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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

A	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and e	ending J	UN 30, 2011	
В	Check if	C Name of organization		D Employer identific	cation number
ē	pplicable	WESTERN NORTH CAROLINA REAL ESTATE			
	Addres change				
	Name change	Do to Business As		7 26-1	998057
Ē	Initial	* *************************************	Room/suite		· · · ·
F	Termin			The state of the s	254-4960
F	lated Amend			G Gross receipts \$	5,005.
F	return Applica			H(a) is this a group re	
_	tion pendin	F Name and address of principal officer GRAHAM KEEVER		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
	Fay ava		or 527	7 ' '	
			JI 32 <i>1</i>	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	list (see instructions)
		e: ► N/A organization: X Corporation Trust Association Other ►		H(c) Group exemptio	
		Summary	L Year	of formation: 200/[N	State of legal domicile: NC
<u></u>	1		. mo c	ברובטווו פ ס פ	OR .
õ		Briefly describe the organization's mission or most significant activities REFEF ORGANIZATION'S MISSION STATEMENT.	10 3	CUEDOTE O L	<u>OR</u>
Jar				- 45 050/ - 6 4 4	
Ģ		Check this box  fithe organization discontinued its operations or dispos	sea or more		
Ô		Number of voting members of the governing body (Part VI, line 1a)		3	5
≪		Number of independent voting members of the governing body (Part VI, line 1b)		4	2
Ë		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
Activities & Governance		Total number of volunteers (estimate if necessary)		6	0
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		PECCIVEN		Prior Year	Current Year
Revenue	8 9	Contributions and grants (Part VII Line 15) VED		10,000.	5,000.
		Program service revenue (Part VIII, line 2g)		0.	0.
	10	nvestment income (Part MII), columb (A), line 9 8,17, and Qd		1,392.	5.
_	11 (	Other revenue (Part VIII @umn (A), lines 5, 6d, 8c, 9c 🏖 a, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,392.	5,005.
	13	Grants and similar amounts paid (Part IX Ediumb A), lines 1-3)		0.	0.
	14 1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
χĎ	b ·	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
ű	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		215,950.	1,045.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		215,950.	1,045.
	19	Revenue less expenses. Subtract line 18 from line 12		<204,558.	> 3,960.
P S			Be	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		8,963.	12,923.
Seg.	21	Fotal liabilities (Part X, line 26)		0.	0.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		8,963.	12,923.
Pa	art II	Signature Block /			
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	nents, and to the best of m	y,knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than sincer) is based on all information of whi	ich prepare	r has any knowledge.	/ /
:		1 / spor of leer			15/2012
Sig	n	Signature of officer		Date /	
Her		GRAHAM KEEVER, PRESIDENT			
· 		Type or print name and title			
		Print/Type preparer's name Preparer's signature,		Date Check	PTIN
Paid	1	J. Soor Hunes A Alust Hunter	0040	) 2 / 1 4 / 1 2 setf-employe	ed
Prej	oarer [	Firm's name JOHNSON, PRICE & SPRINKLE P.A.		Firm's EIN	
Use	Only	Firm's address P.O. BOX 8385			
	İ	ASHEVILLE, NC 28814-8385		Phone no. 8	28-254-2374
Ma	the IR	S discuss this return with the preparer shown above? (see instructions)			Yes X No
	01 02-22		ns.	(-16 )	Form <b>990</b> (2010)

2-22-11 LIDA FOR Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	rt III   Statement of Program Service Assemblishments	805/	Page Z
Pai	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response to any question in this Part III		
•	Briefly describe the organization's mission: TO DEVELOP CHARITABLE RESOURCES THROUGH THE ACQUISITION AND		
	LIQUIDATION OF GIFTS OF REAL ESTATE AS THEY BECOME AVAILABLE F	OR TH	E
	BENEFIT OF THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA.	<u> </u>	<del></del> ,
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	X 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?	L Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$0 including grants of \$ ) (Revenue \$	5.	005.)
	PROGRAM SERVICE EXPENDITURES WILL CONSIST OF GRANTS TO THE COM		
	FOUNDATION OF WESTERN NORTH CAROLINA AS LIQUIDATION PROCEEDS F		
	SALE OF REAL ESTATE ARE RECEIVED. NO SUCH GIFTS WERE RECEIVED	IN T	HE
	CURRENT FISCAL YEAR.		
			<del></del>
			-
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		)
			<del></del>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
<u> </u>	Other program conveces (Decembe in Schodule C)		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )		
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶		
<u> 14</u>	1 Old Brogram ou floo expenses F	O	90 (2010)

26-1998057 Form 990 (2010) Page 3 FOUNDATION, INC 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)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Х 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV 9  $\mathbf{X}_{-}$ Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 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? If "Yes," complete Schedule D. X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b 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? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI, XII, and XIII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Х 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III X 19 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a X

