



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**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)

OMB No 1545-0047

2010Open to Public
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial 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

PO BOX 1888

City or town, state or country, and ZIP + 4

ASHEVILLE, NC 28802**F** 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 \$ **32,900,454.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **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**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
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 ☐ 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		12,005,499.	12,624,210.		
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		0.	0.		
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5		116,292.	1,655,122.		
6	Total number of volunteers (estimate if necessary)	6		475,633.	448,848.		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		12,597,424.	14,728,180.		
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		10,863,115.	7,859,186.		
8	Contributions and grants (Part VIII, line 1h)			0.	0.		
9	Program service revenue (Part VIII, line 2g)			1,287,029.	1,270,645.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,176,107.	1,064,869.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			13,326,251.	10,194,700.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			<728,827.>	4,533,480.		
14	Benefits paid to or for members (Part IX, column (A), line 4)						
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
16a	Professional fundraising fees (Part IX, column (A), line 11e)						
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 405,084.						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)						
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						
19	Revenue less expenses. Subtract line 18 from line 12						
20	Total assets (Part X, line 16)			Beginning of Current Year	End of Year		
21	Total liabilities (Part X, line 26)			144,534,145.	174,026,299.		
22	Net assets or fund balances. Subtract line 21 from line 20			36,927,115.	44,517,514.		
				107,607,030.	129,508,785.		

Part II Signature Block

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

Sign Here

Signature of officer

Date

GRAHAM KEEVER, VP, FINANCE & ADMIN/ASST. TREASURER

Paid

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed ☐

PTIN

SCOTT HUGHES**02/14/12**

Preparer

Firm's name ▶ **JOHNSON, PRICE & SPRINKLE PA**

Firm's EIN ▶

Use Only

Firm's address ▶ **P O BOX 8385
ASHEVILLE, NC 28814-8385**Phone no. **828-254-2374**

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

SCANNED MAR 13 2012

gile-20

25

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question 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 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 \$ 9,100,550. including grants of \$ 7,859,186.) (Revenue \$ 294,895.)
THE FOUNDATION MADE NUMEROUS CHARITABLE CONTRIBUTIONS TO SPECIFIC APPROVED 501(C)(3) ORGANIZATIONS.

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

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

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **9,100,550.**

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

Form 990 (2010)

56-1223384 Page **3**

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 Schedule B, Schedule of Contributors?	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 Revenue Procedure 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 where 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, 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 term, permanent, or 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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</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 hospitals? <i>If "Yes," complete Schedule H</i>		X
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)		

Form **990** (2010)

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

Form 990 (2010)

56-1223384 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
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	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 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	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
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	☐ Yes ☒ No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Form 990 (2010)

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

Form 990 (2010)

56-1223384 Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 11		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 17		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		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?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form **990** (2010)

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

☒**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	27	
b Enter the number of voting members included in line 1a, above, who are independent	27	
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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

Section 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?	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?	X	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►
GRAHAM KEEVER - 828-254-4960
P O BOX 1888, ASHEVILLE, NC 28802

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

Form 990 (2010)

56-1223384 Page 7

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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GENE BELL DIRECTOR	1.00	X						0.	0.	0.
LAURENCE WEISS DIRECTOR	1.00	X						0.	0.	0.
DAVID DIMLING DIRECTOR	1.00	X						0.	0.	0.
ERNEST E. FERGUSON VICE-CHAIRPERSON	1.00	X		X				0.	0.	0.
THOMAS L. FINGER DIRECTOR	1.00	X						0.	0.	0.
JOHN N. FLEMING DIRECTOR	1.00	X						0.	0.	0.
JENNIE EBLIN DIRECTOR	1.00	X						0.	0.	0.
HARRY JARRETT DIRECTOR	1.00	X						0.	0.	0.
JOHN G. KELSO DIRECTOR	1.00	X						0.	0.	0.
T. WOOD LOVELL DIRECTOR	1.00	X						0.	0.	0.
TINA MCGUIRE DIRECTOR	1.00	X						0.	0.	0.
JANET S. MOORE DIRECTOR	1.00	X						0.	0.	0.
ANNA S.(CANDY) SHIVERS DIRECTOR	1.00	X						0.	0.	0.
JAMES W. STICKNEY, IV DIRECTOR	1.00	X						0.	0.	0.
JERRY STONE DIRECTOR	1.00	X						0.	0.	0.
KATE VOGEL DIRECTOR	1.00	X						0.	0.	0.
LAURA A. WEBB DIRECTOR	1.00	X						0.	0.	0.

