 56-1223384

D Sequence: 12 of 12

Describe the unrelated trade or business STEPSTONE VC SECONDARIES FUND V LP Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 20 -503. -503. Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 -503. -503. **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 2 Salaries and wages 3 3

Repairs and maintenance 4 4 Interest (attach statement). See instructions 5 5 Taxes and licenses 6 6 Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion _____ 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 14 Other deductions (attach statement) Total deductions. Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 column (C) 16 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16

LHA For Paperwork Reduction Act Notice, see instructions.

1	2
age	2

Part I	II Cost of Goods Sold Enter met	hod of inventory valuation			
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part I	V Rent Income (From Real Property and	d Personal Property L	eased with Rea	al Property)	
1	Description of property (property street address, city, s	state, ZIP code). Check if a c	lual-use. See instruc	ctions.	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					•
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here and	on Part I, line 6, colu	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
_				_	0.
5 Part \	Total deductions. Add line 4 columns A through D. El Unrelated Debt-Financed Income (s	nter nere and on Part I, line t	s, column (B)	<u></u>	<u> </u>
1		•	if a dual usa. Cas in		
'	Description of debt-financed property (street address,	city, state, ZIP code). Check	ii a duai-use. See ii	istructions.	
	A				
	B				
	n —				
	<u> </u>	Α Ι	В	С	
2	Gross income from or allocable to debt-financed	A	В		
2					
3	Deductions directly connected with or allocable				
3	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
7	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
J	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6	70	70	70	70
8	Total gross income (add line 7, columns A through D	Enter here and on Part I li	ne 7 column (A)		0.
J	. Ca. grood moome (add mie 7, coldinis A though D	. Entor hore and one art I, III	r, ooidiiii (A)	–	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th	rough D. Enter here and on I	Part I, line 7, column	n (B)	0.
11	Total dividends-received deductions included in line				0.

age 3

	VI Interest, Annu		oyalties, and Re	ents fron	n Control	ed Or	ganizations	s (see	e instruct	ions)	rage o
						E	xempt Contro	lled Org	anization	S	
	Name of controlled organization		2. Employer identification number			nents made that is inc		included in the		Deductions directly connected with income in column 5	
<u>(1)</u>											
(2)											
(3))										
<u>(4)</u>											
	7. Taxable Income		No Net unrelated		Controlled Or otal of specification			of oolum	nn 0	44.0	laduationa divantly
	. Taxable income	ir	net unrelated scome (loss) e instructions)	1	yments mad		that is inc controlling gross	luded in	n the ation's	11. Deductions directly connected with income in column 10	
(1)											
(2)											
(3)											
(4)											
							Add columns 5 and 10. Enter here and on Part I, line 8, column (A)			Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals						▶			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instrı	uctions)		
	1. Description of income				2. Amour incom		3. Deduction directly connected (attach states	ected (4. Set- attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											<u> </u>
Totals					Add amou column 2. here and or line 9, colu	Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt 4	activity Income,	Other T	⊥ Than Δdve		Income /	coo inct	ructions)		J 0.
1	Description of exploite		moonie,	, 5			,	966 II 191	. 40110115)		
2	Gross unrelated busin	•	e from trade or busi	ness. Fnte	r here and or	n Part I	line 10, colum	n (A)		2	
3	Expenses directly con						•	. ,			
-										3	
4	Net income (loss) from										
	''					-				4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F						7				

Part	IX Advertising Income				r ago r
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a c	onsolidated basis.		
	A 🔲	·			
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the c	corresponding column.			
		A	В	С	D
2	Gross advertising income		<u>_</u>		
_	Add columns A through D. Enter here and on	-		<u> </u>	0.
а	, tad detailine / timedgir B. Enter Here and en	arti, into 11, ocianii (y			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on			<u> </u>	0.
-	, tad detailine / timedgir B. Enter Here and en	art i, iii e i i, seiai iii (2)			
4	Advertising gain (loss). Subtract line 3 from lin	_			
•	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
•	line 5, subtract line 6 from line 5. If line 5 is less	s			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	,			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre	·	al or zero here and	lon	<u> </u>
	Part II, line 13				0.
Part	X Compensation of Officers, Dire	ectors, and Trustees (se	e instructions)	,	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	. Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (see	e instructions)			

FORM 990-T (A)	INCOME	(LOSS)	FROM	PARTNERSHIPS	STATEMENT 20
DESCRIPTION					NET INCOME OR (LOSS)
STEPSTONE VC SECONDARIES	S FUND V	/ - ORD	INARY	BUSINESS INCOME	-503.
TOTAL INCLUDED ON SCHEDU	JLE A, I	PART I,	LINE	5	-503.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