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b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

operate one or more hospitals must attach audited financial statements (see instructions)

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Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. Х column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301 7701-2 and 301,7701-3? If "Yes." complete Schedule R. Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X 34 X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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

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Form 990 (2010) FOUNDATION, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance

Senier the number reported in Box 3 of Form 1096 Enter 0-if not applicable    Enter the number of Porms W-2G included in line 1 a. Enter 0-if not applicable   Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (pambing) with with backup withholding rules for reportable payments to vendors and reportable gamming (pambing) with one of progress reported on Form W-3, Transmittal of Wage and Tax Statements, Trade for the calendar year ending with or within the year covered by this return		Check if Schedule O contains a response to any question in this Part V			
Enter the number of Forms W.2G included in line 1 a Enter of unit applicable of bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return.  b If at least one is reported on line 2a, did the organization file all included employment tax returns?  2b. If we will be sum of lines 1 and 2a greater than 250, you may be required to e-five, (see instructions).  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Note. If the sain file a Form 990 or for the year? "If "No," provide an explanation in Schedule O.  4c. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account of the file organization and any				Yes	No
Commission of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize owners?  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the catendar year ending with or within the year covered by this services.  2 Interest the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the catendar year ending with or within the year covered by this services.  3 Interest the number of the catendar year ending with or within the year of the catendar year ending with or within the year?  3 Interest the sum of lines 1s and 2s is greater than 250, you may be required to e-fee, (see instructions)  3 Interest the sum of lines 1s and 2s is greater than 250, you may be required to e-fee, (see instructions)  3 Interest the sum of lines 1s and 2s is greater than 250, you may be required to e-fee, (see instructions)  3 Interest the sum of lines 1s and 2s is greater than 250, you may be required to e-fee, (see instructions)  3 Interest the sum of lines 1s and 2s is greater than 250, you may be required to e-fee, (see instructions)  3 Interest the 1s and 2s is greater than 250, you may be required to e-fee, (see instructions)  3 Interest the sum of lines 1s and 2s is greater than 250, you may be required to e-fee, (see instructions)  3 Interest the sum of lines 1s and 2s is greater than 250, you may be required to e-fee, (see instructions)  3 Interest the sum of lines 1s and 2s is greater than 250, you may be required to e-fee, (see instructions)  3 Interest the sum of lines 1s and 2s is greater than 250, you may be required to e-fee, (see instructions)  4 If Yee, 1s is an interest in constitution of care in a sum of the sum of	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
Gambing) winnings to prize winners?  Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  Note. If the sum of lane 1s and 2s greater than 250, you may be required to e-file (see instructions)  30 bit at least one is reported on line 2s, did the organization file all required federal employment tax returns?  Note. If the sum of lane 1s and 2s greater than 250, you may be required to e-file (see instructions)  30 bit the organization have unrelated business gross income of \$1,000 or more during the year?  30 bit if "Yes," and it file a form 990 Th for this year? If "No," provide an explanation in Schedule O  31 bit "Yes," and 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 accounts?  32 bit "Yes," in the rith a name of the foreign country   ▶  33 bit and any think organization and party to a prohibited tax sheller transaction at any time during the tax year?  34 bit "Yes," in the same of the foreign country   ▶  35 bit any contributions that were not tax deductible?  36 bit "Yes," in the same of the organization that it was or is a party to a prohibited tax sheller transaction at any time during the tax year?  36 bit "Yes," in the data of the organization in the year or is a party to a prohibited tax sheller transaction at any time during the tax year?  37 bit "Yes," in did the organization include with every solidation an express statement that such contributions or gifts were not tax deductible?  38 bit "Yes," indicate that many receive deductible contributions under section 170(c).  39 bit "Yes," indicate that many receive deductible contributions under section 170(c).  30 bit the organization receive a payment it excess of \$75 made party as a contribution of quark year year.  39 bit "Yes," indicate the number of forms 8822 filed durin	þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ļ
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, fleed for the calandar year and long with or within the year covered by this return.  Note. If the sum of Innes 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  3a I Oth the organization have unrelieded business gross income of \$1,000 or more during the year?  3a IX.  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," has it filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  3b If "Yes," an a trible of the organization was an abrak account, securities account, or other financial account; or the financial account in a foreign country (such as a bank account, securities account, or other financial account; or the financial account account account account account account account account account accoun	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
filed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file. (see instructions)  30		(gambling) winnings to prize winners?	1c	_X	
b If a least one is reported on line 2a, dut 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)  3a Did the organization have unrelitated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 980 T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," has it filed a Form 980 T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," and the did a Form 980 T for this year? If "No," provide an explanation in Schedule O  3c If "Yes," to life the foreign country (such as a bank account, securities account, or other financial account)?  4c If "Yes," to life or the foreign country (such as a bank account, securities account, or other financial account)?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible?  5d If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  5d If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  5d If "Yes," did the organization nective a payment in excess of 35 made party as a contribution of party for which it was required to file Form 8282? filed during the year of the organization receive any payment in excess of 35 made party as a contribution of payment of Form 8282 filed during the year of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  5d If "Yes," included on funding the year payme	2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filled a Form 990-T for this year? If "No," provide an explination in Schedule 0  Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; so count in a foreign country low.  If "Yes," other the name of the foreign country low.  See instructions for filing requirements for Form TD F 90/22, Report of Foreign Bank and Financial accounts?  See instructions for filing requirements for Form TD F 90/22, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  See instructions for filing requirements for Form TD F 90/22, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction?  See instructions for the remains of the organization file Form 888677.  If "Yes," of the line Saor 50, did the organization file Form 888677.  See the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  For organizations that may receive deductible contributions under section 170(c).  If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  For organization shall may receive deductible contributions under section 170(c).  If "Yes," indicate the number of Form 88826 filed during the year organization and partly for goods and services provided to the payer?  The year of the organization notify the donor of the value of the goods or services provided?  The organization received a contribution of cinicity, to pay premiums on a personal benefit contract?  The organization received a contribution of cinicity, to		filed for the calendar year ending with or within the year covered by this return 2a 0			
