

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Open to Public Inspection

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.

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4 VANDERBILT PARK DRIVE SUITE 300City or town, state or province, country, and ZIP or foreign postal code
ASHEVILLE, NC 28803F Name and address of principal officer: **GRAHAM KEEVER
SAME AS C ABOVE**

D Employer identification number

56-1223384

E Telephone number
828-254-4960

G Gross receipts \$ 82,254,456.

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

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: **WWW.CFWNC.ORG**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1978 M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PLEASE REFER TO SCHEDULE O FOR ORGANIZATION'S MISSION STATEMENT.																																																									
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																									
3 Number of voting members of the governing body (Part VI, line 1a)	3 19																																																								
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 19																																																								
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 22																																																								
6 Total number of volunteers (estimate if necessary)	6 50																																																								
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 310,562.																																																								
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 462,433.																																																								
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Part II Signature Block

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

Sign Here	Signature of officer GRAHAM KEEVER, CHIEF FINANCIAL OFFICER Type or print name and title	Date 4/4/2023
Paid Preparer Use Only	Print/Type preparer's name KAREN S. GRAY, CPA Preparer's signature KAREN S. GRAY, CPA Firm's name DMJPS PLLC Firm's address 79 WOODFIN PLACE, SUITE 300 ASHEVILLE, NC 28801	Date 03/31/23 Check if self-employed <input type="checkbox"/> PTIN P00322371 Firm's EIN 56-0570567 Phone no. 828-254-2374

May the LHA discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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?

Yes

☒

No

If "Yes," describe these new services on Schedule O.
- 3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O.
- 4

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

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

Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)
- 4e

Total program service expenses

22,970,810.

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

Form 990 (2021)

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Part IV Checklist of Required Schedules

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

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 31	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

Form 990 (2021)

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 22		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
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)?		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?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>		X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <i>If "Yes," complete Form 6069.</i>		

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

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

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

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

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
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	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X	
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?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process 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		X
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
GRAHAM KEEVER - 828-254-4960
4 VANDERBILT PARK DRIVE SUITE 300, ASHEVILLE, NC 28803

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

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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.

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

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

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JUANITA WILSON DIRECTOR	1.00	X						0.	0.	0.
(19) MICHAEL FIELDS SECRETARY	1.00	X		X				0.	0.	0.
(20) NATALIE BAILEY DIRECTOR	1.00	X						0.	0.	0.
(21) SARAH SPARBOE THORNBURG CHAIRPERSON	1.00	X		X				0.	0.	0.
(22) SCOTT SHEALY DIRECTOR	1.00	X						0.	0.	0.
(23) STEPHANIE NORRIS KISER DIRECTOR	1.00	X						0.	0.	0.
(24) SUSAN JENKINS DIRECTOR	1.00	X						0.	0.	0.
(25) WILLIAM CLARKE DIRECTOR	1.00	X						0.	0.	0.
(26) HEATHER NORTON DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								972,903.	0.	220,495.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								972,903.	0.	220,495.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

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

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	58,011.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	30,677,191.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,478,767.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a MGMT FEE INCOME (NET-SEE SCH O)		Business Code				
			523920	678,898.			678,898.
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			678,898.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,483,434.		310,562.	3172872.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	36,741,691.				
	c Gain or (loss)	7c	10,474,359.				
	d Net gain or (loss)			10,474,359.			10474359.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE		Business Code				
			900099	140,872.			140,872.
	b						
	c						
	d All other revenue						
	e 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.**

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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):				
a Management	195,949.	113,394.	73,905.	8,650.
b Legal	7,295.	4,357.	2,630.	308.
c Accounting	75,162.	44,891.	27,099.	3,172.
d Lobbying	9,035.	9,035.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	658,860.		658,860.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	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.)				
a OTHER EXPENSE	174,853.	95,701.	57,771.	21,381.
b CONTRACT SERVICES	157,585.	86,251.	52,066.	19,268.
c TRAINING/STAFF DEVELOPM	125,860.	68,887.	41,585.	15,388.
d EQUIPMENT MAINTENANCE	111,731.	61,154.	36,916.	13,661.
e 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)

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,003.	9	26,252.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,004,713.		
	b Less: accumulated depreciation	965,593.	10c	2,039,120.
	11 Investments - publicly traded securities	247,611,707.	11	196,207,977.
	12 Investments - other securities. See Part IV, line 11	155,934,276.	12	164,646,939.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	422,748,745.	16	387,056,220.	
Liabilities	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 Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	107,373,625.	25	102,845,776.
	26 Total liabilities. Add lines 17 through 25	107,939,917.	26	103,399,178.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		6,061,073.	27	5,425,259.
28 Net assets with donor restrictions		308,747,755.	28	278,231,783.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		314,808,828.	32	283,657,042.
33 Total liabilities and net assets/fund balances		422,748,745.	33	387,056,220.

Form **990** (2021)

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

Form 990 (2021)

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Part 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	45,512,765.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,371,396.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,141,369.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	314,808,828.
5	Net unrealized gains (losses) on investments	5	-50,284,698.
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	-1,008,457.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	283,657,042.

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

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.** Employer identification number **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.)

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	28924285.	18993511.	17277827.	26842724.	30818063.	122856410
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	28924285.	18993511.	17277827.	26842724.	30818063.	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.
6 Public support. Subtract line 5 from line 4.						108913066

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	28924285.	18993511.	17277827.	26842724.	30818063.	122856410
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2594104.	2879787.	3384826.	3124776.	3483434.	15466927.
9 Net income from unrelated business activities, whether or not the 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 assets (Explain in Part VI.)	581,749.	691,559.	682,580.	766,981.	819,770.	3542639.
11 Total support. Add lines 7 through 10						143096768
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	76.11	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	71.80	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 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 and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a 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			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			► <input type="checkbox"/>

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.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c 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		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j 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			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

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Part VI

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

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.

OMB No. 1545-0047

2021

Name of the organization

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Employer identification number

56-1223384

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

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

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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.

Name of organization	THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	Employer identification number	56-1223384
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ 0.
- 3 Volunteer hours for political campaign activities 0.

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and 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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		9,035.													
c Total lobbying expenditures (add lines 1a and 1b)		9,035.													
d Other exempt purpose expenditures		22,963,311.													
e Total exempt purpose expenditures (add lines 1c and 1d)		22,972,346.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
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 nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	15,803.	95.	85.		15,983.

Schedule C (Form 990) 2021

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

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 of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
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 filing 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), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

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 group list); Part II-A, lines 1 and 2 (See 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 BURR SUPPORTING THE
VOCA FIX ACT S. 611

ELIZABETH BRAZAS SIGNED LETTER FROM CHARITABLE SECTOR REGARDING
ADMINISTRATION'S PROPOSAL ON SPLIT-INTEREST GIFTS

Part IV Supplemental Information (continued)

ELIZABETH BRAZAS SIGNED LETTER IN SUPPORT OF LOCAL JOURNALISM
SUSTAINABILITY ACT

ELIZABETH BRAZAS SIGNED A LETTER TO TILLIS AND BURR SUPPORTING AN
EXTENSION 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 D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 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, INC.
Employer identification number 56-1223384**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	432	
2 Aggregate value of contributions to (during year)	18,160,816.	
3 Aggregate value of grants from (during year)	16,111,987.	
4 Aggregate value at end of year	113,585,155.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	198,676,498.	160,694,893.	162,390,311.	155,514,737.	146,923,060.
b Contributions	15,565,333.	5,125,325.	4,778,098.	8,339,531.	6,511,500.
c Net investment earnings, gains, and losses	-24,131,334.	39,759,734.	1,877,895.	5,686,543.	9,786,172.
d Grants or scholarships	7,241,551.	5,466,169.	6,976,167.	6,098,007.	6,405,793.
e Other expenditures for facilities and programs	526,890.	815,800.	1,043,350.	726,944.	1,300,202.
f Administrative expenses	435,371.	621,485.	331,894.	325,549.	
g End of year balance	181,906,685.	198,676,498.	160,694,893.	162,390,311.	155,514,737.

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

- a Board designated or quasi-endowment ☒ .0000 %
 b Permanent endowment ☒ 88.8800 %
 c Term endowment ☒ 11.1200 %

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

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

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

- (i) Unrelated organizations _____
 (ii) Related organizations _____

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,594,273.	610,735.	1,983,538.
c Leasehold improvements				
d Equipment		181,863.	157,176.	24,687.
e Other		228,577.	197,682.	30,895.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,039,120.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT FUNDS		
(B) (RESTRICTED CASH)	21,104,892.	END-OF-YEAR MARKET VALUE
(C) OTHER HEDGE FUNDS	24,045,411.	END-OF-YEAR MARKET VALUE
(D) REAL ESTATE ASSET FUNDS	14,387,446.	END-OF-YEAR MARKET VALUE
(E) PRIVATE EQUITY FUNDS	6,585,295.	END-OF-YEAR MARKET VALUE
(F) LONE JUNIPER, LP (HEDGE		
(G) FUND)	2,582,687.	END-OF-YEAR MARKET 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 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	-6,439,248.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-50,284,696.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-50,284,696.
3	Subtract line 2e from line 1	3	43,845,448.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	658,860.
b	Other (Describe in Part XIII.)	4b	1,008,457.
c	Add lines 4a and 4b	4c	1,667,317.
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	1	24,712,536.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	24,712,536.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	658,860.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	658,860.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	25,371,396.

Part XIII Supplemental Information.

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

PART 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 INTERNAL REVENUE CODE. IT IS THE FOUNDATION'S POLICY TO EVALUATE ALL TAX POSITIONS TO IDENTIFY ANY THAT MAY BE CONSIDERED UNCERTAIN. ALL IDENTIFIED MATERIAL TAX POSITIONS ARE ASSESSED AND MEASURED BY A "MORE-LIKELY-THAN-NOT" THRESHOLD TO DETERMINE IF THE TAX POSITION IS UNCERTAIN, AND WHAT, IF ANY, EFFECT THE UNCERTAIN TAX POSITION MAY HAVE ON THE FINANCIAL STATEMENTS. NO MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED FOR 2021 AND 2020. CURRENTLY, THE STATUTE OF

Part XIII Supplemental Information (continued)

LIMITATIONS REMAINS OPEN

SUBSEQUENT TO AND INCLUDING 2018; HOWEVER, NO EXAMINATIONS ARE IN PROCESS
OR ANTICIPATED. ANY

CHANGES IN THE AMOUNT OF A TAX POSITION WILL BE RECOGNIZED IN THE PERIOD
THE CHANGE OCCURS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 654,173.

ANNUITY DISTRIBUTIONS 354,284.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,008,457.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public Inspection

56-1223384

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Schedule F (Form 990) 2021

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

56-1223384

Part II **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)

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ►
- 3** Enter total number of other organizations or entities ►

Part III can be duplicated if additional space is needed.

[illegible]

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)*

☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ No

Part V	Supplemental Information
---------------	---------------------------------

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Employer identification number
56-1223384

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A BETTER LIFE ANIMAL RESCUE P.O. BOX 8311 MORGANTON, NC 28680	27-2346103	501(C)(3)	79,420.	0.	BOOK		ANIMAL WELFARE
A GIFT FOR TEACHING 6501 MAGIC WAY BLDG 400C ORLANDO, FL 32809	59-3515162	501(C)(3)	7,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
A THERAPIST LIKE ME 1 SCHOOL ROAD ASHEVILLE, NC 28806	84-2129233	501(C)(3)	26,000.	0.	BOOK		PROMOTING QUALITY HEALTH
A-B TECH COMMUNITY COLLEGE FOUNDATION - 340 VICTORIA ROAD - ASHEVILLE, NC 28801	56-1993458	501(C)(3)	270,118.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ABCCM 20 TWENTIETH STREET ASHEVILLE, NC 28806	56-0945001	501(C)(3)	243,027.	0.	BOOK		ASSISTING PEOPLE IN NEED
ACLU OF NORTH CAROLINA LEGAL FOUNDATION - P.O. BOX 28004 - RALEIGH, NC 27611-8004	56-1019644	501(C)(3)	41,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

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

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

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**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

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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
ADULTS WORKING AND ADVOCATING FOR KIDS EMPOWERMENT (AWAKE) - P.O. BOX 755 - SYLVA, NC 28779	56-1796889	501(C)(3)	18,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
ALL SOULS COUNSELING CENTER 35 ARLINGTON STREET ASHEVILLE, NC 28801	56-2200862	501(C)(3)	123,500.	0.	BOOK		PROMOTING QUALITY HEALTH
ALTAPASS FOUNDATION, INC. 1025 ORCHARD ROAD SPRUCE PINE, NC 28777	68-0521788	501(C)(3)	42,180.	0.	BOOK		ADVANCING THE ARTS
ALZHEIMER'S ASSOCIATION - WNC CHAPTER - 4600 PARK ROAD SUITE 250 - CHARLOTTE, NC 28209	13-3039601	501(C)(3)	159,289.	0.	BOOK		PROMOTING QUALITY HEALTH
AMAZING GRACE MINISTRIES OF HENDERSONVILLE - 814-A KANUGA ROAD - 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.	BOOK		ENHANCING THE ENVIRONMENT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	6,800.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
AMERICAN NATIONAL RED CROSS P.O. BOX 37839 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.	BOOK		ASSISTING PEOPLE IN NEED

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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 SERVICES DEPARTMENT - 311 WEST 43RD STREET, 7TH FLOOR - NEW YORK, NY 10036	52-0851555	501(C)(3)	16,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
ANDREWS ELEMENTARY SCHOOL 205 JEAN CHRISTY AVENUE ANDREWS, NC 28901	56-6000211	501(C)(3)	15,403.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ANDREWS HIGH SCHOOL 50 HIGH SCHOOL DRIVE ANDREWS, NC 28901	56-6000211	501(C)(3)	16,203.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ANDREWS MIDDLE SCHOOLE 2750 US 19 BUSINESS ANDREWS, NC 28901	56-6000211	501(C)(3)	13,474.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ANIMAL SAMARITANS 72120 PET LAND PLACE THOUSAND PALMS, CA 92276	95-3171867	501(C)(3)	9,415.	0.	BOOK		ANIMAL WELFARE
ANTI-DEFAMATION LEAGUE SOUTHEAST REGION - P.O. BOX 8379 - ATLANTA, GA 31106	13-1818723	501(C)(3)	5,350.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
APPALACHIAN SUSTAINABLE AGRICULTURE PROJECT - 306 WEST HAYWOOD STREET SUITE 200 - ASHEVILLE, NC 28801-3105	06-1642769	501(C)(3)	159,171.	0.	BOOK		BUILDING COMMUNITY & 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

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APPALACHIAN WILDLIFE REFUGE P.O. BOX 824 CANDLER, NC 28715	47-2214085	501(C)(3)	12,645.	0.	BOOK		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.	BOOK		ADVANCING THE ARTS
ARTS FOR LIFE 7 BEAVERDAM ROAD SUITE 207 ASHEVILLE, NC 28804	56-2250962	501(C)(3)	56,030.	0.	BOOK		PROMOTING QUALITY HEALTH
ASHEVILLE AREA ARTS COUNCIL P.O. BOX 507 ASHEVILLE, NC 28802	58-1371546	501(C)(3)	9,750.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE AREA CHAMBER OF COMMERCE COMMUNITY BETTERMENT FOUNDATION - P.O. BOX 1010 - ASHEVILLE, NC 28802	56-1762978	501(C)(3)	27,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
ASHEVILLE AREA HABITAT FOR HUMANITYINC. - 33 MEADOW ROAD - ASHEVILLE, NC 28803	56-1363464	501(C)(3)	89,408.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
ASHEVILLE ART MUSEUM ASSOCIATIONINC. - P.O. BOX 1717 - ASHEVILLE, NC 28802-1717	56-6060776	501(C)(3)	24,735.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE CATHOLIC SCHOOL 12 CULVERN STREET ASHEVILLE, NC 28804	53-0196617	501(C)(3)	155,662.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