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

Form 990 (2010)

56-1223384 Page **8**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN G. WINKENWERDER DIRECTOR	1.00	X						0.	0.	0.
LOUISE W. BAKER DIRECTOR	1.00	X						0.	0.	0.
VIRGINIA LITZENBERGER DIRECTOR	1.00	X						0.	0.	0.
RAMONA C. ROWE DIRECTOR	1.00	X						0.	0.	0.
GEORGE SAENGER DIRECTOR	1.00	X						0.	0.	0.
MARLA ADAMS CHAIRPERSON	1.00	X		X				0.	0.	0.
WILLIAM LEWIN TREASURER	1.00	X		X				0.	0.	0.
TERRY VAN DUYN SECRETARY	1.00	X		X				0.	0.	0.
J. WILSON (JANET) BOWMAN DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								457,545.	0.	66,209.
d Total (add lines 1b and 1c)								457,545.	0.	66,209.

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

- | | | |
|--|------------|-----------|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | Yes | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2010)

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

Form 990 (2010)

56-1223384

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
G. EDWARD TOWSON, II DIRECTOR	1.00	X						0.	0.	0.
NAOMI DAVIS ACCOUNTING ASSOC. AND ASST TREASURER	40.00			X				44,269.	0.	1,135.
JANET SHARP STAFF ACCOUNTANT AND ASST. TREASURER	40.00			X				42,462.	0.	6,359.
SHERYL AIKMAN ASSISTANT SECRETARY	40.00			X				85,325.	0.	18,264.
GRAHAM KEEVER VP OF FINANCE AND ASST. TREASURER	40.00			X				88,971.	0.	19,469.
ELIZABETH BRAZAS PRESIDENT	40.00			X	X			196,518.	0.	20,982.
Total to Part VII, Section A, line 1c								457,545.		66,209.

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

Form 990 (2010)

56-1223384 Page **9**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	44,500.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,579,710.				
	g Noncash contributions included in lines 1a-1f \$		6529402.				
	h Total. Add lines 1a-1f		12,624,210.				
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2311165.			2,311,165.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real (ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	17,463,542.				
	b Less: cost or other basis and sales expenses		18,119,585.				
	c Gain or (loss)		<656,043.>				
	d Net gain or (loss)		<656,043.>			<656,043.>	
	8 a Gross income from fundraising events (not including \$ 44,500. of contributions reported on line 1c) See Part IV, line 18	a	78,564.				
	b Less: direct expenses	b	52,689.				
	c Net income or (loss) from fundraising events		25,875.			25,875.	
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
	11 a MANAGEMENT FEE INCOME	900099	294,895.	294,895.			
	b MISCELLANEOUS REVENUE	900099	128,078.			128,078.	
c							
d All other revenue							
e Total. Add lines 11a-11d		422,973.					
12 Total revenue. See instructions.		14,728,180.	294,895.	0.	1,809,075.		

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

Form 990 (2010)

56-1223384 Page **10**

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	7,532,686.	7,532,686.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	326,500.	326,500.		
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	519,543.	154,901.	233,118.	131,524.
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	545,182.	400,669.	96,967.	47,546.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	128,132.	87,141.	27,153.	13,838.
10 Payroll taxes	77,788.	41,912.	23,296.	12,580.
11 Fees for services (non-employees).				
a Management	89,142.	48,103.	26,520.	14,519.
b Legal	12,479.	6,724.	3,737.	2,018.
c Accounting	64,625.	34,820.	19,354.	10,451.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	201,546.	108,593.	60,359.	32,594.
12 Advertising and promotion				
13 Office expenses	27,010.	14,553.	8,089.	4,368.
14 Information technology				
15 Royalties				
16 Occupancy	155,061.	83,547.	46,438.	25,076.
17 Travel	16,974.	9,146.	5,083.	2,745.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	92,019.	49,598.	27,514.	14,907.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,530.	9,449.	5,241.	2,840.
23 Insurance	27,318.	14,719.	8,181.	4,418.
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 O.)				
a CONTRACT SERVICES	105,058.	56,605.	31,463.	16,990.
b OTHER EXPENSE	54,827.	29,552.	16,393.	8,882.
c EQUIPMENT MAINTENANCE	46,725.	25,176.	13,993.	7,556.
d TRAINING/STAFF DEVELOPM	35,030.	18,874.	10,491.	5,665.
e PUBLIC RELATIONS	32,692.			32,692.
f All other expenses	86,833.	47,282.	25,676.	13,875.
25 Total functional expenses. Add lines 1 through 24f	10,194,700.	9,100,550.	689,066.	405,084.
26 Joint costs. Check here ☐ if following SOP 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	75.	1	75.
	2 Savings and temporary cash investments	1,193,911.	2	2,352,717.
	3 Pledges and grants receivable, net	735,741.	3	453,100.
	4 Accounts receivable, net	80,932.	4	92,254.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,634.	9	22,714.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 257,986.		
	b Less accumulated depreciation	10b 219,010.	48,400.	10c 38,976.
	11 Investments - publicly traded securities	136,787,780.	11	168,578,256.
	12 Investments - other securities. See Part IV, line 11	5,134,486.	12	1,944,021.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	544,186.	15	544,186.
16 Total assets. Add lines 1 through 15 (must equal line 34)	144,534,145.	16	174,026,299.	
Liabilities	17 Accounts payable and accrued expenses	81,698.	17	46,904.
	18 Grants payable	463,920.	18	312,500.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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. Complete Part X of Schedule D	36,381,497.	25	44,158,110.
	26 Total liabilities. Add lines 17 through 25	36,927,115.	26	44,517,514.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	<3,397,564.>	27	96,380.
	28 Temporarily restricted net assets	34,157,322.	28	49,297,519.
	29 Permanently restricted net assets	76,847,272.	29	80,114,886.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	107,607,030.	33	129,508,785.
	34 Total liabilities and net assets/fund balances	144,534,145.	34	174,026,299.