3. De the organization have unrelated business gross income of \$1,000 or more during the year?  b if "Yes," has it field a Form 990°T for this year? If "No," provide an explanation in Schedule O  3. 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?)  See instructions for filing requirements for Form TD F 902.21, Report of Foreign Bank and Financial Accounts  3. X  3. X  3. X  3. X  4. X  4. X  4. X  5. If "Yes," to fire the financial che foreign country (such as a bank account, securities account, or other financial accounts  3. X  5. X  5. X  5. X  5. X  5. X  5. X  6. If "Yes," to fire 5a or 5b, did the organization file Form 8886-17?  6. C  6. If "Yes," to fire 5a or 5b, did the organization file Form 8886-17?  6. C  6. S  7. Yes, "In the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  7. Organizations that may receive deductible contributions under section 170(c).  8. Did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  7. Organizations that may receive deductible contributions under section 170(c).  8. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?  10. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?  11. Yes, "did the organization received a contribution of cars, botals, arplanes, or other vehicles, did the organization file Form 1089-0?  12. Spoasoring organization is	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b if "Yes," has it field a Form 990-T for this year? If "No." provide an explanation in Schedulio O  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?  **Yes," reter the name of the foreign country See enstructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  **See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  **See instructions for filing requirements for Form 8886-17?  **See instructions for filing fil		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
4a At any time during the calendary 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?  b If "Yes," enter the name of the foreign country ▶  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts  8 Was the organization approach that it was or is a party to a prohibited tax shelter transaction?  b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  b If "Yes," to line 5 or 55, did the organization that it was or is a party to a prohibited tax shelter transaction?  b If "Yes," to line 5 or 55, did the organization that it was or is a party to a prohibited tax shelter transaction?  b If "Yes," to line 5 or 55, did the organization that it was or is a party to a prohibited tax shelter transaction?  b If "Yes," to line 5 or 55, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  organizations that may receive deductible contributions under section 170(c).  b Id the organization shart may receive deductible contributions under section 170(c).  c Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?  organizations that may receive deductible contributions under section 170(c).  c Did the organization notify the donor of the value of the goods or services provided?  organization shart may receive deductible contributions under section 170(c).  c Did the organization shart mumber of Forms 8282 filed during the year  D Id the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?  Fe X  The section 501(c) organization shart shart file to qualified infelledual property, did the organization file organization shart shart payments for the shart pay	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
the fire the name of the foreign country   ■   4a   X    If "Yes," enter the name of the foreign country   ■   5a   X    See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts    Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?    5b   Dod any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?    5c   If "Yes," to line 5 a or 5b, did the organization file Form 8886.7?    5c   If "Yes," to line 5 a or 5b, did the organization file Form 8886.7?    5c   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?    5c   Ax    5d   If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?    7d   Organizations that may receive deductible contributions under section 170(c).    8d   If "Yes," did the organization notify the donor of the value of the goods or services provided?    9d   If "Yes," did the organization notify the donor of the value of the goods or services provided?    9d   If "Yes," did the organization notify the donor of the value of the goods or services provided?    9d   If "Yes," indicate the number of Forms 8282 field during the year    10d   Did the organization services any funds, directly or indirectly, to pay premiums on a personal benefit contract?    10d   Did the organization creave any funds, directly or indirectly, to pay premiums on a personal benefit contract?    10d   Did the organization sinitialing donor advised funds and section 509(3)(3) supporting organizations. Did the supporting organization services and contribution of cars, boats, anglanes, or other vehicles, did the organizations. Did the supporting organizations maintaining donor advised funds and section 501(c)(7) organizations make any taxable distributions under sect	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line Sa or Sh, did the organization file Form 8886-17?  5b 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?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  5c Organizations that may receive deductible contributions under section 170(c).  5d If "Yes," 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?  5c 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?  5d If "Yes," did the organization notify the donor of the value of the goods or services provided?  5d If "Yes," indicate the number of Forms 8282 filed during the year  6d If "Yes," indicate the number of Forms 8282 filed during the year  6d If "Yes," indicate the number of Forms 8282 filed during the year  7d If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  6d If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  6d If the organization received a contribution of qualified intellectual property, did the organizations. Did the sorganization, a donor advised funds and section \$99(a)(a) supporting organizations. Did the sorganization or a donor advised fund maintained by a sponsoring organization. Supporting organizat	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11a  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  22a 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  13b  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.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  Liter the amount of reserves on hand  14a Did the organi	d	1 1	-,-		
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					<del>  ^</del> -
		1 100, That it mod a form the to report these payments in 140, provide an explanation in ochequie o		990	(2010)