THE COMMUNITY FOUNDATION

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

	OF WESTERN NORTH CA	AROLINA, INC.			56-	1223384
Dic	the corporation dispose of any investmer	nt(s) in a qualified opportun	ity fund during the tax y	ear?		Yes X No
	Yes," attach Form 8949 and see its instruc	ctions for additional require	ements for reporting you	r gain or loss.		
F	Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
to e	instructions for how to figure the amounts inter on the lines below. In form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
rou	nd off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (.9)	result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
	Totals for all transactions reported on					
	Form(s) 8949 with Box A checked					
	Totals for all transactions reported on					
	Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on					
-	Form(s) 8949 with Box C checked					
4	Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
	Short-term capital gain or (loss) from like-kind				5	
	Unused capital loss carryover (attach computa	_			6	(
	Net short-term capital gain or (loss). Combine				7	
_	Part II Long-Term Capital Gair			n One Year	-	•
Sec	instructions for how to figure the amounts	(d)	(e)	(g) Adjustments to ga	in	(h) Gain or (loss)
	enter on the lines below. If some may be easier to complete if you not off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column	49,	Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on					
	Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on					
	Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on					
	Form(s) 8949 with Box F checked					-717.
					11	
12	Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12	
13	Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
					14	
	Net long-term capital gain or (loss). Combine		nh		15	-717.
	Part III Summary of Parts I and			,		
	Enter excess of net short-term capital gain (lin				16	
17	Net capital gain. Enter excess of net long-term	capital gain (line 15) over net	short-term capital loss (line	e 7)	17	
18	Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the app	olicable line on other return	s	18	0.
	Note: If losses exceed gains, see Capital Los	ses in the instructions.				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2021

Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

THE COMMUNITY FOUNDATION

Social security number or taxpayer identification no.

OF WESTERN NOR	TH CAROL	INA, INC.	•			56-1	223384
Before you check Box D, E, or F belo statement will have the same informa proker and may even tell you which b	w, see whether y tion as Form 109 oox to check.	ou received any 99-B. Either will s	Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from r cost) was	your broker. A sub reported to the IF	bstitute S by your
Part II Long-Term. Transaction see page 1.	ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instruction	ons). For short-term to	ansactions,
Note: You may aggregate all codes are required. Enter the							
You must check Box D, E, or F below. Of you have more long-term transactions than will	heck only one bo	x. If more than one b	ox applies for your long-	term transactions, compl	ete a separate	Form 8949, page 2, for 6	
(D) Long-term transactions than will	· -				·=		
(E) Long-term transactions rep	-	="	-	•		,	
X (F) Long-term transactions not	reported to you	on Form 1099-B	}		T		_
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you	out, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss). Subtract column (e)
,	, , , , ,	(Mo., day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
HEADLANDS CAPITAL						,	
SECONDARY FUND III							<717 . >
							_
2 Totals. Add the amounts in colun	nns (d) (e) (d) a	l nd (h) (subtract					
	(a), (b), (g), a	() (54511401	ı	1		i	i

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2021)

negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked)

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123 2021

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information.