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ASHEVILLE CHAMBER MUSIC INC. P.O. BOX 1003 ASHEVILLE, NC 28802	58-1466387	501(C)(3)	5,140.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE CHRISTIAN ACADEMY P.O. BOX 1089 SWANNANOA, NC 28778	56-0889168	501(C)(3)	20,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ASHEVILLE CITY SCHOOLS FOUNDATION P.O. BOX 3196 ASHEVILLE, NC 28802	58-1836982	501(C)(3)	66,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ASHEVILLE COMMUNITY THEATRE INC. P.O. BOX 100 SWANNANOA, NC 28778	56-6002669	501(C)(3)	13,500.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE CONTEMPORARY DANCE THEATRE - 20 COMMERCE STREET - ASHEVILLE, NC 28801	56-1287954	501(C)(3)	5,750.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE GREENWORKS 2 SULPHUR SPRINGS ROAD ASHEVILLE, NC 28806	56-1672870	501(C)(3)	90,608.	0.	BOOK		ENHANCING THE ENVIRONMENT
ASHEVILLE HIGH SCHOOL 419 MCDOWELL STREET ASHEVILLE, NC 28803	56-6001809	501(C)(3)	18,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ASHEVILLE HUMANE SOCIETY INC. 14 FOREVER FRIEND LANE ASHEVILLE, NC 28806	56-1444098	501(C)(3)	171,351.	0.	BOOK		ANIMAL WELFARE
ASHEVILLE MUSEUM OF SCIENCE 43 PATTON AVENUE ASHEVILLE, NC 28801-3314	56-1342340	501(C)(3)	51,500.	0.	BOOK		ADVANCING THE ARTS

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

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ASHEVILLE MUSIC SCHOOL SOUND EDUCATION - 10 RIDELAWN ROAD - ASHEVILLE, NC 28806	45-5325308	501(C)(3)	10,000.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE SCHOOL ADVANCEMENT DEPARTMENT - 360 ASHEVILLE SCHOOL ROAD - ASHEVILLE, NC 28806	56-0530248	501(C)(3)	7,250.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ASHEVILLE SYMPHONY SOCIETY 27 COLLEGE PLACE SUITE 100 ASHEVILLE, NC 28801-2406	56-6060772	501(C)(3)	44,433.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE WATCHDOG 825 MERRIMON AVENUE C-175 ASHEVILLE, NC 28804	85-0614521	501(C)(3)	18,000.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE WRITERS IN THE SCHOOLS AND COMMUNITY - P.O. BOX 1508 - ASHEVILLE, NC 28802	46-1681488	501(C)(3)	9,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ASHEVILLE-BUNCOMBE INSTITUTE OF PARITY ACHIEVEMENT - P.O. BOX 448 - ASHEVILLE, NC 28802	20-0937410	501(C)(3)	12,000.	0.	BOOK		PROMOTING QUALITY HEALTH
AURA HOME WOMEN VETS P.O. BOX 14 ASHEVILLE, NC 28802	47-2041216	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
AVERY MIDDLE SCHOOL 102 OLD MONTEZUME ROAD NEWLAND, NC 28657	56-6000990	501(C)(3)	6,400.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
BAPTIST CONVENTION, ATTN: ADVANCEMENT - 3806 MONUMENT AVENUE - RICHMOND, VA 23230	54-0213930	501(C)(3)	30,000.	0.	BOOK		RELIGION

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BASICS CHRISTIAN MINISTRIES, INC. P.O. BOX 207 CLIFFSIDE, NC 28024	47-3642387	501(C)(3)	8,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
BASILICA OF ST. LAWRENCE P.O. BOX 1850 ASHEVILLE, NC 28802	56-0707930	501(C)(3)	16,943.	0.	BOOK		RELIGION
BASILICA PRESERVATION FUND INC. P.O. BOX 8995 ASHEVILLE, NC 28814	80-0167706	501(C)(3)	5,750.	0.	BOOK		ADVANCING THE ARTS
BEACON OF HOPE SERVICES P.O. BOX 6386 ASHEVILLE, NC 28816	56-2241353	501(C)(3)	8,997.	0.	BOOK		ASSISTING PEOPLE IN NEED
BELOVED ASHEVILLE P.O. BOX 6386 ASHEVILLE, NC 28816	84-3381632	501(C)(3)	36,145.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
BETHEL BAPTIST CHURCH 205 BETHEL CHURCH ROAD MARION, NC 28752	56-1390766	501(C)(3)	10,000.	0.	BOOK		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.	BOOK		ASSISTING PEOPLE IN NEED
BILTMORE CHURCH 35 CLAYTON ROAD ARDEN, NC 28704	56-6090142	501(C)(3)	17,500.	0.	BOOK		RELIGION
BLACK MOUNTAIN CENTER FOR THE ARTS 225 WEST STATE STREET BLACK MOUNTAIN, NC 28711	56-1913046	501(C)(3)	11,244.	0.	BOOK		ADVANCING THE ARTS

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BLACKMOUNTAIN COLLEGE MUSEUM & ARTS CENTER - P.O. BOX 18912 - ASHEVILLE, NC 28814	58-2105570	501(C)(3)	75,250.	0.	BOOK		ADVANCING THE ARTS
BLACKMOUNTAIN COUNSELING CENTER 201 NORTH RIDGEWAY AVENUE BLACK MOUNTAIN, NC 28711	20-8136167	501(C)(3)	13,450.	0.	BOOK		PROMOTING QUALITY HEALTH
BLACKMOUNTAIN HOME FOR CHILDREN YOUTH & FAMILIES - 80 LAKE EDEN ROAD - BLACK MOUNTAIN, NC 28711	56-0538018	501(C)(3)	82,030.	0.	BOOK		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.	BOOK		ADVANCING THE ARTS
BLUE RIDGE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC. - 180 WEST CAMPUS DRIVE - FLAT ROCK, NC 28731-4728	51-0175113	501(C)(3)	6,785.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
BLUE RIDGE COMMUNITY HEALTH SERVICES INC. - 220 5TH AVENUE EAST - HENDERSONVILLE, NC 28792	56-0794933	501(C)(3)	35,616.	0.	BOOK		PROMOTING QUALITY HEALTH
BLUE RIDGE MOUNTAINS HEALTH PROJECT INC. - P.O. BOX 451 - CASHIERS, NC 28717	51-0509517	501(C)(3)	64,124.	0.	BOOK		PROMOTING QUALITY HEALTH
BLUE RIDGE ORCHESTRA P.O. BOX 256 ASHEVILLE, NC 28802-0256	20-2900637	501(C)(3)	7,630.	0.	BOOK		ADVANCING THE ARTS
BLUE RIDGE PARKWAY FOUNDATION 717 SOUTH MARSHALL STREET, SUITE 10 WINSTON-SALEM, NC 27101	31-1512730	501(C)(3)	6,070.	0.	BOOK		ENHANCING THE ENVIRONMENT

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

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BLUE RIDGE PARTNERSHIP FOR CHILDREN - P.O. BOX 1387 - BURNSVILLE, NC 28714	56-1921260	501(C)(3)	36,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
BLUE RIDGE SCHOOL 95 BOBCAT DRIVE CASHIERS, NC 28717	56-6001054	501(C)(3)	18,070.	0.	BOOK		IMPROVING EDUCATIONAL 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 ENVIRONMENT
BOONES CREEK CHRISTIAN CHURCH 2684 BOONES CREEK ROAD JOHNSON CITY, TN 37615	62-1177106	501(C)(3)	14,400.	0.	BOOK		RELIGION
BOUNTIFUL CITIES PROJECT P.O. BOX 898 ASHEVILLE, NC 28802	05-0587434	501(C)(3)	24,250.	0.	BOOK		ENHANCING THE ENVIRONMENT
BOUNTY & SOUL 999 OLD US HWY. 70 WEST BLACK MOUNTAIN, NC 28711	46-4759362	501(C)(3)	48,952.	0.	BOOK		ASSISTING PEOPLE IN NEED
BOYD BUCHANAN SCHOOL 4650 BUCCANER TRAIL CHATTANOOGA, TN 37411	62-0518286	501(C)(3)	50,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
BOYS & GIRLS CLUB OF THE PLATEAU P.O. BOX 1812 CASHIERS, NC 28717	46-5336895	501(C)(3)	95,333.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
BOYS AND GIRLS CLUB OF AMERICA P.O. BOX 117431 ATLANTA, GA 30368-7431	13-5562976	501(C)(3)	172,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

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BOYS AND GIRLS CLUB OF HENDERSON COUNTY - P.O. BOX 1460 - HENDERSONVILLE, NC 28793	56-1803125	501(C)(3)	22,750.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
BRASSTOWN COMMUNITY CIVIC CENTER P.O. BOX 1114 BRASSTOWN, NC 28902	56-1995594	501(C)(3)	20,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
BREAD OF LIFE 238 SOUTH CALDWELL STREET BREVARD, NC 28712	56-2053857	501(C)(3)	11,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
BREVARD COLLEGE ATTN: OFFICE OF PHILANTHROPIC DEVELOPMENT - ONE BREVARD COLLEGE DRIVE - BREVARD, NC 28712	56-0532297	501(C)(3)	17,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
BREVARD MUSIC CENTER P.O. BOX 312 BREVARD, NC 28712-0312	56-0729350	501(C)(3)	264,250.	0.	BOOK		ADVANCING THE ARTS
BROTHER WOLF ANIMAL RESCUE P.O. BOX 8195 ASHEVILLE, NC 28814	20-8787719	501(C)(3)	44,852.	0.	BOOK		ANIMAL WELFARE
BUNCOMBE ALTERNATIVES, INC. P.O. BOX 8069 ASHEVILLE, NC 28814	56-1337121	501(C)(3)	20,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
BUNCOMBE COUNTY SCHOOLS FOUNDATION 175 BINGHAM ROAD ASHEVILLE, NC 28806	58-1685536	501(C)(3)	77,148.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
BUNCOMBE COUNTY SOIL AND WATER CONSERVATION DISTRICT - 49 MOUNT CARMEL ROAD SUITE 101 - ASHEVILLE, NC 28806	56-6000279	501(C)(3)	10,000.	0.	BOOK		ENHANCING THE ENVIRONMENT

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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
BUNCOMBE PARTNERSHIP FOR CHILDREN 2229 RIVERSIDE DRIVE ASHEVILLE, NC 28804	56-1942178	501(C)(3)	41,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
BURKE UNITED CHRISTIAN MINISTRIES 305-B WEST UNION STREET MORGANTON, NC 28655	59-1771449	501(C)(3)	20,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
CALVARY EPISCOPAL CHURCH FOOD PANTRYINC. - P.O. BOX 187 - FLETCHER, NC 28732	61-1657546	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.	BOOK		RELIGION
CAMPAIGN FOR SOUTHERN EQUALITY P.O. BOX 364 ASHEVILLE, NC 28802	27-4064401	501(C)(3)	37,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
CANDLER ELEMENTARY SCHOOL 121 CANDLER SCHOOL ROAD CANDLER, NC 28715	56-0223230	501(C)(3)	9,615.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
CANTON MIDDLE SCHOOL 60 PENLAND STREET CANTON, NC 28716	13-1685039	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
CARE GIFT CENTER P.O. BOX 1870 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.	0.	BOOK		PROMOTING QUALITY HEALTH

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CAROLINA ABORTION FUND P.O. BOX 51534 DURHAM, NC 27717	45-3810502	501(C)(3)	22,500.	0.	BOOK		PROMOTING QUALITY HEALTH
CAROLINA DAY SCHOOL - ADVANCEMENT OFFICE - 1345 HENDERSONVILLE ROAD - ASHEVILLE, NC 28803	56-0125490	501(C)(3)	109,628.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
CAROLINA PUBLIC PRESS P.O. BOX 17595 ASHEVILLE, NC 28816	46-0801080	501(C)(3)	8,950.	0.	BOOK		ADVANCING THE ARTS
CASHIERS GLENVILLE VOLUNTEER FIRE DEPARTMENT - P.O. BOX 886 - CASHIERS, NC 28717	56-1270324	501(C)(3)	6,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
CASHIERS HISTORICAL SOCIETY P.O. BOX 104 CASHIERS, NC 28717-0104	11-3840349	501(C)(3)	12,150.	0.	BOOK		ADVANCING THE ARTS
CASHIERS VALLEY PRESCHOOL P.O. BOX 3081 CASHIERS, NC 28717	20-5116840	501(C)(3)	30,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
CASHIERS-HIGHLANDS HUMANE SOCIETY P.O. BOX 638 CASHIERS, NC 28717	58-1798769	501(C)(3)	39,460.	0.	BOOK		ANIMAL WELFARE
CATHEDRAL OF ALL SOULS 9 SWAN STREET ASHEVILLE, NC 28803	56-0547505	501(C)(3)	6,500.	0.	BOOK		RELIGION
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE - 50 ORANGE STREET - ASHEVILLE, NC 28801	56-1058954	501(C)(3)	17,305.	0.	BOOK		ASSISTING PEOPLE IN NEED

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CENTER FOR FOOD SAFETY 660 PENNSYLVANIA AVENUE SUITE 402 WASHINGTON, DC 20003	52-2165893	501(C)(3)	10,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
CENTRAL FUND OF ISRAEL C/O MARCUS BROTHERS TEXTILES - 980 6TH AVENUE - NEW YORK, NY 10018	13-2992985	501(C)(3)	6,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
CENTRAL UNITED METHODIST CHURCH 27 CHURCH STREET ASHEVILLE, NC 28801	20-5446516	501(C)(3)	57,988.	0.	BOOK		RELIGION
CENTRO UNIDO LATINO-AMERICANO C/O FIRST PRESBYTERIAN CHURCH - 79 ACADEMY STREET - MARION, NC 28752	56-2678411	501(C)(3)	5,250.	0.	BOOK		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.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
CHEROKEE COUNTY SCHOOLS 911 ANDREWS ROAD MURPHY, NC 28906	56-6000211	501(C)(3)	6,824.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
CHILDREN & FAMILY RESOURCE CENTER P.O. BOX 1105 HENDERSONVILLE, NC 28793	56-2113878	501(C)(3)	51,919.	0.	BOOK		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.	BOOK		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.	BOOK		PROMOTING QUALITY HEALTH