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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 in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	;[		
b	Enter the number of voting members included in line 1a, above, who are independent 1b	2		
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 or 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		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	_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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		·	
	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
ь	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		_X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	405		
<u> </u>	exempt status with respect to such arrangements?	16b	lJ	
	tion C. Disclosure			_
17	List the states with which a copy of this Form 990 is required to be filed NONE  Section 5104 requires an expansion to make its Form 1023 for 1024 if applicable), 990, and 990 T (501(a)/3)s apply available.	for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	· IOI		
	public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website X Upon request	nd 4:		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	iiu iina	ırıcıal	
20	statements available to the public	tion P		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza GRAHAM KEEVER - 828-254-4960	MOH.	_	
	P.O. BOX 1888, ASHEVILLE, NC 28802			
	TIOT DOME TOOO, MOMENTALLED, NO. 40004			

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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 to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization (A)	(B)			((	C)			(D)	(E)	(F)	
Name and Title	Average		Position (check all that apply)					Reportable	Reportable	Estimated	
	hours per week		heck	c all 1	that	арр	ly)	compensation from	compensation from related	amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
GEORGE SAENGER								_	_		
DIRECTOR	0.50	X	<u> </u>			<u> </u>		0.	0.	0.	
ANN SKOGLUND									_	_	
DIRECTOR	0.50	X	<u> </u>					0.	0.	0.	
JOE BRUMIT		l	ł						_		
DIRECTOR	0.50	X	<u> </u>	_	_	<u> </u>		0.	0.	0.	
CINDY ELLER	0.50		ŀ						•		
DIRECTOR	0.50	X		_	<del> </del>	<u> </u>		0.	0.	0.	
BRAD FREEMAN	0.50	٠,						0	•	•	
DIRECTOR	0.50	_			-	╁		0.	0.	0.	
GRAHAM KEEVER	0.50			x		ł		0.	00 071	10 460	
PRESIDENT/TREASURER	0.50			Λ.		<del> </del>	-	<u> </u>	88,971.	19,469.	
SHERYL AIKMAN VICE PRESIDENT/SECRETARY	0.50			x				0.	85,325.	18,264.	
			-								
		_									

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rar	T VII Section A. Officers, Directors, Tru		nplo	yee			High	<u>est</u>	Compensated Employ	ees (continued)	r			
(A)		(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	100		Posi			1.0	Reportable	Reportable			tımate	
		hours per week	(C	reck	ali	ırıat	арр	יy <i>)</i>	compensation from	compensation from related			ount o	of
		(describe	횷						the	organization			omer oensa	tion
		hours for	를				ted		organization	(W-2/1099-MIS			om the	
		related	stee	ruste		_	pensa		(W-2/1099-MISC)	,	´		anızatı	
		organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee					and	l relate	ed
		in Schedule O)	pivip	stitut	Officer	ey em	mploy	Former			1	orga	nizatio	ons
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	Sub-total	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	L	l	_	L	0.	174,2	96	3	7,7	3 3
	Total from continuation sheets to Part V	II Coation A							0.	1/4,2	0.		<i>,,</i>	0.
	Total (add lines 1b and 1c)	ii, Section A							0.	174,2	$\overline{}$	3	7,7	
2	Total number of individuals (including but r	not limited to th	1056	liste	ad al	hov	e) w	70 r	<del></del>				<i>, , ,</i>	<u> </u>
_	compensation from the organization	iot illitilica to ti	.000	11010	<i>-</i> (4)		C, 111		occived more triain proc	,,ccc iii reportab				0
	oompondation from the organization.	,											Yes	No
3	Did the organization list any former officer,	director or tru	stee	e. ke	v em	olar	vee.	or h	nighest compensated ei	mplovee on				
_	line 1a? If "Yes," complete Schedule J for s			,	,		, ,					3		X
4	For any individual listed on line 1a, is the si			omp	ensa	atioi	n and	d otl	her compensation from	the organization		_		
	and related organizations greater than \$15	•		•					7	<b>3</b>		4		X
5	Did any person listed on line 1a receive or									idual for services	, [			
	rendered to the organization? If "Yes," com											5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npensa	ation f	rom	
	the organization NONE													
	(A)								(B)			(C		
	Name and business	address							Description of s	services	C	ompe	nsatio	n 
								ľ						
								_	<del></del>					
								_						
	<u></u>													
2	Total number of independent contractors (	-	ot l	mite	d to		_	sted	dabove) who received n	nore than				
	\$100,000 in compensation from the organi	zation >					0					_	200	
												Form !	aan /	OP POS