Name	THE	COMMUI	NITY FOUNDATIO			
	OF I	WESTERI	NOF	нтя	CAROLINA	TNC

Employer identification number 56-1223384

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment					
1 Total tax (see instructions)				1	97,111.
2 a Personal holding company tax (Schedule PH (Form 1120), lin	e 26)	included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2)					
contracts or section 167(g) for depreciation under the income			2b		
(3)					
c Credit for federal tax paid on fuels (see instructions)			2c		
d Total. Add lines 2a through 2c				2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do	not c	omplete or file this form.	The corporation		
does not owe the penalty				3	97,111.
4 Enter the tax shown on the corporation's 2020 income tax ret					0.5.00.5
or the tax year was for less than 12 months, skip this line and	enter	the amount from line 3 o	on line 5	4	86,026.
5 Required annual payment. Enter the smaller of line 3 or line				_	96 026
enter the amount from line 3 Part II Reasons for Filing - Check the boxes beld	tho	t apply. If any boyon are	charled the corporation	5	86,026.
even if it does not owe a penalty. See instructions.)w ilia	t apply. If ally boxes are	checked, the corporation	must lile Fortil 2220	
	mont i	nothod			
 The corporation is using the adjusted seasonal install The corporation is using the annualized income install 					
8 The corporation is a "large corporation" figuring its fir			n the prior year's tay		
Part III Figuring the Underpayment	si reqi	ineu installitetit baseu o	ii tile piloi yeai s tax.		
3 3 1 7		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the	\Box	(4)	(2)	(5)	(-/
15th day of the 4th (Form 990-PF filers: Use 5th month),					
6th, 9th, and 12th months of the corporation's tax year	9	10/15/21	12/15/21	03/15/22	06/15/22
10 Required installments. If the box on line 6 and/or line 7					
above is checked, enter the amounts from Sch A, line 38. If					
the box on line 8 (but not 6 or 7) is checked, see instructions					
for the amounts to enter. If none of these boxes are checked,					
enter 25% (0.25) of line 5 above in each column	10	21,507.	21,506.	21,507.	21,506.
11 Estimated tax paid or credited for each period. For					
column (a) only, enter the amount from line 11 on line 15.					
See instructions	11	2,125.	20,000.	32,253.	21,510.
Complete lines 12 through 18 of one column	ш				
before going to the next column.	1 1				
12 Enter amount, if any, from line 18 of the preceding column	12		00 000	20 052	01 510
13 Add lines 11 and 12	13 14		20,000.	32,253.	21,510.
4 Add amounts on lines 16 and 17 of the preceding column		2 105	19,382.	20,888.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	2,125.	618.	11,365.	11,368.
16 If the amount on line 15 is zero, subtract line 13 from line			0.	0.	
14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10,					
subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	19,382.	20,888.	10,142.	10,138.
column. Otherwise, go to line 18		17,302.	20,000.	10,142.	10,130.
from line 15. Then go to line 12 of the next column	18				
Co to Port IV on page 2 to figure the penalty. Do not go to Port IV			4= 1.1		

For Paperwork Reduction Act Notice, see separate instructions.

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Form 2220 (2021)

Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21				
22	Underpayment on line 17 x Number of days on line 21 x 3% (0.03)	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23				
24	Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25				
26	Underpayment on line 17 x Number of days on line 25 x 3% (0.03)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE	ATTACHED W	ORKSHEET	
28	Underpayment on line 17 x Number of days on line 27 x 3% (0.03)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29				
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2022 and before 10/1/2022	31				
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33				
34	Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35				
36	Underpayment on line 17 x Number of days on line 35 x *% 365	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal he	ere and on Form 1120, lin	e 34; or the comparable	38	\$ 571.

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2021)

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)	ITY FOUNDATIO	NNT		Identifying Num	ber
	NORTH CAROLI			56-1223	3384
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
10/15/21	21,507.	21,507.			
10/15/21	-2,125.	19,382.	61	.000082192	97.
12/15/21	21,506.	40,888.			
12/15/21	-20,000.	20,888.	90	.000082192	155.
03/15/22	21,507.	42,395.			
03/15/22	-32,253.	10,142.	16	.000082192	13.
03/31/22	0.	10,142.	76	.000109589	84.
06/15/22	21,506.	31,648.			
06/15/22	-21,510.	10,138.	15	.000109589	17.
06/30/22	0.	10,138.	92	.000136986	128.
09/30/22	0.	10,138.	46	.000164384	77.
enalty Due (Sum of Colu	ımn F).				571.

^{*} Date of estimated tax payment, withholding credit date or installment due date.