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CHILDREN'S VILLAGE INC. 1350 WEST HANLEY AVENUE COEUR D'ALENE, ID 83815	82-0385109	501(C)(3)	12,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
CHRIST COMMUNITY CHURCH P.O. BBOX 279 MONTREAT, NC 28757	26-0799246	501(C)(3)	10,000.	0.	BOOK		RELIGION
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 28704	56-0615187	501(C)(3)	12,299.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
CHURCH AT SIX FORKS 9121 SIX FORKS ROAD RALEIGH, NC 27615	56-2171813	501(C)(3)	11,200.	0.	BOOK		RELIGION
CHURCH OF THE ADVOCATE 60 CHURCH STREET ASHEVILLE, NC 28801	26-3307854	501(C)(3)	15,000.	0.	BOOK		RELIGION
CHURCH OF THE GOOD SHEPHERD P.O. BOX 32 CASHIERS, NC 28717	56-1142774	501(C)(3)	17,750.	0.	BOOK		RELIGION
CHURCH OF THE HIGHLANDS 3660 GRANDVIEW PARKWAY, SUITE 100 BIRMINGHAM, AL 35243	63-1258442	501(C)(3)	15,000.	0.	BOOK		RELIGION
CHURCH OF THE INCARNATION P.O. BOX 729 HIGHLANDS, NC 28741	56-1151464	501(C)(3)	17,000.	0.	BOOK		RELIGION
CITY OF ASHEVILLE P.O. BOX 7148 ASHEVILLE, NC 28802	56-6000224	501(C)(3)	33,440.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

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CITYWORKS USA 1854-A HENDERSONVILLE ROAD #210 ASHEVILLE, NC 28803-2467	83-4622275	501(C)(3)	20,000.	0.	BOOK		BUILDING COMMUNITY & 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.	BOOK		ENHANCING THE ENVIRONMENT
CODEPINK: WOMEN FOR PEACE 578 WASHINGTON BOULEVARD, #395 MARINA DEL RAY, CA 90292	26-2823386	501(C)(3)	6,250.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
COLLEGE OF THE OZARKS, DEVELOPMENT OFFICE - P.O. BOX 17 - POINT LOOKOUT, MO 65726	44-0556862	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
COLSON CENTER FOR CHRISTAIN WORLDVIEW - P.O. BOX 62160 - COLORADO SPRINGS, CO 80962	90-1117779	501(C)(3)	12,000.	0.	BOOK		RELIGION
COLUMBIA UNIVERSITY, ATTN: GIFT SYSTEMS - P.O. BOX 1523 - NEW YORK, NY 10008	13-5598093	501(C)(3)	11,300.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
COMMUNITY ACTION OPPORTUNITIES 25 GASTON STREET ASHEVILLE, NC 28801	56-0817672	501(C)(3)	5,400.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS - P.O. BOX 43 - HIGHLANDS, NC 28741	65-1251915	501(C)(3)	62,000.	0.	BOOK		PROMOTING QUALITY HEALTH
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE - 3833 CLEGHORN AVENUE SUITE 400 - NASHVILLE, TN 37215-2519	62-1471789	501(C)(3)	63,724.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

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COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY - 241 GARRETT STREET - KERRVILLE, TX 37215-2519	74-2225369	501(C)(3)	10,300.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
COMMUNITY HEALTH COUNCIL OF RUTHERFORD COUNTY - P.O. BOX 352 - RUTHERFORDTON, NC 28139	56-2198524	501(C)(3)	8,000.	0.	BOOK		PROMOTING QUALITY HEALTH
COMMUNITY HOUSING COALITION OF MADISON COUNTY - P.O. BOX 1166 - MARSHALL, NC 28753	11-3660564	501(C)(3)	48,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	36-2423707	501(C)(3)	10,200.	0.	BOOK		RELIGION
CONGREGATION BETH HATEPHILA 43 NORTH LIBERTY STREET ASHEVILLE, NC 28801	56-0611573	501(C)(3)	107,647.	0.	BOOK		RELIGION
CONGREGATION BETH ISRAEL 229 MURDOCK AVENUE ASHEVILLE, NC 28804	56-1285187	501(C)(3)	5,402.	0.	BOOK		RELIGION
CONSERVATION TRUST FOR NORTH CAROLINA - P.O. BOX 33333 - RALEIGH, NC 27636	58-1552188	501(C)(3)	22,500.	0.	BOOK		ENHANCING THE ENVIRONMENT
CONSERVING CAROLINA 847 CASE STREET HENDERSONVILLE, NC 28792	56-6449365	501(C)(3)	30,750.	0.	BOOK		ENHANCING THE ENVIRONMENT
CO-OPERATE WNC HUT TERRACE BLACK MOUNTAIN, NC 28711	83-2502638	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

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COOPERRIIS P.O. BOX 600 MILLSPRING, NC 28756	56-2195372	501(C)(3)	20,500.	0.	BOOK		PROMOTING QUALITY HEALTH
CORPORATE ACCOUNTABILITY 10 MILK STREET SUITE 610 BOSTON, MA 02108	41-1322686	501(C)(3)	10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
COUNCIL ON AGING OF BUNCOMBE COUNTY INC. - 46 SHEFFIELD CIRCLE - ASHEVILLE, NC 28803	23-7410586	501(C)(3)	23,000.	0.	BOOK		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.	BOOK		ASSISTING PEOPLE IN NEED
CRANBROOK EDUCATIONAL COMMUNITY, CRANBROOK ADVANCEMENT OFFICE - P.O. BOX 778761 - CHICAGO, IL 60677-8761	38-2015048	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
CROSSNORE SCHOOL & CHILDREN'S HOME P.O. BOX 249 CROSSNORE, NC 28616	56-0567980	501(C)(3)	23,450.	0.	BOOK		PROMOTING QUALITY HEALTH
CULTURES EDGE 5 CONSENSUS CIRCLE BLACK MOUNTAIN, NC 28711	56-1981809	501(C)(3)	15,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
DANIEL BOONE COUNCIL-BOY SCOUTS OF AMERICA - 333 WEST HAYWOOD STREET - ASHEVILLE, NC 28801	56-0529937	501(C)(3)	5,508.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
DAVIDSON COLLEGE P.O. BOX 7170 DAVIDSON, NC 28035-7170	56-0529961	501(C)(3)	13,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

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DAWSON-BOYD HIGH SCHOOL 848 CHESTNUT STREET DAWSON, MN 56232	41-6001874	501(C)(3)	6,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
DBA ASHEVILLE FM 864 HAYWOOD ROAD ASHEVILLE, NC 28806	27-0454098	501(C)(3)	7,450.	0.	BOOK		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 - BLACK MOUNTAIN, NC 28711	56-1257811	501(C)(3)	7,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
DBA FOUR SEASONS 571 SOUTH ALLEN ROAD FLAT ROCK, NC 28731	56-1252665	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
DBA HIGHLANDS PLAYHOUSE P.O. BOX 896 HIGHLANDS, NC 28741	56-6060841	501(C)(3)	10,830.	0.	BOOK		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
DBA HPITAL ALBERT SCHWEITZER HAIT P.O. BOX 110091 PITTSBURGH, PA 15232	25-1017587	501(C)(3)	10,000.	0.	BOOK		PROMOTING QUALITY HEALTH
DBA MY DADDY TAUGHT ME THAT 27 KING ARTHUR PLACE ASHEVILLE, NC 28806	46-1815662	501(C)(3)	164,500.	0.	BOOK		ASSISTING PEOPLE IN NEED

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DBA THE LITERACY & LEARNING CENTER P.O. BOX 2320 HIGHLANDS, NC 28741	56-1883637	501(C)(3)	57,250.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
DBA THRIVE 218 WEST ALLEN SUITE B HENDERSONVILLE, NC 28739	20-5599815	501(C)(3)	58,100.	0.	BOOK		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
DEERFIELD CHARITABLE FOUNDATION 1617 HENDERSONVILLE ROAD ASHEVILLE, NC 28803	83-3913679	501(C)(3)	7,416.	0.	BOOK		ASSISTING PEOPLE IN NEED
DEERFIELD EPISCOPAL RETIREMENT COMMUNITY, INC. - 1617 HENDERSONVILLE ROAD - ASHEVILLE, NC 28803	56-0614176	501(C)(3)	7,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
DELTA HOUSE LIFE DEVELOPMENT OF ASHEVILLE - P.O. BOX 1672 - ASHEVILLE, NC 28802	58-1562716	501(C)(3)	20,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
DEMOCRACY NORTH CAROLINA 3000 AERIAL CENTER PARKWAY SUITE 16 MORRISVILLE, NC 27560	56-2271150	501(C)(3)	27,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
DEMOS ATTN: DEVELOPMENT 80 BROAD STREET, SUITE 400 NEW YORK, NY 10004	13-4105066	501(C)(3)	10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
DIG IN! YANCEY COMMUNITY GARDEN P.O. BOX 1095 BURNSVILLE, NC 28714	27-3078971	501(C)(3)	33,400.	0.	BOOK		ASSISTING PEOPLE IN NEED

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DILLARD UNIVERSITY, OFFICE OF DEVELOPMENT - 2601 GENTILLY BOULEVARD - NEW ORLEANS, LA 70122	72-0408929	501(C)(3)	20,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	6,000.	0.	BOOK		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.	BOOK		ASSISTING PEOPLE IN NEED
DOCTORS WITHOUT BORDERS USA P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	61,250.	0.	BOOK		PROMOTING QUALITY HEALTH
DOGWOOD ALLIANCE P.O. BOX 7645 ASHEVILLE, NC 28802	56-2139120	501(C)(3)	5,250.	0.	BOOK		ENHANCING THE ENVIRONMENT
DUKE UNIVERSITY-GIFTS RECORDS P.O. BOX 90581 DURHAM, NC 27708-0581	56-0532129	501(C)(3)	15,091.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
E2D, INC. P.O. BOX 1299 DAVIDSON, NC 28036	46-5008759	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
EAGLE MARKET STREETS DEVELOPMENT CORPORATION - 70 SOUTH MARKET STREET - ASHEVILLE, NC 28801	58-2140995	501(C)(3)	17,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
ECO-INSTITUTE AT PICKARDS MOUNTAIN 8519 PICKARDS MEADOW ROAD CHAPEL HILL, NC 27516	82-2032530	501(C)(3)	20,000.	0.	BOOK		ENHANCING THE ENVIRONMENT

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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
EDUCATIONAL FOUNDATION P.O. BOX 2446 CHAPEL HILL, NC 27515-2446	56-6058412	501(C)(3)	26,450.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ELEVATION WORLDWIDE FOUNDATION 3115 WEST WALLEN AVENUE CHICAGO, IL 60645	30-1126212	501(C)(3)	16,850.	0.	BOOK		RELIGION
ELIADA HOMESINC. P.O. BOX 16708 ASHEVILLE, NC 28816	56-0611587	501(C)(3)	59,703.	0.	BOOK		ASSISTING PEOPLE IN NEED
ENKA HIGH SCHOOL 475 ENKA LAKE ROAD CANDLER, NC 28715	56-6000994	501(C)(3)	9,564.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ENVIRONMENTAL QUALITY INSTITUTE 29 N MARKET SUITE 610 ASHEVILLE, NC 28801	27-1487941	501(C)(3)	45,500.	0.	BOOK		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.	BOOK		RELIGION
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	5,200.	0.	BOOK		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.	BOOK		PROMOTING QUALITY HEALTH
EVERGREEN COMMUNITY CHARTER SCHOOL 50 BELL ROAD ASHEVILLE, NC 28805	56-2094405	501(C)(3)	5,250.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

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FAMILY RESOURCES OF RUTHERFORD COUNTY, INC. - P.O. BOX 1619 - FOREST CITY, NC 28043	56-1330781	501(C)(3)	15,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
FEED-A-CHILD WNCINC. 151 LAUREL HEIGHTS DRIVE BURNSVILLE, NC 28714	81-2416820	501(C)(3)	12,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
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 ATTN: FINANCE - 1717 BELLEVUE WAY NE - BELLEVUE, WA 98004	91-0690267	501(C)(3)	13,200.	0.	BOOK		RELIGION
FIRST PRESBYTERIAN CHURCH OF MYRTLE BEACH - P.O. BOX 70127 - MYRTLE 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, NC 28786	56-0728628	501(C)(3)	27,200.	0.	BOOK		RELIGION
FISHES AND LOAVES FOOD PANTRY P.O. BOX 865 CASHIERS, NC 28717	26-3516849	501(C)(3)	14,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
FONTANA REGIONAL LIBRARY 33 FRYEMONT STREET BRYSON CITY, NC 28713	56-6001950	501(C)(3)	9,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

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FOOD CONNECTIONINC. P.O. BOX 8324 ASHEVILLE, NC 28814	81-4190128	501(C)(3)	12,966.	0.	BOOK		ASSISTING PEOPLE IN NEED
FOOTHILLS CONSERVANCY OF NORTH CAROLINAINC. - P.O. BOX 3023 - 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.	BOOK		PROMOTING QUALITY HEALTH
FREE WILL BAPTIST FAMILY MINISTRIES - 90 STANLEY LANE - GREENEVILLE, TN 37743	62-0515535	501(C)(3)	7,000.	0.	BOOK		RELIGION
FRIENDS OF JCC KRAKOW 74 LAFAYETTE AVENUE, SUITE 101 SUFFERN, NY 10901	46-5714234	501(C)(3)	10,000.	0.	BOOK		RELIGION
FRIENDS OF PANTHER TOWN P.O. BOX 51 CASHIERS, NC 28717	27-3758868	501(C)(3)	27,500.	0.	BOOK		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.	BOOK		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.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
GARDNER-WEBB UNIVERSITY P.O. BOX 997 BOILING SPRINGS, NC 28017	56-0529972	501(C)(3)	12,320.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

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GEORGIA TECH FOUNDATION, INC. 760 SPRING ST NW, SUITE 400 ATLANTA, GA 30308	58-6043294	501(C)(3)	100,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
GETTING BACK TO THE BASICS P.O. BOX 15298 ASHEVILLE, NC 28813	33-1197792	501(C)(3)	30,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
GIVENS ESTATES INC. 2360 SWEETEN CREEK ROAD ASHEVILLE, NC 28803	51-0199312	501(C)(3)	35,664.	0.	BOOK		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.	BOOK		ASSISTING PEOPLE IN NEED
GLENVILLE-CASHIERS RESCUE SQUAD P.O. BOX 919 CASHIERS, NC 28717	56-1371972	501(C)(3)	10,200.	0.	BOOK		ASSISTING PEOPLE IN NEED
GLOBAL EXCHANGE 1446 MARKET STREET SAN FRANCISCO, CA 94102	94-3066686	501(C)(3)	6,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
GLOBAL FUND FOR WOMEN ATTN: CONTRIBUTIONS OFFICE - P.O. BOX 97309 - WASHINGTON, DC 20090-7309	77-0155782	501(C)(3)	7,500.	0.	BOOK		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

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GRACE COVENANT PRESBYTERIAN CHURCH 789 MERRIMON AVENUE ASHEVILLE, NC 28804	56-0588479	501(C)(3)	101,690.	0.	BOOK		RELIGION
GRACEFUL WARRIOR PROJECT 20861 BALGAIR CIRCLE HUNTINGTON, CA 92646	83-2895264	501(C)(3)	20,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
GRAHAMTOWN TEAM P.O. BOX 1941 FOREST CITY, NC 28043	27-1401392	501(C)(3)	10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
GRANDFATHER MOUTAIN STEWARDSHIP FOUNDATION - P.O. BOX 1299 - LINVILLE, NC 28646	26-4812778	501(C)(3)	5,500.	0.	BOOK		ENHANCING THE ENVIRONMENT
GRASSROOTS INTERNATIONAL 179 BOYLSTON STREET 4TH FLOOR BOSTON, MA 02116	04-2791159	501(C)(3)	9,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
GREAT SMOKY MOUNTAINS INSTITUTE AT TREMONT - 9275 TREMONT ROAD - TOWNSEND, TN 37882	62-1833479	501(C)(3)	8,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
GREAT TREE ZEN WOMEN'S TEMPLE 679 LOWER FLAT CREEK ROAD ALEXANDER, NC 28701	41-2029886	501(C)(3)	45,000.	0.	BOOK		RELIGION
GREEN BUILT ALLIANCE P.O. BOX 2594 ASHEVILLE, NC 28802	56-2225428	501(C)(3)	10,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
GREEN RIVER PRESERVE 301 GREEN RIVER ROAD CEDAR MOUNTAIN, NC 28718	56-1554526	501(C)(3)	10,000.	0.	BOOK		ENHANCING THE ENVIRONMENT