Form **990** (2010)

FOUNDATION, INC

Statement of Revenue Part VIII (D) Revenue excluded from (B) (C) (A) Total revenue Related or Unrelated tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c 5,000 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 9 Noncash contributions included in lines 1a-1f \$ 5,000 h Total, Add lines 1a-1f Program Service Revenue f All other program service revenue Total. Add lines 2a-2f investment income (including dividends, interest, and 5 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue e Total. Add lines 11a-11d 5,005. 0. Total revenue. See instructions. 032009 12-21-10

### Form 990 (2010) FOUNDATION, INC Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		ехрепаеа	general expenses	ехрепзез
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	····			
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	-			
	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)			•	
а	Management				
b	Legal				
С	Accounting	895.		895.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	·			
g	Other	<del></del>			· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	· · · · · · · · · · · · · · · · · · ·			
16	Occupancy Travel				
17					. ,
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)		<del></del>	1=5	
а	BANK SERVICE CHARGES	150.	· · · · · ·	150.	-
b					-
C					
d		<del></del>			
e	All about the second		···		
f	All other expenses Add lines 1 through 24f	1,045.	0.	1,045.	0.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24f  Joint costs. Check here   if following SOP	1,045.		1,043.	<u>_</u> Ų•
<b>2</b> 0	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		į		

Form 990 (2010)
Part X Balance Sheet FOUNDATION, INC

Part	X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		8,963.	2	7,923.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	5,000.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c	(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net			7	<del></del>
Ass	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
1	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
1	11	Investments - publicly traded securities		11		
1	12	Investments - other securities See Part IV, line 1		12		
1	13	Investments - program-related See Part IV, line		13		
1	14	Intangible assets			14	
•	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	8,963.	16	12,923.
	17	Accounts payable and accrued expenses			17	
'	18	Grants payable		18		
	19	Deferred revenue			19	<del></del>
	20	Tax-exempt bond liabilities			20	
Se 2	21	Escrow or custodial account liability Complete			21	
Liabilities	22	Payables to current and former officers, director				
ia		highest compensated employees, and disqualifi	ed persons Complete Part II			
_		of Schedule L			22	
- 1	23	Secured mortgages and notes payable to unrela			23	
- 1	24	Unsecured notes and loans payable to unrelate	d third parties		24	·
	25	Other liabilities. Complete Part X of Schedule D			25	
<del>   2</del>	26	Total liabilities. Add lines 17 through 25		0.	26	0.
Ì		Organizations that follow SFAS 117, check he	ere  and complete			
Se		lines 27 through 29, and lines 33 and 34.				
ja j	27	Unrestricted net assets			27	
Ba	28	Temporarily restricted net assets			28	
[ ] 2	29	Permanently restricted net assets	nead the second		29	
Ę		Organizations that do not follow SFAS 117, c	heck here   X and			
o ,	~~	complete lines 30 through 34.		0		0
set	30	Capital stock or trust principal, or current funds	www.mant.fund	0.	30	<u> </u>
As	31	Paid-in or capital surplus, or land, building, or ed		8,963.	31	12,923.
¥ !	32	Retained earnings, endowment, accumulated in	come, or other funds	8,963.	32	12,923.
•	33	Total liabilities and not seem fined belonged		8,963.		12,923.
	<u>34</u>	Total liabilities and net assets/fund balances		0,303.	34	Eorm <b>990</b> (2010)

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form	990 (2010) FOUNDATION, INC	26-19980	057	Pag	ge <b>12</b>			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	!	5,0	05.			
2	Total expenses (must equal Part iX, column (A), line 25)	2	:	1,0	<u>45.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3		3,9	60.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,9	63.			
5	Other changes in net assets or fund balances (explain in Schedule O) 5							
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
		_		Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a						
	separate basis, consolidated basis, or both.							
	Separate basis Consolidated basis Both consolidated and separate basis							

Form 990 (2010)

За

Act and OMB Circular A-133?