Department of the Treasury Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Nam	e(s) shown on return						Ide	ntifying number
	E COMMUNITY FOUNDAT:							
<u>OF</u>	WESTERN NORTH CARO	LINA, INC	: -					56-1223384
1a	Enter the gross proceeds from sales of (or substitute statement) that you are		•		099-B or 1099-S		1a	
b	Enter the total amount of gain that yo	u are including o	n lines 2, 10, an	d 24 due to the pa	rtial dispositions o	f		
	MACRS assets						1b	
С	Enter the total amount of loss that yo							
	assets						1c	
Pa	rt I Sales or Exchanges of					y Convers	sions	From Other
	Than Casualty or Theft	-Most Prope	rty Held Moi	re Than 1 Year	(see instruction	s)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or o basis, plus improvements expense of s	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SE	EE STATEMENT 21				acquisition	CAPCIISC OF S	aic	
_								
3	Gain, if any, from Form 4684, line 39						3_	
4	Section 1231 gain from installment sa						4_	
5	Section 1231 gain or (loss) from like-k						5	
6	Gain, if any, from line 32, from other t						6	E2 40E
7	Combine lines 2 through 6. Enter the		-				7	-52,495.
	Partnerships and S corporations. Fine 10, or Form 1120-S, Schedule K,				r Form 1065, Sche	edule K,		
	Individuals, partners, S corporation from line 7 on line 11 below and skip	•			•			
	1231 losses, or they were recaptured the Schedule D filed with your return	in an earlier year	r, enter the gain	from line 7 as a lor				
8	Nonrecaptured net section 1231 loss	es from prior vea	rs. See instructi	ons			8	
9	Subtract line 8 from line 7. If zero or le				e 7 on line 12 belo	w. If		
	line 9 is more than zero, enter the am	•	•	•				
	capital gain on the Schedule D filed w	vith your return. S	See instructions	· ·			9	
Da								
Га	rt II Ordinary Gains and I	LUSSES (see in:	structions)					
10	Ordinary gains and losses not includ	led on lines 11 th	rough 16 (includ	de property held 1	year or less):			
11	Loss, if any, from line 7						11	(52,495.)
12	Gain, if any, from line 7 or amount fro						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, line						14	
15	Ordinary gain from installment sales f						15	
16	Ordinary gain or (loss) from like-kind e						16	
17	0 1: " 40" 140						17	-52,495.
18	For all except individual returns, enter							
	a and b below. For individual returns,							
а	If the loss on line 11 includes a loss fr	rom Form 4684, I	line 35, column ((b)(ii), enter that pa	rt of the loss here.	Enter the		
	loss from income-producing property	on Schedule A (l	Form 1040), line	16. (Do not includ	e any loss on prop	erty used		
	as an employee.) Identify as from "Fo						18a	
b	Redetermine the gain or (loss) on line							
	(Form 1040), Part I, line 4					I	18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2021)

Form 4797 (2021) OF WESTERN NORTH CAROLINA, INC.

(a) Description of section 1245, 1250, 1252, 1254,	or 1255 p	property:		(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.
These columns relate to the properties on						
lines 19A through 19D.	•	Property A	Property B	Property	С	Property I
Gross sales price (Note: See line 1a before completing.)	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable \dots	22					
Adjusted basis. Subtract line 22 from line 21	23					
Total gain. Subtract line 23 from line 20	24					
If section 1245 property:						
Depreciation allowed or allowable from line 22						
Enter the smaller of line 24 or 25a	25b					
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
Additional depreciation after 1975. See instructions	26a					
Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					
Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
Additional depreciation after 1969 and before 1976	26d					
Enter the smaller of line 26c or 26d	26e					
Section 291 amount (corporations only)	26f					
Add lines 26b, 26e, and 26f	26g					
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
Soil, water, and land clearing expenses	27a					
Line 27a multiplied by applicable percentage	27b					
Enter the smaller of line 24 or 27b	27c					
If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
Enter the smaller of line 24 or 28a	28b					
If section 1255 property: Applicable percentage of payments excluded	200					
from income under section 126. See instructions Enter the smaller of line 24 or 29a. See instructions	29a 29b					
	•				l	
mmary of Part III Gains. Complete property	columns	A through D through	line 29b before goin	g to line 30.		
Total gains for all properties. Add property column	s A throu	gh D, line 24			30	
		,				
Add property columns A through D, lines 25b, 26g	, 27c, 28l	b, and 29b. Enter he	re and on line 13		31	
Subtract line 31 from line 30. Enter the portion from	, ,	,	•••	portion		
from other than casualty or theft on Form 4797, lin	e 6			•	32	
art IV Recapture Amounts Under Secti	ons 179	and 280F(b)(2)	When Business	Use Drops to	50% c	r Less
(see instructions)						
	<u> </u>			(a) Section 179	ו [(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation all	owable in	n prior vears	33			
Recomputed depreciation. See instructions		. prior yours				
Recapture amount. Subtract line 34 from line 33. S						

118012 12-17-21

FORM 4797	PRO	PERTY HELI	MORE THAI	N ONE YEAR	ST	ATEMENT 21
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
AG REALTY FUND VIII, LP HEADLANDS CAPITAL						-3,167.
SECONDARY FUND II LP THE ENERGY &						-1.
MINERALS GROUP FUND IV LP MTP ENERGY						-184,703.
OPORTUNITIES HEADLANDS CAPITAL SECONDARY FUND						134,443.
III						933.
TOTAL TO 4797, PA	RT I, LINE	2				-52,495.