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GREENEVILLE EMERGENCY AND RESCUE SQUAD - 602 WEST CHURCH STREET - GREENEVILLE, TN 37745	62-6046696	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
HAMPTON SCHOOL P.O. BOX 569 CASHIERS, NC 28717	56-1211826	501(C)(3)	30,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HARRIS MIDDLE SCHOOL 121 HARRIS ST SPRUCE PINE, NC 28777	56-6001075	501(C)(3)	12,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HAW CREEK COMMUNITY ASSOCIATION P.O. BOX 9193 ASHEVILLE, NC 28815	56-1458367	501(C)(3)	13,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
HAYWOOD ARTS REGIONAL THEATRE (HART) - P.O. BOX 1024 - WAYNESVILLE, NC 28786	58-1652524	501(C)(3)	5,500.	0.	BOOK		ADVANCING THE ARTS
HAYWOOD CHRISTIAN MINISTRY, INC. 150 BRANNER AVENUE WAYNESVILLE, NC 28786	56-1389676	501(C)(3)	7,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
HAYWOOD COMMUNITY COLLEGE FOUNDATION - 185 FREEDLANDER DRIVE - CLYDE, NC 28721	51-0172736	501(C)(3)	5,510.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HAYWOOD COUNTY SCHOOLS FOUNDATION 1230 NORTH MAIN STREET WAYNESVILLE, NC 28786	56-1529355	501(C)(3)	25,160.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HAYWOOD PATHWAYS CENTER 179 HEMLOCK STREET WAYNESVILLE, NC 28786	47-2608669	501(C)(3)	17,500.	0.	BOOK		ASSISTING PEOPLE IN NEED

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HAYWOOD STREET CONGREGATION P.O. BOX 2982 ASHEVILLE, NC 28802	45-5301549	501(C)(3)	34,510.	0.	BOOK		ASSISTING PEOPLE IN NEED
HAYWOOD WATERWAYS ASSOCIATION INC. P.O. BOX 389 WAYNESVILLE, NC 28786	56-2108874	501(C)(3)	103,161.	0.	BOOK		ENHANCING THE ENVIRONMENT
HEART OF HORSE SENSE 7041 MEADOWS TOWN ROAD MARSHALL, NC 28753	46-4984188	501(C)(3)	32,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
HEART TO HEART INTERNATIONAL P.O. BOX 15566 LENEXA, KS 66285	48-1108359	501(C)(3)	6,000.	0.	BOOK		PROMOTING QUALITY HEALTH
HEARTS FOR HEAVEN, INC P.O. BOX 44022 COLUMBUS, OH 43204	75-2448778	501(C)(3)	7,500.	0.	BOOK		RELIGION
HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	12,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
HELPING AT RISK KIDS P.O. BOX 8283 ASHEVILLE, NC 28814	56-1754255	501(C)(3)	50,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
HELPING HANDS CLINIC 810 HARPER AVENUE NW LENOIR, NC 28645	56-2076541	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
HELPMATE P.O. BOX 2263 ASHEVILLE, NC 28802	56-1276293	501(C)(3)	82,550.	0.	BOOK		ASSISTING PEOPLE IN NEED

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HENDERSON COUNTY HABITAT FOR HUMANITY - 1111 KEITH STREET - HENDERSONVILLE, NC 28792	56-1642263	501(C)(3)	23,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
HIGH COUNTRY CAREGIVER FOUNDATION P.O. BOX 3356 BOONE, NC 28607	20-4819289	501(C)(3)	13,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
HIGHLANDER RESEARCH AND EDUCATION CENTER - 1959 HIGHLANDS WAY - NEW MARKET, TN 37820	62-0646373	501(C)(3)	6,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
HIGHLANDS BIOLOGICAL FOUNDATION P.O. BOX 580 HIGHLANDS, NC 28741	56-0634513	501(C)(3)	6,250.	0.	BOOK		ENHANCING THE ENVIRONMENT
HIGHLANDS CASHIERS PLAYERS P.O. BOX 1416 HIGHLANDS, NC 28741	56-1934576	501(C)(3)	6,900.	0.	BOOK		ADVANCING THE ARTS
HIGHLANDS COMMUNITY CHILD DEVELOPMENT CENTER - P.O. BOX 648 - HIGHLANDS, NC 28741	47-0891422	501(C)(3)	27,750.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HIGHLANDS EMERGENCY COUNCIL P.O. BOX 974 HIGHLANDS, NC 28741	56-1396460	501(C)(3)	32,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
HIGHLANDS HISTORICAL PRESERVATION SOCIETY - P.O. BOX 670 - HIGHLANDS, NC 28741	56-1242178	501(C)(3)	6,000.	0.	BOOK		ADVANCING THE ARTS
HIGHLANDS-CASHIERS CENTER FOR LIFE ENRICHMENT - P.O. BOX 2046 - HIGHLANDS, NC 28741	56-1894761	501(C)(3)	16,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

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HIGHLANDS-CASHIERS CHAMBER MUSIC FESTIVAL - P.O. BOX 1702 - HIGHLANDS, NC 28741	56-1376891	501(C)(3)	11,000.	0.	BOOK		ADVANCING THE ARTS
HIGHLANDS-CASHIERS LAND TRUST INC. P.O. BOX 1703 HIGHLANDS, NC 28741	56-1216642	501(C)(3)	36,500.	0.	BOOK		ENHANCING THE ENVIRONMENT
HIGHTS INCORPORATED P.O. BOX 865 CULLOWHEE, NC 28723	26-1566023	501(C)(3)	30,368.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HILLSDALE COLLEGE 33 E. COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	7,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HINTON RURAL LIFE CENTER P.O. BOX 27 HAYESVILLE, NC 28904	56-0842073	501(C)(3)	10,000.	0.	BOOK		RELIGION
HISTORIC PRESERVATION FOUNDATION OF NC - P.O. BOX 27644 - RALEIGH, NC 27611-7644	56-1145386	501(C)(3)	5,600.	0.	BOOK		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.	BOOK		ASSISTING PEOPLE IN NEED
HOPE CENTER OF RUTHERFORD COUNTY 1071 SOUTH BROADWAY STREET FOREST CITY, NC 28043	47-5633037	501(C)(3)	7,670.	0.	BOOK		ASSISTING PEOPLE IN NEED

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HOPE CHEST FOR WOMEN P.O. BOX 5294 ASHEVILLE, NC 28813	33-1033038	501(C)(3)	15,750.	0.	BOOK		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.	BOOK		ASSISTING PEOPLE IN NEED
HOPE FOR HORSES 160 N. MAIN STREET SUITE 2 WAYNESVILLE, NC 28786	56-2160232	501(C)(3)	11,858.	0.	BOOK		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.	BOOK		PROMOTING QUALITY HEALTH
HOSPICE HOUSE FOUNDATION OF WNC, INC. - P.O. BOX 815 - FRANKLIN, NC 28744	81-0677399	501(C)(3)	44,500.	0.	BOOK		PROMOTING QUALITY HEALTH
HUB CITY WRITERS PROJECT 186 WEST MAIN STREET SPARTANBURG, SC 29306	57-1059259	501(C)(3)	10,500.	0.	BOOK		ADVANCING THE ARTS
HUDSON LIBRARY OF HIGHLANDS P.O. BOX 430 HIGHLANDS, NC 28741	56-0726883	501(C)(3)	11,250.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
IFB SOLUTIONS, ASHEVILLE DIVISION 240 SARDIS ROAD ASHEVILLE, NC 28806	56-6001467	501(C)(3)	21,290.	0.	BOOK		ASSISTING PEOPLE IN NEED
IMAGE PROJECT 408 ELMHURST LANE PORTSMOUTH, VA 23701	54-0943836	501(C)(3)	35,000.	0.	BOOK		PROMOTING QUALITY HEALTH

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IMAGINE NORTH CAROLINA FIRST P.O. BOX 428 RALEIGH, NC 27602	46-4006055	501(C)(3)	52,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
IMMACULATE CONCEPTION CATHOLIC CHURCH - 611 NORTH CHURCH STREET SUITE 101 - HENDERSONVILLE, NC 28792	56-0619353	501(C)(3)	50,000.	0.	BOOK		RELIGION
INSTITUTE FOR PREVENTIVE HEALTHCARE AND ADVOCACY - 43 MCGEE HILL ROAD - FAIRVIEW, NC 28730	85-0804230	501(C)(3)	15,000.	0.	BOOK		PROMOTING QUALITY HEALTH
INSTITUTE FOR RESPONSIBLE TECHNOLOGY - P.O. BOX 469 - FAIRFIELD, IA 52556	90-0607450	501(C)(3)	10,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
INSTITUTE FOR SOUTHERN STUDIES P.O. BOX 531 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.	BOOK		ASSISTING PEOPLE IN NEED
INTERNATIONAL FRIENDSHIP CENTER 348 SOUTH FIFTH STREET HIGHLANDS, NC 28741	56-2303345	501(C)(3)	56,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
INTERNATIONAL RESCUE COMMITTEE P.O. BOX 6068 ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	79,198.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
INTO THE WILD 133 DOVER DRIVE KING, NC 27021	86-1899760	501(C)(3)	10,000.	0.	BOOK		PROMOTING QUALITY HEALTH

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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
ISAAC HOMES YOUTH SHELTER P.O. BOX 265 PISGAH FOREST, NC 28768	82-1909926	501(C)(3)	7,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
JAM BLUE RIDGE P.O. BOX 681 CASHIERS, NC 28717	84-4721133	501(C)(3)	22,000.	0.	BOOK		ADVANCING THE ARTS
JEWISH COMMUNITY CENTER OF ASHEVILLE INC. - 236 CHARLOTTE STREET - ASHEVILLE, NC 28801	56-0529951	501(C)(3)	12,254.	0.	BOOK		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.	BOOK		ASSISTING PEOPLE IN NEED
JEWISH FEDERATION OF GREATER ATLANTA - 1440 SPRING STREET NW - ATLANTA, GA 30309	58-1021791	501(C)(3)	5,500.	0.	BOOK		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.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
JOHN C. CAMPBELL FOLK SCHOOL ONE FOLK SCHOOL ROAD BRASSTOWN, NC 28902	56-0552780	501(C)(3)	6,100.	0.	BOOK		ADVANCING THE ARTS
JORDAN PEER RECOVERY 11 JOSHUA TRAIL CANDLER, NC 28715	84-2396823	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
JUPITER MEDICAL CENTER FOUNDATION 1210 SOUTH OLD DIXIE HIGHWAY JUPITER, FL 33458	65-0132406	501(C)(3)	12,000.	0.	BOOK		PROMOTING QUALITY HEALTH

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KARE (KIDS ADVOCACY RESOURCE EFFORT) - P.O. BOX 1392 - WAYNESVILLE, NC 28786-1392	58-1983449	501(C)(3)	27,418.	0.	BOOK		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.	BOOK		PROMOTING QUALITY HEALTH
KIWANIS CLUB OF WAYNESVILLE CHARITABLE - P.O. BOX 815 - WAYNESVILLE, NC 28786	02-0615497	501(C)(3)	7,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
KONTAKTMISSION USA P.O. BOX 825 HUMBOLDT, TN 38343-0825	86-0983324	501(C)(3)	6,000.	0.	BOOK		RELIGION
LAKE TOXAWAY CHARITIES P.O. BOX 163 LAKE TOXAWAY, NC 28747	56-1882460	501(C)(3)	35,923.	0.	BOOK		ASSISTING PEOPLE IN NEED
LATINO ADVOCACY COALITION OF HENDERSON COUNTY - 508 NORTH GROVE STREET - HENDERSONVILLE, NC 28792	56-2267574	501(C)(3)	8,750.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
LAUREL COMMUNITY CENTER ORGANIZATION - 4100 NC HWY 212 - MARSHALL, NC 28753	83-2417879	501(C)(3)	46,698.	0.	BOOK		ENHANCING THE ENVIRONMENT
LEAF GLOBAL ARTS 19 EAGLE STREET SUITE 120 ASHEVILLE, NC 28801	54-2123478	501(C)(3)	10,250.	0.	BOOK		ADVANCING THE ARTS
LEAGUE OF WOMEN VOTERS EDUCATION FUND - 1233 20TH STREET NW, SUITE 500 - WASHINGTON, DC 20036	53-0239013	501(C)(3)	5,250.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

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

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MANNA FOODBANK 627 SWANNANOA RIVER ROAD ASHEVILLE, NC 28805-2445	58-1514800	501(C)(3)	280,542.	0.	BOOK		ASSISTING PEOPLE IN NEED
MARS HILL UNIVERSITY, ADVANCEMENT OFFICE - P.O. BOX 6792 - MARS HILL, NC 28754	56-0554207	501(C)(3)	18,549.	0.	BOOK		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.	BOOK		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.	BOOK		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.	BOOK		ASSISTING PEOPLE IN NEED
MEDIATION CENTER INC. 40 N. FRENCH BROAD AVENUE SUITE B ASHEVILLE, NC 28801-2602	56-1424025	501(C)(3)	24,102.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
MEMORYCARE 100 FAR HORIZONS LANE ASHEVILLE, NC 28803	56-2178294	501(C)(3)	247,926.	0.	BOOK		PROMOTING QUALITY HEALTH
MINISTRY OF HOPE P.O. BOX 998 BLACK MOUNTAIN, NC 28711	56-2119097	501(C)(3)	7,928.	0.	BOOK		ASSISTING PEOPLE IN NEED
MISSISSIPPI COLLEGE MC BOX 4027 CLINTON, MS 39058	64-0303086	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

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MITCHELL COUNTY ANIMAL RESCUE P.O. BOX 308 SPRUCE PINE, NC 28777	56-1432402	501(C)(3)	5,250.	0.	BOOK		ANIMAL WELFARE
MONTMORENCI UNITED METHODIST CHURCH - P.O. BOX 610 - CANDLER, NC 28715	85-3425927	501(C)(3)	10,000.	0.	BOOK		RELIGION
MONTREAT COLLEGE P.O. BOX 1267 MONTREAT, NC 28757	56-0543261	501(C)(3)	90,765.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MOUNT ZION COMMUNITY DEVELOPMENT, INC. - 47 EAGLE STREET - ASHEVILLE, NC 28801	56-2078982	501(C)(3)	50,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
MOUNTAIN AREA PREGNANCY SERVICES P.O. BOX 6116 ASHEVILLE, NC 28816	56-1854677	501(C)(3)	26,000.	0.	BOOK		PROMOTING QUALITY HEALTH
MOUNTAIN BIZWORKSINC. 153 SOUTH LEXINGTON AVENUE ASHEVILLE, NC 28801	14-1864873	501(C)(3)	63,550.	0.	BOOK		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.	BOOK		ASSISTING PEOPLE IN NEED
MOUNTAIN HOUSING OPPORTUNITIES 64 CLINGMAN AVENUE SUITE 101 ASHEVILLE, NC 28801	58-1816998	501(C)(3)	8,750.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
MOUNTAIN PROJECTSINC. 2177 ASHEVILLE,ROAD WAYNESVILLE, NC 28786	56-0849092	501(C)(3)	147,750.	0.	BOOK		ASSISTING PEOPLE IN NEED