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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. ➤ See separate instructions.

WESTERN NORTH CAROLINA REAL ESTATE

OMB No 1545-0047

**2010** 

Open to Public Inspection

**Employer identification number** 

	,		ION, INC						26	-1998057 <u> </u>
Part I	Reason	for Public Chari	ity Status (All organiz	zations mu	st complet	e this part	.) See inst	ructions.		
The organ	ization is not a	a private foundation I	because it is (For lines	1 through <sup>-</sup>	11, check (	only one b	ox)			
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)			
2	A school des	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E)						
3 🖳	A hospital or	a cooperative hospit	tal service organization	described	in section	170(b)(1)(	A)(iii).			
4 📖	A medical res	search organization of	perated in conjunction	with a hos	pıtal descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital's name,
	city, and stat									
5 📖	_	•	benefit of a college or u	niversity ov	wned or op	erated by	a govern	mental uni	t describe	d in
		(b)(1)(A)(iv). (Comple	•							
6		-	ent or governmental uni						_	
7 📖	-	•	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general p	ublic described in
		<b>b)(1)(A)(vi).</b> (Comple								
8	-		ection 170(b)(1)(A)(vi).			_				
9	•	•	eives. (1) more than 33							•
		•	nctions - subject to certa	•		•				_
			axable income (less sec	tion 511 ta	ix) from bu	sinesses a	icquirea b	y tne orga	nization ai	ter June 30, 1975
10 🔲		509(a)(2). (Complete	erated exclusively to te	et for publ	io cafoty S	coo sostio	n E00(a)//	1)		
11 🕱	•		perated exclusively for the	-	•			•	y out the r	surposes of one or
11 (44)			ations described in secti							
			organization and compl				., 000 <b>00</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u)( <b>0).</b> 00	on the box that
	a X Type	·· ·· <u></u>		с 🔲 Тур	•		egrated		d $\square$	Type III - Other
e X	• •		t the organization is not					r more disc		• •
		•	han one or more publicl		•	•	•			
f		-	ten determination from		•					( / / /
	-	rganization, check th								$\mathbf{x}_{-}$
g	Since Augus	t 17, 2006, has the o	rganization accepted ai	ny gift or c	ontribution	from any	of the follo	owing pers	sons?	
_	(i) A perso	n who directly or ind	rectly controls, either a	lone or tog	ether with	persons d	lescribed	ın (ıı) and (ı	ıı) below,	Yes No
	the gov	erning body of the si	upported organization?							11g(i) X
	(ii) A famıly	member of a persor	n described in (i) above?	?						11g(ii) X
	(iii) A 35%	controlled entity of a	person described in (i)	or (II) above	e?					11g(iii) X
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)					
		1	(III) Tune of	T	-	_				
	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the d	organization sted in your	(v) Did yol organizat		(vi) Is organizatio	tne on in col.	(vii) Amount of
org	anızatıon		(described on lines 1-9		document?	(i) of you		(i) organız U.S	ed in the	support
			above or IRC section (see instructions))	Yes	·	Yes	No	Yes	No	
THE			(000,	1				1.55		
	NITY FO	56-1223384	LINE 7	x						0.
	•									
			, ,							
								ļ		
Total			<u> </u>	<u> </u>						0.
LHA For F	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (Form	990 or 990-EZ) 2010

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010
Part II Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not	1							
	ınclude any "unusual grants ")								
2	Tax revenues levied for the organ-	1							
	ızatıon's benefit and either paid to	1							
	or expended on its behalf	<u> </u>							
3	The value of services or facilities								
	furnished by a governmental unit to	į							
	the organization without charge	1							
4	Total. Add lines 1 through 3								
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)								
	Public support. Subtract line 5 from line 4								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the				ł				
	business is regularly carried on								
10	Other income Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10				<u> </u>				
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	ırd, fourth, or fifth t	tax year as a section	on 501(c)(3)			
	organization, check this box and stor	here							
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			1 1			
14	Public support percentage for 2010 (	ine 6, column (f) d	ivided by line 11,	column (f))		14	%		
	Public support percentage from 2009					15	%		
16a	33 1/3% support test - 2010.If the o	-			14 is 33 1/3% or r	nore, check this bo	x and		
	stop here. The organization qualifies		•						
b	33 1/3% support test - 2009. If the o	-			I line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual	· · · · · ·					<b>▶</b> 1		
17a	'a 10% -facts-and-circumstances test - 2010. 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 "fac			-	· ·	art IV how the organ	nization		
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	a publicly supporte	ed organization		▶□		
b	10% -facts-and-circumstances tes	•				=			
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	check this box and	l <b>stop here.</b> Explai	n in Part IV how the	<del></del>		
	organization meets the "facts-and-circ		=		-		▶∐		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	<u>s</u> ▶∟		
					Sch	edule A (Form 990	or 990-EZ) 2010		