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MOUNTAIN VALLEYS RC&D COUNCIL INC. 4388 US HWY. 25/70 SUITE 3 MARSHALL, NC 28753	58-1767802	501(C)(3)	44,150.	0.	BOOK		ENHANCING THE ENVIRONMENT
MOUNTAINCARE INC. P.O. BOX 5956 ASHEVILLE, NC 28813	56-2005198	501(C)(3)	16,137.	0.	BOOK		PROMOTING QUALITY HEALTH
MOUNTAIN TRUE 29 NORTH MARKET STREET SUITE 610 ASHEVILLE, NC 28801	56-1422691	501(C)(3)	57,080.	0.	BOOK		ENHANCING THE ENVIRONMENT
MS. FOUNDATION FOR WOMEN 12 METROTECH CENTER 26TH FLOOR BROOKLYN, NY 11201	23-7252609	501(C)(3)	10,000.	0.	BOOK		BUILDING COMMUNITY & 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 MURPHY, NC 28906	56-6000211	501(C)(3)	6,400.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MUSICWORKS INC. C/O ASHEVILLE SYMPHONY SOCIETY - 27 COLLEGE PLACE, SUITE 100 - ASHEVILLE, NC 28801-2406	81-5308559	501(C)(3)	122,690.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NATIONAL NETWORK OF ABORTION FUNDS 9450 SW GEMINI DRIVE, PMB 16009 BEAVERTON, OR 97008-7105	04-3236982	501(C)(3)	8,500.	0.	BOOK		PROMOTING QUALITY HEALTH
NATIONAL WOMENS HEALTH NETWORK 1413 K STREET NW, 4TH FLOOR WASHINGTON, DC 20005	52-1081261	501(C)(3)	6,000.	0.	BOOK		PROMOTING QUALITY HEALTH

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NATURE CONSERVANCY OF NORTH CAROLINA - 334 BLACKWELL STREET SUITE 300 - DURHAM, NC 27701	53-0242652	501(C)(3)	152,924.	0.	BOOK		ENHANCING THE ENVIRONMENT
NC CHILD 3101 POPLARWOOD COURT SUITE 300 RALEIGH, NC 27604	58-1534066	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
NC JUSTICE CENTER P.O. BOX 28068 RALEIGH, NC 27611-8068	56-1348186	501(C)(3)	10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
NC MUSEUM OF ART FOUNDATION 4630 MAIL SERVICE CENTER RALEIGH, NC 27699-4630	23-7071511	501(C)(3)	15,000.	0.	BOOK		ADVANCING THE ARTS
NC OUTWARD BOUND SCHOOL 2582 RICEVILLE ROAD ASHEVILLE, NC 28805	56-0957708	501(C)(3)	33,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
NC PUBLIC TELEVISION FOUNDATION P.O. BOX 600067 RALEIGH, NC 27675-6067	58-1720178	501(C)(3)	33,881.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NC STATE UNIVERSITY FOUNDATION GIFT PROCESSING - CAMPUS BOX 7474 - RALEIGH, NC 27695-7474	56-6049503	501(C)(3)	601,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NC WRITERS' NETWORK ATTN: WNC REGION - 122 HAWTHORNE LANE - BOONE, NC 28907-5417	56-1472203	501(C)(3)	11,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NEBO ELEMENTARY SCHOOL 254 NEBO SCHOOL ROAD NEBO, NC 28761	56-6001073	501(C)(3)	20,400.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

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NEIGHBORS IN MINISTRY P.O. BOX 1036 BREVARD, NC 28712	56-2032133	501(C)(3)	30,250.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NEIGHBORS IN NEED P.O. BOX 64 MARSHALL, NC 28753	58-1492053	501(C)(3)	20,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
NEW DIMENSIONS PUBLIC CHARTER SCHOOL - 550 LENIOR ROAD - MORGANTON, NC 28655	56-2221716	501(C)(3)	20,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NEW ORLEANS FILM AND VIDEO FESTIVAL - 1215 PRYTANIA STREET, SUITE 371 - NEW ORLEANS, LA 70130	72-1136068	501(C)(3)	6,000.	0.	BOOK		ADVANCING THE ARTS
NEWBERY COLLEGE, ATTN: ADVANCEMENT 2100 COLLEGE STREET NEWBERRY, SC 29108	57-0314404	501(C)(3)	50,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NEWLAND PRESBYTERIAN CHURCH P.O. BOX 579 NEWLAND, NC 28657-0579	56-1326726	501(C)(3)	13,260.	0.	BOOK		RELIGION
NORTH CAROLINA ARBORETUM SOCIETY 100 FREDERICK LAW OLMSTED WAY ASHEVILLE, NC 28806	56-1712373	501(C)(3)	63,860.	0.	BOOK		ENHANCING THE ENVIRONMENT
NORTH CAROLINA COMMUNITY FOUNDATION INC. - 3737 GLENWOOD AVENUE SUITE 460 - RALEIGH, NC 27612	58-1661700	501(C)(3)	7,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
NORTH CAROLINA INDEPENDENT COLLEGES AND UNIVERSITIES - 530 NORTH BLOUNT STREET - RALEIGH, NC 27612	56-0775353	501(C)(3)	6,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

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NORTH CAROLINA SATSANG SOCIETY 6001 CHAPEL HILL ROAD, SUITE 103 RALEIGH, NC 27607	56-1572886	501(C)(3)	10,000.	0.	BOOK		RELIGION
NORTH CAROLINA SCHOOL OF SCIENCE AND MATHEMATICS FOUNDATION - P.O. BOX 2733 - DURHAM, NC 27715-2733	56-1250756	501(C)(3)	10,250.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NORTH CAROLINA STAGE COMPANY 15 STAGE LANE ASHEVILLE, NC 28801	56-2266836	501(C)(3)	26,500.	0.	BOOK		ADVANCING THE ARTS
NORTHEASTERN UNIVERSITY 402 COLUMBUS PLACE, 360 HUNTINGTON BOSTON, MA 02115-5005	04-1679980	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
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 & COUNSELING - 50 SOUTH FRENCH BROAD AVENUE SUITE 227 - ASHEVILLE, NC 28801-3217	56-1056077	501(C)(3)	15,750.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
OPENDOORS OF ASHEVILLE P.O. BOX 8726 ASHEVILLE, NC 28814	27-1543937	501(C)(3)	58,250.	0.	BOOK		ASSISTING PEOPLE IN NEED
OPTIMIST SANTA PAL CLUB OF ASHEVILLE NC - P.O. BOX 1912 - ASHEVILLE, NC 28802	56-6055643	501(C)(3)	9,236.	0.	BOOK		ASSISTING PEOPLE IN NEED
ORGANIC CENTER 444 NORTH CAPITOL STREET,NW SUITE 4 WASHINGTON, DC 20001	02-0626006	501(C)(3)	7,000.	0.	BOOK		ENHANCING THE ENVIRONMENT

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ORGANIC GROWERS SCHOOL P.O. BOX 17804 ASHEVILLE, NC 28816	75-3166329	501(C)(3)	46,500.	0.	BOOK		ENHANCING THE ENVIRONMENT
ORGANIZE TENNESSEE P.O. BOX 40083 NASHVILLE, TN 37204	84-1732329	501(C)(3)	15,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
ORIGINS GREENVILLE 1708-C AUGUSTA STREET, #364 GREENVILLE, SC 29605	26-4124135	501(C)(3)	13,000.	0.	BOOK		RELIGION
OSHUN MOUNTAIN SANCTUARY 87 RICHMOND HILL DRIVE ASHEVILLE, NC 28806	45-2763182	501(C)(3)	500,000.	0.	BOOK		PROMOTING QUALITY HEALTH
OUR VOICEINC. P.O. BOX 1114 ASHEVILLE, NC 28802	58-1491531	501(C)(3)	8,000.	0.	BOOK		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 ASHEVILLE, NC 28806	84-2992064	501(C)(3)	100,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
PARDEE HOSPITAL FOUNDATION 561 FLEMING STREET HENDERSONVILLE, NC 28739	56-1930028	501(C)(3)	57,000.	0.	BOOK		PROMOTING QUALITY HEALTH
PARTNERS IN HEALTH P.O. BOX 996 FREDERICK, MD 21705-9942	04-3567502	501(C)(3)	22,800.	0.	BOOK		PROMOTING QUALITY HEALTH

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PARTNERSHIP FOR APPALACHIAN GIRLS EDUCATION (PAGE) - 329 BURLAGE CIRCLE - CHAPEL HILL, NC 27514	85-2933248	501(C)(3)	10,250.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
PEACHTREE ELEMENTARY SCHOOL 30 UPPER PEACHTREE ROAD MURPHY, NC 28906	56-6000211	501(C)(3)	22,400.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
PEGGY CROSBY COMMUNITY SERVICE CENTER - 348 S 5TH STREET - HIGHLANDS, NC 28741	56-1940997	501(C)(3)	7,250.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
PENLAND SCHOOL OF CRAFT P.O. BOX 37 PENLAND, NC 28765	56-0623948	501(C)(3)	23,230.	0.	BOOK		ADVANCING THE ARTS
PERFORMING ARTS CENTER INC. P.O. BOX 296 HIGHLANDS, NC 28741	56-2155282	501(C)(3)	15,000.	0.	BOOK		ADVANCING THE ARTS
PIGEON COMMUNITY MULTICULTURAL DEVELOPMENT CENTER - P.O. BOX 1494 - WAYNESVILLE, NC 28786	32-0131282	501(C)(3)	10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
PISGAH HIGH SCHOOL 1 BLACKBEAR DRIVE CANTON, NC 28716	56-6001045	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
PISGAH HIGH SCHOOL BAND BOOSTERS 1 BLACKBEAR DRIVE CANTON, NC 28716	81-2621031	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
PISGAH LEGAL SERVICES P.O. BOX 2276 ASHEVILLE, NC 28802	56-1191115	501(C)(3)	396,002.	0.	BOOK		ASSISTING PEOPLE IN NEED

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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
PLANNED PARENTHOOD FEDERATION OF AMERICA - P.O. BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3)	7,248.	0.	BOOK		PROMOTING QUALITY HEALTH
PLANNED PARENTHOOD SOUTH ATLANTIC CORPORATE HEADQUARTERS - 100 SOUTH BOYLAN AVENUE - RALEIGH, NC 27603	56-1282557	501(C)(3)	244,871.	0.	BOOK		PROMOTING QUALITY HEALTH
PRAGER UNIVERSITY FOUNDATION 3389 SHERIDAN STREET, #293 HOLLYWOOD, FL 33021	27-1763901	501(C)(3)	6,000.	0.	BOOK		ADVANCING THE ARTS
PRESERVATION SOCIETY OF ASHEVILLE & BUNCOMBE CO. - P.O. BOX 2806 - ASHEVILLE, NC 28802	59-1768097	501(C)(3)	21,482.	0.	BOOK		ADVANCING THE ARTS
RAINBOW COMMUNITY SCHOOL 574 HAYWOOD ROAD ASHEVILLE, NC 28806	56-1217861	501(C)(3)	21,690.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
REACH OF HAYWOOD COUNTY, INC. P.O. BOX 206 WAYNESVILLE, NC 28786	58-1647862	501(C)(3)	7,543.	0.	BOOK		ASSISTING PEOPLE IN NEED
REACH OF MACON COUNTY P.O. BOX 228 FRANKLIN, NC 28744	56-1689264	501(C)(3)	19,600.	0.	BOOK		ASSISTING PEOPLE IN NEED
RENAISSANCE CHARITABLE FOUNDATION 8910 PURDUE ROAD, SUITE 555 INDIANAPOLIS, IN 46248	35-2129262	501(C)(3)	861,949.	0.	BOOK		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.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

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RESOURCES FOR RESILIENCE 13 1/2 EAGLE STREET, SUITE K ASHEVILLE, NC 28801	82-0751905	501(C)(3)	5,190.	0.	BOOK		PROMOTING QUALITY HEALTH
RESTORATION HOUSE WNC P.O. BOX 154 BRYSON CITY, NC 28713	47-4539555	501(C)(3)	7,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
RIVER VALLEY TECHNICAL CENTER 307 SOUTH STREET SPRINGFIELD, VT 05156	56-2649139	501(C)(3)	15,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
RIVERLINKINC. 170 LYMAN STREET ASHEVILLE, NC 28801	58-1867958	501(C)(3)	165,350.	0.	BOOK		ENHANCING THE ENVIRONMENT
ROCK OF ASHEVILLE 273 MONTE VISTA ROAD CANDLER, NC 28715	56-1745676	501(C)(3)	40,000.	0.	BOOK		RELIGION
ROSMAN HIGH SCHOOL 749 PICKENS HWY ROSMAN, NC 28772	56-6001121	501(C)(3)	144,750.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ROTARY CLUB OF ASHEVILLE FOUNDATION - P.O. BOX 1954 - ASHEVILLE, NC 28802	26-2666203	501(C)(3)	18,568.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
ROTARY CLUB OF ASHEVILLE-BILTMORE FOUNDATION, C/O PAUL ZIMMERMAN, TREASURER - 56 FOREST ROAD - ASHEVILLE, NC 28801	84-3160142	501(C)(3)	5,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 14280 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	36-3245072	501(C)(3)	8,758.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

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RUTHERFORD COUNTY HABITAT FOR HUMANITY - P.O. BOX 1534 - RUTHERFORDTON, NC 28139	56-1581336	501(C)(3)	10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
RUTHERFORD HOUSING PARTNERSHIP P.O. BOX 1525 RUTHERFORDTON, NC 28139	56-2086573	501(C)(3)	37,200.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
SAFELIGHTINC. 133 FIFTH AVENUE WEST HENDERSONVILLE, NC 28792	56-1469847	501(C)(3)	6,780.	0.	BOOK		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.	BOOK		ASSISTING PEOPLE IN NEED
SAMARITANS PURSE P.O. BOX 3000 BOONE, NC 28607-3000	58-1437002	501(C)(3)	11,925.	0.	BOOK		ASSISTING PEOPLE IN NEED
SAND HILL - VENABLE ELEMENTARY SCHOOL - 154 SAND HILL SCHOOL ROAD - ASHEVILLE, NC 28806	56-6000994	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
SAND HILL - VENABLE ELEMENTARY SCHOOL - 154 SAND HILL SCHOOL ROAD - ASHEVILLE, NC 28806	56-6000994	501(C)(3)	5,645.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
SANDRA WALKER 128 E.S. W. DRIVE FOREST CITY, NC 28043	56-1325897	501(C)(3)	6,570.	0.	BOOK		RELIGION