### Schedule A (Form 990 or 990 EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II	If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,					T	
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
٠	are not an unrelated trade or bus-						
	iness under section 513			<u> </u>			
4	_	<del></del>					
4			}				
	ization's benefit and either paid to						
_	or expended on its behalf	<del></del>		<del> </del>			
5							
	furnished by a governmental unit to				-		
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received			}			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b			1			
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support			•			<del></del>
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on				1		
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income						
_	(less section 511 taxes) from businesses			-			
	acquired after June 30, 1975					1	
	c Add lines 10a and 10b				<del> </del>		<del> </del>
11							-
• •	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income Do not include gain		<del> </del>			<del> </del>	<del> </del>
12	or loss from the sale of capital						
	assets (Explain in Part IV)		<del></del>	-	<del> </del>	<del>                                     </del>	<del></del>
	Total support (Add lines 9, 10c, 11, and 12)				<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3) orgar	nization,
	check this box and stop here	- 0					<u> </u>
	ction C. Computation of Publ						
	Public support percentage for 2010 (I		•	column (f))		15	%
	Public support percentage from 2009					16	<u>%</u>
	ction D. Computation of Inves					<del></del>	
17	Investment income percentage for 20	10 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from 2	2009 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2010. If the						17 is not
	more than 33 1/3%, check this box as	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	ation	ightharpoons
t	33 1/3% support tests - 2009. If the						, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<b>▶</b> □
							· · · · · · · · · · · · · · · · · · ·

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

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WESTERN NORTH CAROLINA REAL ESTATE FOUNDATION, INC

Employer identification number 26-1998057

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO DEVELOP CHARITABLE RESOURCES THROUGH THE ACQUISITION AND LIQUIDATION
OF REAL ESTATE, SUPPORTING THE COMMUNITY FOUNDATION OF WESTERN NORTH
CAROLINA.
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD RECEIVES A COPY OF THE
FORM 990 WITH ANY APPROPRIATE INFORMATION, AND IS INVITED TO SUBMIT
QUESTIONS IN ADVANCE OF FILING.
FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS GOVERNING
DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART VI, SECTION B, LINES 12, 13 AND 14
THE WESTERN NORTH CAROLINA REAL ESTATE FOUNDATION HAS NOT FORMALLY
ADOPTED POLICIES FOR CONFLICT OF INTEREST, WHISTLEBLOWER OR DOCUMENT
RETENTION. HOWEVER, IN PRACTICE, THE BOARD FOLLOWS THE PROCEDURES IN
PLACE AT ITS SUPPORTED ORGANIZATION, THE COMMUNITY FOUNDATION OF
WESTERN NORTH CAROLINA. THE BOARD INTENDS TO TAKE FORMAL ACTION TO
ADOPT THESE POLICIES AS ACTIVITY INVOLVING REAL ESTATE GIFTS INCREASES.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships

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

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 26-1998057

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) WESTERN NORTH CAROLINA REAL ESTATE 9 FOUNDATION, INC (a) Name of the organization Part I

	(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
	of disregarded entity		foreign country)			entity
					• • •	
					•	
art II	art II Identification of Related Tax-Exempt Organizations (Complete if	ttions (Complete if the organization an	f the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 because	t had one or more re	elated tax-exempt

	(g) Section 512(b)(13) controlled entity?	S N	×	<b>4</b>	
	Section	Yes			
	(f) Direct controlling entity				
	(e) Public charity status (if section	501(c)(3))	r contract	, aut	
	(d) Exempt Code section			(5)(5)100	
	(c) Legal domicile (state or foreign country)			NORTH CAROLINA	
	(b) Primary activity		RAISING CHARITABLE CAPITAL TO BENEFIT THE COMMUNITIES	I.T. SERVES	
organizations during the tax year.	(a) Name, address, and EIN of related organization		TION OF WESTERN NORTH	ASHEVILLE, NC. Z880Z	

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

WESTERN NORTH CAROLINA REAL FOUNDATION, INC

Schedule R (Form 990) 2010

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

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General or Percentage managing ownership Percentage ownership Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 3 Yes No Share of end-of-year assets Code V-UBI amount in box 120 of Schedule -K-1 (Form 1065) Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e 6** Direct controlling entity Share of total income  $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>છ</u> **e** Primary activity Direct controlling entity 9 ਉ (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 032162 12-21-10 Part IV

## WESTERN NORTH CAROLINA REAL ESTATE FOUNDATION, INC

Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Page 3

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	ž
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?	ns with one or more re	lated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
<b>b</b> Gift, grant, or capital contribution to other organization(s)				9		×
c Gift, grant, or capital contribution from other organization(s)				10	×	
d Loans or loan quarantees to or for other organization(s)				19		×
				<b>-</b>		X
f Sale of assets to other organization(s)				14		×
g Purchase of assets from other organization(s)				19		×
h Exchange of assets				ŧ		×
i Lease of facilities, equipment, or other assets to other organization(s)				<b>;=</b>		×
					-	;
	;			<b>;</b>	+	צ۶
K Performance of services or membership of rundraising solicitations for other organization(s)	nization(s)			¥ ;		<b>4 &gt;</b>
I Performance of services of membership of fundraising solicitations by other organization(s)	nization(s)			=	$\dagger$	<b>4</b>  :
				Ę	1	×
n Shanng of paid employees				Ę	1	×
					1	
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>				9		×
p Reimbursement paid by other organization for expenses				4	1	×
					_	
<ul> <li>Qther transfer of cash or property to other organization(s)</li> </ul>				19		×
r Other transfer of cash or property from other organization(s)				+		×
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	who must complete the	is line, including covered	relationships and transaction thresholds			- 1
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
(2)						
					8	
(3)						
(4)						
(5)						
(6)						
032163 12-21-10	23		Schedule R (Form 990) 201	R (Form	990) 2	2

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WESTERN NORTH CAROLINA REAL ESTATE

FOUNDATION, INC Schedule R (Form 990) 2010 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes No	(e) Share of end-of- year assets	Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes No

### WESTERN NORTH CAROLINA REAL ESTATE Schedule R (Form 990) 2010 FOUN Part VII Supplemental Information 26-1998057 Page 5 FOUNDATION, INC Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

032165 12-21-10

### Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, complet	te only Pa	irt I and check this box		•	· [X]
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).		
	omplete Part II unless you have already been granted a				rm 8868	
	c filing (e-file). You can electronically file Form 8868 if y		•			oration
	o file Form 990-T), or an additional (not automatic) 3-mo				•	
	file any of the forms listed in Part I or Part II with the exc		-			
	Benefit Contracts, which must be sent to the IRS in pap	-				
	irs.gov/efile and click on e-file for Chanties & Nonprofits		(see instructions). For more details on th	ie eiec	Atomic ming of this	ioiii,
Part I	Automatic 3-Month Extension of Time		hmit original (no copies peeded)			
	tion required to file Form 990-T and requesting an autor			nloto	<del></del>	
Part I only		natic offic	of the extension - check this box and con	ibiete	_	
All other o	corporations (including 1120-C filers), partnerships, REM ome tax returns	IICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
Type or	Name of exempt organization			Emp	loyer identification	number
print	WESTERN NORTH CAROLINA REAL	L EST	<b>ላ</b> ጥድ		ioyei identilioatioi	· · · · · · · · · · · · · · · · · · ·
	FOUNDATION, INC			2	6-1998057	
To Strate to the fine by the flue date for Number, street, and room or suite no. If a P O. box, see instructions						
iling your	P.O. BOX 1888					
eturn See nstructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.			
	ASHEVILLE, NC 28802		, , , , , , , , , , , , , , , , , , , ,			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
		•	,			تست
Applicati	on	Return	Application			Return
s For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990	BL	02	Form 1041-A			08
Form 990	-EZ	01	Form 4720			09
Form 990	PF	04	Form 5227			10
Form 990	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	T (trust other than above)	06	Form 8870			12
	GRAHAM KEEVER					
The bo	oks are in the care of P.O. BOX 1888	- ASHI	EVILLE, NC 28802			
Teleph	one No. ► 828-254-4960		FAX No ► 828-251-2258			
If the c	rganization does not have an office or place of business	s in the Ur	nited States, check this box		•	· 🗀
lf this i	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If thi	s is fo	r the whole group,	check this
oox ▶	If it is for part of the group, check this box	and atta	ch a list with the names and EINs of all	memb	ers the extension is	s for.
1 I red	quest an automatic 3-month (6 months for a corporation					
	FEBRUARY 15, 2012 , to file the exemp	t organiza	tion return for the organization named a	bove.	The extension	
ıs fo	or the organization's return for					
▶[	calendar year or					
▶[	X tax year beginning JUL 1, 2010	, an	d ending <u>JUN 30, 2011</u>		•	
2 If th	$\underline{e}$ tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return Fina	ıl retur	n	
	Change in accounting period					
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			·
non	refundable credits. See instructions			3a	\$	0.
<b>b</b> If th	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
<u>estı</u>	mated tax payments made. Include any prior year overp	ayment al	lowed as a credit.	3b	\$	0.
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
by ι	ising EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
Caution.	f you are going to make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453-EO and Form	8879-1	EO for payment ins	tructions.
HA F	or Paperwork Reduction Act Notice, see Instructions				Form 8868 (R	ev 1.2011\