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SAVE THE CHILDREN FEDERATION, INC. P.O. BOX 97132 WASHINGTON, DC 20090-7132	06-0726487	501(C)(3)	8,250.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
SAVE VALLEY CONSERVANCY FUND 5037 SW 28TH AVENUE FORT LAUDERDALE, FL 33312	45-4287628	501(C)(3)	7,973.	0.	BOOK		ASSISTING PEOPLE IN NEED
SECOND HARVEST FOOD BANK OF NORTHEAST TENNESSEE - P.O. BOX 3327 - JOHNSON CITY, TN 37602	62-1303822	501(C)(3)	6,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
SHLOMO KATZ PROJECT 815 JEFFERSON STREET WOODMERE, NY 11598	82-5385834	501(C)(3)	7,000.	0.	BOOK		RELIGION
SKYLAND UNITED METHODIST CHURCH P.O. BOX 697 SKYLAND, NC 28776	56-0713060	501(C)(3)	10,250.	0.	BOOK		RELIGION
SMART START OF TRANSYLVANIA COUNTY P.O. BOX 1676 BREVARD, NC 28712	31-1489864	501(C)(3)	98,500.	0.	BOOK		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.	BOOK		ADVANCING THE ARTS
SOLIDAIRE NETWORK P.O. BOX 94684 SEATTLE, WA 98124-6984	84-2130536	501(C)(3)	20,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
SOUTH ANDROS NATURE CENTER 1136 FRANKLIN CIRCLE NE ATLANTA, GA 30324	87-1178757	501(C)(3)	100,000.	0.	BOOK		ENHANCING THE ENVIRONMENT

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SOUTHERN APPALACHIAN HIGHLANDS CONSERVANCY - 372 MERRIMON AVENUE - ASHEVILLE, NC 28801-1222	62-1098890	501(C)(3)	215,488.	0.	BOOK		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.	BOOK		ENHANCING THE ENVIRONMENT
SOUTHERN POVERTY LAW CENTER INC. 400 WASHINGTONDCN AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	12,375.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
SOUTHERN RECONCILIATION MINISTRIES INC. - P.O. BOX 1147 - BURNSVILLE, NC 28714	56-1373255	501(C)(3)	10,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
SOUTHWESTERN COMMUNITY COLLEGE FOUNDATION - 447 COLLEGE DRIVE - SYLVA, NC 28779	23-7322352	501(C)(3)	6,286.	0.	BOOK		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.	BOOK		ENHANCING THE ENVIRONMENT
SPRUCE PINE UNITED METHODIST CHURCH - 11090 HIGHWAY 226 SOUTH - SPRUCE PINE, NC 28777	56-0955215	501(C)(3)	8,300.	0.	BOOK		RELIGION
ST. EUGENE CATHOLIC CHURCH 72 CULVERN STREET ASHEVILLE, NC 28804	56-0694202	501(C)(3)	7,900.	0.	BOOK		RELIGION
ST. FRANCIS EPISCOPAL CHURCH 395 NORTH MAIN STREET RUTHERFORDTON, NC 28139	56-0690391	501(C)(3)	9,530.	0.	BOOK		RELIGION

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ST. GERARD HOUSE 620 OAKLAND STREET HENDERSONVILLE, NC 28791	45-0948760	501(C)(3)	67,800.	0.	BOOK		ASSISTING PEOPLE IN NEED
ST. GILES CHAPEL 1617 HENDERSONVILLE, ROAD ASHEVILLE, NC 28803	31-1799918	501(C)(3)	5,412.	0.	BOOK		RELIGION
ST. GREGORY'S EPISCOPAL CHURCH 815 WILMOT ROAD DEERFIELD, IL 60015	23-7075487	501(C)(3)	6,750.	0.	BOOK		RELIGION
ST. JAMES EPISCOPAL CHURCH 766 N. MAIN STREET HENDERSONVILLE, NC 28792	56-0682484	501(C)(3)	52,919.	0.	BOOK		RELIGION
ST. JAMES UNITED METHODIST CHURCH 2000 EAST 6TH STREET GREENVILLE, NC 27858	56-0656384	501(C)(3)	30,000.	0.	BOOK		RELIGION
ST. MARK'S LUTHERAN CHURCH P.O. BOX 8608 ASHEVILLE, NC 28814	16-1647426	501(C)(3)	10,200.	0.	BOOK		RELIGION
ST. MARY'S EPISCOPAL CHURCH 337 CHARLOTTE STREET ASHEVILLE, NC 28801	56-1002246	501(C)(3)	10,000.	0.	BOOK		RELIGION
ST. PHILIP'S CHURCH 142 CHURCH STREET 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.	BOOK		ADVANCING THE ARTS

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SUMMIT CHARTER SCHOOL 370 MITTEN LANE CASHIERS, NC 28717	56-1993257	501(C)(3)	61,800.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
SWAIN/QUALLA SAFEINC. P.O. BOX 1416 BRYSON CITY, NC 28713	56-1454335	501(C)(3)	13,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
SWANNANOVA VALLEY CHRISTIAN MINISTRY - P.O. BOX 235 - BLACK MOUNTAIN, NC 28711	56-1132257	501(C)(3)	21,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
TANZANIAN CHILDREN'S FUND 14 ALBERTA TERRACE, UNIT 1 CAMBRIDGE, MA 02140	74-3087284	501(C)(3)	6,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
THE BASCOM 323 FRANKLIN ROAD HIGHLANDS, NC 28741	56-2093546	501(C)(3)	43,630.	0.	BOOK		ADVANCING THE ARTS
THE CHRISTINE AVERY LEARNING CENTER INC. - P.O. BOX 7594 - ASHEVILLE, NC 28802	47-1618110	501(C)(3)	6,920.	0.	BOOK		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.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
THE COMMUNITY KITCHEN P.O. BOX 513 CANTON, NC 28716	51-0605733	501(C)(3)	75,000.	0.	BOOK		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.	BOOK		ENHANCING THE ENVIRONMENT

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THE FREE CLINICS (OF HENDERSON COUNTY) - 841 CASE STREET - HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)	10,070.	0.	BOOK		PROMOTING QUALITY HEALTH
THE GROWHAUS 3840 YORK STREET, SUITE 210 DENVER, CO 80205	20-3533527	501(C)(3)	20,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
THE HAVEN OF TRANSYLVANIA COUNTY P.O. BOX 25 BREVARD, NC 28712	27-1124164	501(C)(3)	16,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVENUE NE WASHINGTON, DC 20002-4999	23-7327730	501(C)(3)	7,922.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
THE ONSITE FOUNDATION P.O. BOX 92247 NASHVILLE, TN 37209	46-0397395	501(C)(3)	20,000.	0.	BOOK		PROMOTING QUALITY HEALTH
THE SOURCE MINISTRIES P.O. BOX 1525 FOREST CITY, NC 28043	82-4891801	501(C)(3)	10,000.	0.	BOOK		RELIGION
THE UTOPIAN SEED PROJECT 243 HAYWOOD STREET ASHEVILLE, NC 28801	83-3696014	501(C)(3)	32,250.	0.	BOOK		ENHANCING THE ENVIRONMENT
THINK TENNESSEE 414 UNION STREET SUITE #1900 NASHVILLE, TN 37219	81-2821568	501(C)(3)	10,000.	0.	BOOK		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.	BOOK		ASSISTING PEOPLE IN NEED

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THOMPSON CHILD & FAMILY FOCUS 6800 ST. PETER'S LANE MATTHEWS, NC 28105	56-0547460	501(C)(3)	20,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
THRIVE ASHEVILLE 15 WESTGATE ROAD ASHEVILLE, NC 28806	87-1110868	501(C)(3)	7,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
THURSTON COUNTY FOOD BANK 220 THURSTON AVENUE NE OLYMPIA, WA 98501	23-7297837	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
TIDES FOUNDATION P.O. BOX 399389 SAN FRANCISCO, CA 94139-9389	51-0198509	501(C)(3)	70,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TOE RIVER AGGREGATION CENTER TRAINING ORGANIZATION REGIONAL (TRACTOR) INC. - P.O. BOX 1507 - BURNSVILLE, NC 28714	45-5100047	501(C)(3)	100,500.	0.	BOOK		ENHANCING THE ENVIRONMENT
TOE RIVER ARTS COUNCIL P.O. BOX 826 SPRUCE PINE, NC 28777	56-1141339	501(C)(3)	8,000.	0.	BOOK		ADVANCING THE ARTS
TOWERING OAKS CHRISTIAN SCHOOL 1985 BUCKINGHAM ROAD GREENEVILLE, TN 37745	62-0990888	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
TOWN OF WAYNESVILLE P.O. BOX 100 WAYNESVILLE, NC 28786	56-6001367	501(C)(3)	17,450.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TRANSYLVANIA CHRISTIAN MINISTRY, AKA SHARING HOUSE - P.O. BOX 958 - BREVARD, NC 28712	56-1292875	501(C)(3)	32,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

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TRANSYLVANIA COUNTY SCHOOLS 225 ROSENWALD LANE BREVARD, NC 28712	56-6001121	501(C)(3)	20,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
TRANSYLVANIA HABITAT FOR HUMANITY 692 ECUSTA ROAD BREVARD, NC 28712	58-1581118	501(C)(3)	7,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TRIANGLE COMMUNITY FOUNDATION P.O. BOX 12729 DURHAM, NC 27709	56-1380796	501(C)(3)	8,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TRI-COUNTY PREGNANCY CENTER P.O. BOX 125 BURNSVILLE, NC 28714	56-1899404	501(C)(3)	9,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
TRINITY EPISCOPAL CHURCH 60 CHURCH STREET ASHEVILLE, NC 28801	11-1646315	501(C)(3)	52,377.	0.	BOOK		RELIGION
TSR ADVENTURES 1314 EAST LAS OLAS BOULEVARD, SUITE 302 - FORT LAUDERDALE, FL 33301	45-1442103	501(C)(3)	5,250.	0.	BOOK		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.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
UNC CHAPELHILL P.O. BOX 309 CHAPEL HILL, NC 27514-0309	56-6001393	501(C)(3)	20,337.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
UNDER ONE SKY VILLAGE FOUNDATION P.O. BOX 18526 ASHEVILLE, NC 28814	80-0749116	501(C)(3)	7,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

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UNICEF USA 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	17,250.	0.	BOOK		ASSISTING PEOPLE IN NEED
UNITARIAN UNIVERSALIST CONGREGATION OF ASHEVILLE - ONE EDWIN PLACE - ASHEVILLE, NC 28801	04-2103733	501(C)(3)	8,500.	0.	BOOK		RELIGION
UNITED CHRISTIAN MINISTRIES OF JACKSON COUNTY - P.O. BOX 188 - SYLVA, NC 28779	56-1659229	501(C)(3)	25,000.	0.	BOOK		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
UNITED WAY OF GREENE COUNTY 115 ACADEMY STREET GREENEVILLE, TN 37743	62-6015767	501(C)(3)	20,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
UNITED WAY OF HAYWOOD COUNTY P.O. BOX 1139 WAYNESVILLE, NC 28786-1139	23-7112548	501(C)(3)	11,750.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
UNITED WAY OF RUTHERFORD COUNTY P.O. BOX 823 SPINDALE, NC 28160	56-1030597	501(C)(3)	10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
UNIVERSITY BOTANICAL GARDENS AT ASHEVILLEINC. - 151 W.T. WEAVER BLVD. - ASHEVILLE, NC 28804-3414	56-0845050	501(C)(3)	37,018.	0.	BOOK		ENHANCING THE ENVIRONMENT
UNIVERSITY OF GEORGIA FOUNDATION ONE PRESS PLACE ATHENS, GA 30602	58-6033837	501(C)(3)	7,075.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

Schedule I (Form 990)

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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
UNIVERSITY OF THE VIRGIN ISLANDS, DEVELOPMENT OFFICE - 2 JOHN BREWERS BAY - ST. THOMAS, 00802-6004, VIRGIN ISLANDS	66-0432514	501(C)(3)	24,200.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
URBAN YOUTH IMPACT PO BOX 222592 WEST PALM BEACH, FL 33422	91-1901103	501(C)(3)	10,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
URGENT ACTION FUND FOR WOMEN'S HUMAN RIGHTS - 2601 BLANDING AVENUE SUITE C, #155 - ALAMEDA, CA 94501	03-0419743	501(C)(3)	7,000.	0.	BOOK		BUILDING COMMUNITY & 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.	BOOK		PROMOTING QUALITY HEALTH
VERITAS CHRISTAIN ACADEMY 17 CANE CREEK ROAD FLETCHER, NC 28732	56-2089482	501(C)(3)	6,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
VERNER CENTER FOR EARLY LEARNING 2586 RICEVILLE ROAD ASHEVILLE, NC 28805	56-2040462	501(C)(3)	48,990.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
VILLAGE GREEN OF CASHIERS P.O. BOX 2201 CASHIERS, NC 28717	90-0947131	501(C)(3)	11,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
VINE OF THE MOUNTAINS P.O. BOX 101 WAYNESVILLE, NC 28786	30-0091243	501(C)(3)	18,000.	0.	BOOK		RELIGION
VISION CASHIERS, INC. P.O. BOX 2302 CASHIERS, NC 28717	56-1818753	501(C)(3)	7,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

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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.	BOOK		ASSISTING PEOPLE IN NEED
VOICES IN THE LAUREL P.O. BOX 1581 LAKE JUNALUSKA, NC 28745	56-1991624	501(C)(3)	33,068.	0.	BOOK		ADVANCING THE ARTS
WAMY COMMUNITY ACTION INC. 225 BIRCH STREET SUITE 2 BOONE, NC 28607	56-0816296	501(C)(3)	20,000.	0.	BOOK		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.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
WATAUGA COUNTY PUBLIC LIBRARY 140 QUEEN STREET BOONE, NC 28607	56-0768739	501(C)(3)	8,580.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
WEST HENDERSON HIGH SCHOOL 3600 HAYWOOD ROAD HENDERSONVILLE, NC 28791	56-1821543	501(C)(3)	6,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
WESTERN CAROLINA RESCUE MINISTRIES P.O. BOX 909 ASHEVILLE, NC 28802	56-1249407	501(C)(3)	9,455.	0.	BOOK		ASSISTING PEOPLE IN NEED
WESTERN CAROLINA UNIVERSITY FOUNDATION - 201 H.F. ROBINSON ADMIN. BUILDING 1 UNIVERSITY DRIVE - CULLOWHEE, NC 28723	23-7159170	501(C)(3)	113,714.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
WESTERN CAROLINA UNIVERSITY FOUNDATION - ONE UNIVERSITY DRIVE, 201 H.F. ROBINSON ADMINISTRATION BUILDING - CULLOWHEE, NC 28723	56-6001440	501(C)(3)	37,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

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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
WESTERN NORTH CAROLINA HEATH SERVICES - P.O. BOX 3387 - ASHEVILLE, NC 28802	56-1852922	501(C)(3)	13,368.	0.	BOOK		PROMOTING QUALITY HEALTH
WILD FOR LIFE CENTER FOR REHABILITATION OF WILDLIFE - 33 POSSUM TROT - ASHEVILLE, NC 28806	56-2165782	501(C)(3)	6,785.	0.	BOOK		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.	BOOK		PROMOTING QUALITY HEALTH
WNC COMMUNITIES 594 BREVARD ROAD ASHEVILLE, NC 28806	56-0797766	501(C)(3)	5,250.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
WNC HEALTH NETWORK 1 HAYWOOD STREET, SUITE 425 ASHEVILLE, NC 28801	56-1889715	501(C)(3)	8,500.	0.	BOOK		PROMOTING QUALITY HEALTH
WNC MADISON COUNTY HOUSING CORPORATION - P.O. BOX 97 - HOT SPRINGS, NC 28743	58-1643763	501(C)(3)	8,200.	0.	BOOK		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 SAN FRANCISCO, CA 94126	05-0542397	501(C)(3)	24,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

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**THE COMMUNITY FOUNDATION
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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
WORKING WHEELS 76 WEAVERVILLE ROAD ASHEVILLE, NC 28804	81-4965358	501(C)(3)	103,750.	0.	BOOK		ASSISTING PEOPLE IN NEED
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVENUE NW, 7TH FL WASHINGTON, DC 20001	27-3521132	501(C)(3)	13,500.	0.	BOOK		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.	BOOK		ADVANCING THE ARTS
YANCEY COUNTY SCHOOLS P.O. BOX 190 BURNSVILLE, NC 28714	56-6001138	501(C)(3)	20,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
YMCA OF WESTERN NORTH CAROLINA 40 NORTH MERRIMON AVENUE SUITE 309 ASHEVILLE, NC 28804	56-0530013	501(C)(3)	12,575.	0.	BOOK		ASSISTING PEOPLE IN NEED
YMI CULTURAL CENTER 39 SOUTH MARKET STREET, SUITE B ASHEVILLE, NC 28801	58-1448997	501(C)(3)	95,250.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
YOKEFELLOW SERVICE CENTER, INC. P.O. BOX 351 SPINDALE, NC 28160	56-1116990	501(C)(3)	20,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
YOUNG LIFE P.O. BOX 70065 PRESCOTT, AZ 86304-7065	84-0385934	501(C)(3)	14,500.	0.	BOOK		RELIGION

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**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

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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.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING ASBURY UNIVERSITY	1	2,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING ASHEVILLE-BUNCOMBE TECHNICAL COMMUNITY COLLEGE	1	1,500.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING BLUE RIDGE COMMUNITY COLLEGE	1	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING BRANDEIS UNIVERSITY	1	5,000.	0.	BOOK	

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.

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

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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.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING BUTLER UNIVERSITY	1.	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING CAMPBELL UNIVERSITY	1.	2,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING CHAPMAN UNIVERSITY	1.	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING COASTAL CAROLINA UNIVERSITY	1.	3,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING DAVIDSON COLLEGE	1.	5,750.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING DUKE UNIVERSITY	3.	12,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING EAST TENNESSEE UNIVERSITY	5.	14,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING ECKERD COLLEGE	1.	1,000.	0.	BOOK	

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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 FREEDA HARDEMAN UNIVERSITY	1.	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING JOHN BROWN UNIVERSITY	1.	2,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING LENOIR-RHYNE UNIVERSITY	2.	6,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING MARS HILL UNIVERSITY	1.	500.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING MAYLAND COMMUNITY COLLEGE	1.	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING NORTH CAROLINA STATE UNIVERSITY	19.	85,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENTS ATTENDING SOUTHWESTERN COMMUNITY COLLEGE	2.	8,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING STANFORD UNIVERSITY	1.	5,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING TOCCOA FALLS COLLEGE	1.	6,000.	0.	BOOK	

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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 STUDENTS ATTENDING THE UNIVERSITY OF NORTH CAROLINA - ASHEVILLE	8.	30,500.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING THE UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL	28.	136,428.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING THE UNIVERSITY OF NORTH CAROLINA - CHARLOTTE	4.	16,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING THE UNIVERSITY OF NORTH CAROLINA -PEMBROKE	1.	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING THE UNC SCHOOL OF THE ARTS	1.	4,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING THE UNIVERSITY OF NORTH CAROLINA - WILMINGTON	1.	2,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING THE UNIVERSITY OF CALIFORNIA SAN DIEGO	1.	4,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING THE UNIVERSITY OF GEORGIA	1.	5,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING THE UNIVERSITY OF PENNSYLVANIA	1.	5,000.	0.	BOOK	

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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 STUDENT ATTENDING THE UNIVERSITY OF SOUTH CAROLINA	1.	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING THE UNIVERSITY OF TENNESSEE	1.	5,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING THE UNIVERSITY OF TEXAS	1.	1,500.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING THE UNIVERSITY OF UTAH	1.	10,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING WARREN WILSON COLLEGE	1.	2,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING WESTERN CAROLINA UNIVERSITY	18.	62,500.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING WESTERN PIEDMONT COMMUNITY COLLEGE	1.	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING WHEATON COLLEGE	1.	7,500.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING WOFFORD COLLEGE	1.	6,000.	0.	BOOK	

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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.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING YOUNG HARRIS COLLEGE	1.	1,000.	0.	BOOK	

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

Employer identification number

56-1223384

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2021

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELIZABETH K. BRAZAS PRESIDENT	(i)	285,619.	0.	0.	0.	39,836.	325,455.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GRAHAM KEEVER CHIEF FINANCIAL OFFICER	(i)	176,818.	0.	0.	0.	46,182.	223,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PHILIP P. BELCHER VICE PRESIDENT PROGRAMS	(i)	136,813.	0.	0.	0.	37,593.	174,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JULIE D. KLIPP CHIEF OPERATING OFFICER	(i)	137,086.	0.	0.	0.	22,831.	159,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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Schedule J (Form 990) 2021

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **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, INC.** Employer identification number
56-1223384

Part I 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.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

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	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	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.

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SARAH THORNBURG	BOARD MEMBER OF ORG	610.	MRS. THORNB		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SARAH THORNBURG

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 610.

(D) DESCRIPTION OF TRANSACTION: MRS. THORNBURG IS AN ATTORNEY WITH

MCGUIRE, WOOD & BISSETTE, P.A., WHICH IS THE ORGANIZATION'S LEGAL

COUNSEL. ALTHOUGH MRS. THORNBURG BOTH SERVES ON THE ORGANIZATION'S BOARD

OF DIRECTORS AND IS EMPLOYED BY THE ORGANIZATION'S LEGAL COUNSEL, THE

ORGANIZATION DOES NOT DEAL WITH MRS. THORNBURG IN ITS BUSINESS WITH THE

LAW FIRM. IN ORDER TO PREVENT CONFLICTS OF INTEREST FROM ARISING, THE

ORGANIZATION WORKS WITH OTHER, UNRELATED ATTORNEYS IN THE FIRM.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

- ▶ **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.**

Name of the organization **THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.** Employer identification number
56-1223384

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	108	7,478,767. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

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

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

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

Schedule M (Form 990) 2021

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

SCHEDULE M, 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 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.

OMB No. 1545-0047

2021

Open to Public
Inspection

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
FOLLOWED BY A DISCUSSION AT THE BOARD MEETING OF KEY SECTIONS AND ANY
QUESTIONS THAT EMERGED DURING THE COMMENT PERIOD.

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

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

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

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

Name of the organization	THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	Employer identification number 56-1223384
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BOARD REVIEWS AND APPROVES A POOL AVAILABLE FOR SALARY INCREASES AS A
PART OF THE OPERATING BUDGET PROCESS. MANAGEMENT ALLOCATES THE POOL
AMONGST STAFFFF 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)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.** Employer identification number
56-1223384

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

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

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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WESTERN NORTH CAROLINA REAL ESTATE FOUNDATION - 26-1998057, P.O. BOX 1888, ASHEVILLE, NC 28802	RECEIVES & HOLDS DONATIONS OF REAL PROPERTY TO CFWNC.	NORTH CAROLINA	501(C)(3)	LINE 11(A) TYPE I			X

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021

Page 2

Part III

[illegible]

Part IV

[illegible]

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
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	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
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 who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
WESTERN NORTH CAROLINA REAL ESTATE (1) FOUNDATION	B	6,000.	CASH VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2021

Page 4

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.

[illegible]

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

CARRYOVER DATA TO 2022

FEIN: 56-1223384

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

[illegible]

FEIN: 56-1223384

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FEIN: 56-1223384

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FEIN: 56-1223384

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

[illegible]

FEIN: 56-1223384

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Type and Entity: HEADLANDS CAPITAL SECO POST-2017 NO

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

[illegible]

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FEIN: 56-1223384

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

[illegible]

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

OMB No. 1545-0047

2022

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

1	Unrelated business taxable income expected in the tax year	1	462,433.
2	Tax on the amount on line 1. See instructions for tax computation	2	97,111.
3	Alternative minimum tax for trusts. See instructions	3	
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.
7	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	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	97,111.
b	Enter the tax shown on the 2021 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	97,111.
c	2022 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	97,120.
			ADJUSTED TO
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.
13	2021 Overpayment. See instructions	13	
14	Payment due (Subtract line 13 from line 12)	14	77,635.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

ESTIMATED TAX 97,120.
AMOUNT PAID 19,485.
AMOUNT DUE 77,635.

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022**2021**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**Name of filer **THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**EIN or SSN
56-1223384Name and title of officer or person subject to tax **GRAHAM KEEVER
CHIEF FINANCIAL OFFICER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>97,111.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here ▶	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a 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

☒ 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 ▶

Date ▶

Part III Certification and Authentication

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)

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2021

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

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

Department of the Treasury
Internal Revenue ServiceA ☐ Check box if address changed.

B Exempt under section

☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A
Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.

4 VANDERBILT PARK DRIVE SUITE 300

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

ASHEVILLE, NC 28803

D Employer identification number

56-1223384

E Group exemption number
(see instructions)F ☐ Check box if an amended return.

C Book value of all assets at end of year 387,056,220.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH Check if filing only to ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐

J Enter the number of attached Schedules A (Form 990-T) 12

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.

L The books are in care of GRAHAM KEEVER Telephone number 828-254-4960

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business 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 contributions (see instructions for limitation rules) STMT 3 STMT 4	4	4.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	463,433.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	463,433.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	462,433.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	97,111.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	97,111.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2021)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		97,111.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		97,111.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a	2,125.	
b	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	73,763.	
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		75,888.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		571.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed STATEMENT 5	9		21,794.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	Title
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	KAREN S. GRAY, CPA	KAREN S. GRAY, CPA	03/31/23	
	Firm's name	Firm's EIN		PTIN
	DMJPS PLLC	56-0570567		P00322371
	79 WOODFIN PLACE, SUITE 300			
	Firm's address		Phone no.	
	ASHEVILLE, NC 28801		828-254-2374	

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

FORM 990-T

LATE PAYMENT INTEREST

STATEMENT 1

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	11/15/22	21,223.	21,223.	.0600	46	161.
INTEREST RATE CHANGE	12/31/22	0.	21,384.	.0700	135	561.
DATE FILED	05/15/23		21,945.			
TOTAL LATE PAYMENT INTEREST						722.

FORM 990-T

LATE PAYMENT PENALTY

STATEMENT 2

DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	11/15/22	21,223.	21,223.	6	637.
DATE FILED	05/15/23		21,223.		
TOTAL LATE PAYMENT PENALTY					637.

FORM 990-T

CONTRIBUTIONS

STATEMENT 3

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - THE ENERGY & MINERALS GROUP FUND IV LP	N/A	4.
TOTAL TO FORM 990-T, PART I, LINE 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

4

TAXABLE INCOME LIMITATION AS ADJUSTED

46,244

EXCESS CONTRIBUTIONS

0

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS DEDUCTION

4

TOTAL CONTRIBUTION DEDUCTION

4

FORM 990-T

INTEREST AND PENALTIES

STATEMENT 5

TAX FROM FORM 990-T, PART IV	21,223.
UNDERPAYMENT PENALTY	571.
LATE PAYMENT INTEREST	722.
LATE PAYMENT PENALTY	637.
TOTAL AMOUNT DUE	23,153.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ 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).

OMB No. 1545-0047

2021

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) ▶ 901101	D Sequence: 1 of 12

E Describe the unrelated trade or business ▶ **HEADLANDS CAPITAL SECONDARY FUND**


Part 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		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 6		5 643.		643.
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		13 643.		643.

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	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 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	643.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	643.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods SoldEnter method of inventory valuation 

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)	5	
6	Total. Add lines 1 through 5	6	
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 produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A <input type="checkbox"/>					
B <input type="checkbox"/>					
C <input type="checkbox"/>					
D <input type="checkbox"/>					
		A	B	C	D
2 Rent received or accrued					
a 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)					
c 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, 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. Enter here and on Part I, line 6, column (B)		0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A <input type="checkbox"/>					
B <input type="checkbox"/>					
C <input type="checkbox"/>					
D <input type="checkbox"/>					
		A	B	C	D
2 Gross income from or allocable to debt-financed property					
3 Deductions directly connected with or allocable to debt-financed property					
a 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					
8 Total gross income (add line 7, columns A through D). 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 through D. Enter here and on Part I, line 7, column (B)		0.			
11 Total dividends-received deductions included in line 10		0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments 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)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	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 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part 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 lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	
B	
C	
D	

Enter amounts for each periodical listed above in the corresponding column.

A	B	C	D

2	Gross advertising income				
	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a

3	Direct advertising costs by periodical				
----------	--	--	--	--	--

a

a Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

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

[illegible]

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 deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on

Part II, line 13 ▶ 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

Part XI	Supplemental Information (see instructions)
----------------	--

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

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ 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).

2
OMB No. 1545-0047

2021

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) ▶ 901101	D Sequence: 2 of 12

E Describe the unrelated trade or business ▶ **STONELAKE OPPORTUNITY PARTNERS II LP**

Part 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		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 7		5 28,495.		28,495.
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 28,495.		28,495.

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	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 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	28,495.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	28,495.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods SoldEnter method of inventory valuation 

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)	5	
6	Total. Add lines 1 through 5	6	
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 produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A <input type="checkbox"/>					
B <input type="checkbox"/>					
C <input type="checkbox"/>					
D <input type="checkbox"/>					
		A	B	C	D
2 Rent received or accrued					
a 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)					
c 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, 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. Enter here and on Part I, line 6, column (B)		0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A <input type="checkbox"/>					
B <input type="checkbox"/>					
C <input type="checkbox"/>					
D <input type="checkbox"/>					
		A	B	C	D
2 Gross income from or allocable to debt-financed property					
3 Deductions directly connected with or allocable to debt-financed property					
a 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					
8 Total gross income (add line 7, columns A through D). 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 through D. Enter here and on Part I, line 7, column (B)		0.			
11 Total dividends-received deductions included in line 10		0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments 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)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	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 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part 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 lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐B ☐C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A)

0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B)

0.

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

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

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on

Part II, line 13

0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 7

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

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ 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).

3
OMB No. 1545-0047

2021

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) ▶ 901101	D Sequence: 3 of 12

E Describe the unrelated trade or business ▶ **EMG FUND II LP**

Part 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		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 8		5 -10,299.		-10,299.
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 -10,299.		-10,299.

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	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 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-10,299.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-10,299.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods SoldEnter method of inventory valuation 

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)	5	
6	Total. Add lines 1 through 5	6	
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 produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)



1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a 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)				
c 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, column (A)  0.				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)  0.				

Part V Unrelated Debt-Financed Income (see instructions)




1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a 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 ...				
8 Total gross income (add line 7, columns A through D). 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 through D. Enter here and on Part I, line 7, column (B)  0.				
11 Total dividends-received deductions included in line 10  0.				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	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 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part 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 lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 8

DESCRIPTION	NET INCOME OR (LOSS)
THE ENERGY & MINERALS GROUP FUND II LP - ORDINARY BUSINESS INCOME (LOSS)	20,769.
THE ENERGY & MINERALS GROUP FUND II LP - OTHER INCOME (LOSS)	-31,068.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-10,299.

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ 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).

OMB No. 1545-0047

2021

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) ▶ 901101	D Sequence: 4 of 12

E Describe the unrelated trade or business ▶ **AG REALTY FUND VIII LP**

Part 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 -3,167.		-3,167.
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 9		5 -15,870.		-15,870.
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 -19,037.		-19,037.

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	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 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-19,037.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-19,037.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods SoldEnter method of inventory valuation 

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)	5	
6	Total. Add lines 1 through 5	6	
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 produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	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)				
c	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, column (A)	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	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				
8	Total gross income (add line 7, columns A through D). 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 through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	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 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part 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 lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021

15530331 790379 33132.0

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 9

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

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

2021Attachment
Sequence No. **27**

Name(s) shown on return

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

Identifying number

56-1223384

- 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
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a**1b****1c****Part I 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)

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 other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	AG REALTY FUND VIII, LP						- 3,167.

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3**4****5****6****7****- 3,167.****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
- 9** 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

8**9****Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** 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.

11**12****13****14****15****16****17****- 3,167.****a** 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)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
	Property A	Property B	Property C
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		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b 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.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c 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		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 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		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a 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		
29 If section 1255 property:			
a 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		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ 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).

5
OMB No. 1545-0047

2021

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) ▶ 901101	D Sequence: 5 of 12

E Describe the unrelated trade or business ▶ **HEADLANDS CAPITAL SECONDARY FUND III**

Part 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.	-1.
c 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		
12 Other income (see instructions; attach statement) STMT 11		12	9.	9.
13 Total. Combine lines 3 through 12		13	-1,866.	-1,866.

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	
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 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-1,866.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-1,866.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods SoldEnter method of inventory valuation 

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)	5	
6	Total. Add lines 1 through 5	6	
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 produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	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)				
c	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, column (A)	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	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				
8	Total gross income (add line 7, columns A through D). 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 through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	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 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part 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 lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐B ☐C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)	0.			

a

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)	0.			

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

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

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on

Part II, line 13 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 10
----------------	---------------------------------	--------------

DESCRIPTION	NET INCOME OR (LOSS)
HEADLANDS CAPITAL SECONDARY FUND II LP - ORDINARY BUSINESS INCOME (LOSS)	-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
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DESCRIPTION	AMOUNT
CANCELLATION OF DEBT 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

2021Attachment
Sequence No. **27**

Name(s) shown on return

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

Identifying number

56-1223384

- 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
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a**1b****1c****Part I 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)

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 other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	HEADLANDS CAPITAL SECONDARY FUND II LP						-1.

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3**4****5****6****7****-1.****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
- 9** 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

8**9****Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** 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.

11**12****13****14****15****16****17****-1.****a** 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)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
	Property A	Property B	Property C
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		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b 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.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c 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		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 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		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a 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		
29 If section 1255 property:			
a 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		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ 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).

6
OMB No. 1545-0047

2021

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) ▶ 901101	D Sequence: 6 of 12

E Describe the unrelated trade or business ▶ **EMG FUND IV LP**

Part 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.
c 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.

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	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 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-127,567.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-127,567.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods SoldEnter method of inventory valuation 

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)	5	
6	Total. Add lines 1 through 5	6	
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 produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	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)				
c	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, column (A)	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	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				
8	Total gross income (add line 7, columns A through D). 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 through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	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 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part 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 lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐B ☐C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A)

0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B)

0.

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

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

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on

Part II, line 13

0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

0.

Part XI Supplemental Information (see instructions)

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

2021Attachment
Sequence No. **27**

Name(s) shown on return

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

Identifying number

56-1223384

- 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
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a**1b****1c****Part I 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)

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 other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	THE ENERGY & MINERALS GROUP FUND IV LP						-184,703.

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3**4****5****6****7****-184,703.****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
- 9** 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

8**9****Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** 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.
- a** 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
- 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

11**(184,703.)****12****13****14****15****16****17****-184,703.****18a****18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2021)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
	►	Property A	Property B
		Property C	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	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	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.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	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	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	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	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	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	
29	If section 1255 property:		
a	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	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

► 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).

OMB No. 1545-0047

2021

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) ► 901101	D Sequence: 7 of 12

E Describe the unrelated trade or business ► **MTP ENERGY OPPORTUNITIES FUND II LLC**

Part 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 134,443.		134,443.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c 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.

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	
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) SEE STATEMENT 15	14	7,053.
15 Total deductions. Add lines 1 through 14	15	7,053.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 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.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

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)	5	
6	Total. Add lines 1 through 5	6	
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 produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> _____ B <input type="checkbox"/> _____ C <input type="checkbox"/> _____ D <input type="checkbox"/> _____				
2	Rent received or accrued	A	B	C	D
a	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)				
c	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, column (A) ▶	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> _____ B <input type="checkbox"/> _____ C <input type="checkbox"/> _____ D <input type="checkbox"/> _____				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	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 ...				
8	Total gross income (add line 7, columns A through D). 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 through D. Enter here and on Part I, line 7, column (B) ▶	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	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 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part 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 lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)	0.			

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)	0.			

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				
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				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13	0.			

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 14
----------------	---------------------------------	--------------

DESCRIPTION	NET INCOME OR (LOSS)
MTP ENERGY OPORTUNITIES - ORDINARY BUSINESS INCOME (LOSS)	173,103.
MTP ENERGY OPORTUNITIES - OTHER INCOME (LOSS)	-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	4,320.
MANAGEMENT FEES	1,065.
OFFICER SALARIES AND BENEFITS	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-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

2021

Name

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

Employer identification number

56-1223384

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**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 gain or loss from Form(s) 8949, Part I, line 2, column (g)	(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 37				4
5 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

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**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 gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) 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				
11 Enter gain from Form 4797, line 7 or 9				11 134,443.
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
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 134,443.

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	134,443.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	134,443.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

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

2021Attachment
Sequence No. **27**

Name(s) shown on return

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

Identifying number

56-1223384**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
MACRS assets**1b****c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS
assets**1c****Part I 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)

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 other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	MTP ENERGY OPPORTUNITIES						134,443.

3 Gain, if any, from Form 4684, line 39**3****4** Section 1231 gain from installment sales from Form 6252, line 26 or 37**4****5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824**5****6** Gain, if any, from line 32, from other than casualty or theft**6****7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows**7****134,443.****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**8****9** 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**9****134,443.****Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7**11**

()

12 Gain, if any, from line 7 or amount from line 8, if applicable**12****13** Gain, if any, from line 31**13****14** Net gain or (loss) from Form 4684, lines 31 and 38a**14****15** Ordinary gain from installment sales from Form 6252, line 25 or 36**15****16** Ordinary gain or (loss) from like-kind exchanges from Form 8824**16****17** Combine lines 10 through 16**17****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.**a** 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)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
	Property A	Property B	Property C
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		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b 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.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c 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		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 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		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a 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		
29 If section 1255 property:			
a 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		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ 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).

8
OMB No. 1545-0047

2021

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) ▶ 901101	D Sequence: 8 of 12

E Describe the unrelated trade or business ▶ **BROOKFIELD INFRASTRUCTURE FUND III**

Part 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		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach 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		
13 Total. Combine lines 3 through 12		13 -84.		-84.

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	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 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-84.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-84.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods SoldEnter method of inventory valuation 

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)	5	
6	Total. Add lines 1 through 5	6	
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 produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	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)				
c	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, column (A)	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	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				
8	Total gross income (add line 7, columns A through D). 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 through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	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 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part 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 lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐B ☐C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A)

0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B)

0.

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

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

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on

Part II, line 13

0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

0.

Part XI Supplemental Information (see instructions)

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)	-79.
BROOKFIELD INRASTRUCTURE FUND III-D LP - OTHER INCOME (LOSS)	-5.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-84.

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ 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).

9
OMB No. 1545-0047

2021

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) ▶ 901101	D Sequence: 9 of 12

E Describe the unrelated trade or business ▶ **MERCED PARTNERS LP**

Part 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		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 17		5 136,451.		136,451.
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.		136,451.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	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 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	136,451.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	136,451.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods SoldEnter method of inventory valuation 

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)	5	
6	Total. Add lines 1 through 5	6	
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 produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	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)				
c	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, column (A)	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	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				
8	Total gross income (add line 7, columns A through D). 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 through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	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 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part 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 lines 5 through 7 _____	4	
5	Gross income from activity that is not unrelated business income _____	5	
6	Expenses attributable to income entered on line 5 _____	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7	

Schedule A (Form 990-T) 2021

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 17

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

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ 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).

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OMB No. 1545-0047

2021

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) ▶ 901101	D Sequence: 10 of 12

E Describe the unrelated trade or business ▶ **ACCOLADE PARTNERS VIII LP**


Part 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		
c 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		
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 61.		61.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	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 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	61.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	61.



LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021




Part III Cost of Goods SoldEnter method of inventory valuation 

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)	5	
6	Total. Add lines 1 through 5	6	
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 produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1		Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.			
A		<input type="checkbox"/>			
B		<input type="checkbox"/>			
C		<input type="checkbox"/>			
D		<input type="checkbox"/>			
		A	B	C	D
2		Rent received or accrued			
a		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)			
c		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, column (A)  0.			
4		Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)			
5		Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)  0.			

Part V Unrelated Debt-Financed Income (see instructions)

1		Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.			
A		<input type="checkbox"/>			
B		<input type="checkbox"/>			
C		<input type="checkbox"/>			
D		<input type="checkbox"/>			
		A	B	C	D
2		Gross income from or allocable to debt-financed property			
3		Deductions directly connected with or allocable to debt-financed property			
a		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 ...			
8		Total gross income (add line 7, columns A through D). 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 through D. Enter here and on Part I, line 7, column (B)  0.			
11		Total dividends-received deductions included in line 10  0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		Exempt Controlled Organizations			
		2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	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 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part 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 lines 5 through 7 _____	4	
5	Gross income from activity that is not unrelated business income _____	5	
6	Expenses attributable to income entered on line 5 _____	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7	

Schedule A (Form 990-T) 2021

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 18

DESCRIPTION	NET INCOME OR (LOSS)
ACCOLADE PARTNERS VIII L.P. - ORDINARY BUSINESS INCOME (LOSS)	61.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	61.

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ 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).

11

OMB No. 1545-0047

2021

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) ▶ 901101	D Sequence: 11 of 12

E Describe the unrelated trade or business ▶ **HEADLANDS CAPITAL SECONDARY FUND III**

Part 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 216.		216.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 19		5 -784.		-784.
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 -568.		-568.

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	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 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-568.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-568.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

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)	5	
6	Total. Add lines 1 through 5	6	
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 produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	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)				
c	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, column (A)	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	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				
8	Total gross income (add line 7, columns A through D). 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 through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	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 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part 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 lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 19

DESCRIPTION	NET INCOME OR (LOSS)
HEADLANDS CAPITAL SECONDARY FUND III - ORDINARY BUSINESS INCOME (LOSS)	-794.
HEADLANDS CAPITAL SECONDARY FUND III - INTEREST INCOME	8.
HEADLANDS CAPITAL SECONDARY FUND III - OTHER INCOME (LOSS)	2.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-784.

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-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

2021

Name

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

Employer identification number

56-1223384

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ▶ ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

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 gain or loss from Form(s) 8949, Part I, line 2, column (g)	(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 37				4
5 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

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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 gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) 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 Enter gain from Form 4797, line 7 or 9				11 933.
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
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 216.

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.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	216.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

56-1223384

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

2021Attachment
Sequence No. **27**

Name(s) shown on return

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

Identifying number

56-1223384

- 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
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a**1b****1c****Part I 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)

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 other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	HEADLANDS CAPITAL SECONDARY FUND III						933.

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3**4****5****6****7****933.****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
- 9** 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

8**9****933.****Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** 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.

11**12****13****14****15****16****17****a** 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)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
	Property A	Property B	Property C
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		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b 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.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c 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		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 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		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a 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		
29 If section 1255 property:			
a 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		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ 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).

12
OMB No. 1545-0047

2021

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) ▶ 901101	D Sequence: 12 of 12

E Describe the unrelated trade or business ▶ **STEPSTONE VC SECONDARIES FUND V LP**


Part 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		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 20		5 -503.		-503.
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 -503.		-503.

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	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 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-503.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-503.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods SoldEnter method of inventory valuation 

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)	5	
6	Total. Add lines 1 through 5	6	
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 produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	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)				
c	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, column (A)	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	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				
8	Total gross income (add line 7, columns A through D). 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 through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	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 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part 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 lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021

Part IX	Advertising Income
----------------	---------------------------

- 1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

A	B	C	D

- | | | | | | |
|----------|--|-----------|--|--|--|
| 2 | Gross advertising income | | | | |
| | Add columns A through D. Enter here and on Part I, line 11, column (A) | 0. | | | |

a

- | | | | | | |
|----------|--|--|--|--|--|
| 3 | Direct advertising costs by periodical | | | | |
|----------|--|--|--|--|--|

a

- a** Add columns A through D. Enter here and on Part I, line 11, column (B) **0.**

- 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

- 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

- a** Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 **0.**

Part X	Compensation of Officers, Directors, and Trustees (see instructions)
---------------	---

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

- Total.** Enter here and on Part II, line 1 0.

Part XI	Supplemental Information (see instructions)
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FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 20

DESCRIPTION	NET INCOME OR (LOSS)
STEPSTONE VC SECONDARIES FUND V - ORDINARY BUSINESS INCOME (LOSS)	-503.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-503.

**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-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

2021

Name

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

Employer identification number

56-1223384

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**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 gain or loss from Form(s) 8949, Part I, line 2, column (g)	(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 37				4
5 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

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**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 gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) 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 Enter gain from Form 4797, line 7 or 9				11
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
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 -717.

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	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	0.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

56-1223384

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

▶ Attach to the corporation's tax return. **FORM 990-T**

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

2021

Name **THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

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.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete 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 return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	86,026.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	86,026.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 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 before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column	12			
13 Add lines 11 and 12	13	20,000.	32,253.	21,510.
14 Add amounts on lines 16 and 17 of the preceding column	14	19,382.	20,888.	10,142.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	2,125.	618.	11,365.
16 If the amount on line 15 is zero, subtract line 13 from line 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.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			

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.

LHA For Paperwork Reduction Act Notice, see separate instructions.

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 $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	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 total here and on Form 1120, line 34; or the comparable line for other income tax returns	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 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.					Identifying Number 56-1223384
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) 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.
Penalty Due (Sum of Column F).					571.

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

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

2021Attachment
Sequence No. **27**

Name(s) shown on return

**THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.**

Identifying number

56-1223384

- 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
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a**1b****1c****Part I 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)

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 other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE STATEMENT 21							
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 -52,495.
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						8
9	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						9

Part II Ordinary Gains and Losses (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include 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 from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17 -52,495.
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.						
a	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)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
	Property A	Property B	Property C
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		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b 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.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c 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		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 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		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a 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		
29 If section 1255 property:			
a 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		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 21

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
AG REALTY FUND VIII, LP						-3,167.
HEADLANDS CAPITAL SECONDARY FUND II LP						-1.
THE ENERGY & MINERALS GROUP FUND IV LP						-184,703.
MTP ENERGY OPORTUNITIES						134,443.
HEADLANDS CAPITAL SECONDARY FUND III						933.
TOTAL TO 4797, PART I, LINE 2						-52,495.