Form 990 (2010)

Part 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	14,728,180.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,194,700.
3	Revenue less expenses Subtract line 2 from line 1	3	4,533,480.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	107,607,030.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	17,368,275.
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	129,508,785.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Yes No

2a X

2b X

2c X

3a X

3b

Form 990 (2010)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

THE COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2010 **OF WESTERN NORTH CAROLINA, INC.**

56-1223384 Page 2

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,666,539.	14,729,735.	8,270,573.	12,005,499.	12,624,210.	61,296,556.
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	13,666,539.	14,729,735.	8,270,573.	12,005,499.	12,624,210.	61,296,556.
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)						9,984,311.
6 Public support. Subtract line 5 from line 4						51,312,245.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	13,666,539.	14,729,735.	8,270,573.	12,005,499.	12,624,210.	61,296,556.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,889,558.	2,683,742.	2,400,254.	1,865,106.	2,311,165.	12,149,825.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	437,620.	511,646.	424,791.	475,633.	448,848.	2,298,538.
11 Total support. Add lines 7 through 10						75,744,919.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	67.74	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	70.45	%
16a 33 1/3% support test - 2010. 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 ► ☒			
b 33 1/3% support test - 2009. 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 ► ☐			
17a 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐			
b 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐			
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 ► ☐			

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 ☐

SCHEDULE C
(Form 990 or 990-EZ)

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.**
► **See separate instructions.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), 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**

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 expenditures ► \$ 0.
- 3 Volunteer hours 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 or 990-EZ) 2010

LHA

THE COMMUNITY FOUNDATION

Schedule C (Form 990 or 990-EZ) 2010 **OF WESTERN NORTH CAROLINA, INC.** 56-1223384 Page 2

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
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 (grass roots lobbying)	0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c Total lobbying expenditures (add lines 1a and 1b)	0.													
d Other exempt purpose expenditures	0.													
e Total exempt purpose expenditures (add lines 1c and 1d)	0.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns	0.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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)	0.													
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -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?		☐ Yes ☐ 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures				0.	
d Grassroots nontaxable amount				0.	
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures				0.	

Schedule C (Form 990 or 990-EZ) 2010

THE COMMUNITY FOUNDATION

Schedule C (Form 990 or 990-EZ) 2010

OF WESTERN NORTH CAROLINA, INC.

56-1223384 Page 3

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)).

	(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? If "Yes," describe in Part IV			
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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

PART I-A, LINE 1:

A LETTER WAS PREPARED BY THE ORGANIZATIONS PRESIDENT, ELIZABETH BRAZAS, ON MARCH 4TH 2011 AND SENT TO BOTH NORTH CAROLINA SENATORS. THE LETTER WAS REGARDING PENDING BUDGET CUTS SPECIFICALLY AS THEY RELATED TO A SUSTAINABLE COMMUNITIES GRANT FROM THE HOUSING AND URBAN DEVELOPMENT DEPARTMENT TO THE LAND OF SKY REGIONAL COUNCIL; WHICH IS A

THE COMMUNITY FOUNDATION

Schedule C (Form 990 or 990-EZ) 2010 OF WESTERN NORTH CAROLINA, INC.

56-1223384 Page 4

Part IV Supplemental Information (continued)

MULTI-COUNTY, LOCAL GOVERNMENT PLANNING AND DEVELOPMENT ORGANIZATION IN
NORTH CAROLINA.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	397	
2 Aggregate contributions to (during year)	9,531,511.	
3 Aggregate grants from (during year)	6,484,752.	
4 Aggregate value at end of year	61,296,049.	
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?		☒ Yes ☐ 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?		☒ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e g , recreation or education)	☐ Preservation of an 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 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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" to 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 XIV and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	69,804,739.	61,948,662.	72,516,109.		
b Contributions	2,852,128.	2,408,279.	5,821,784.		
c Net investment earnings, gains, and losses	12,754,540.	8,087,690.	<13,369,441.>		
d Grants or scholarships	2,491,289.	1,618,875.	2,373,887.		
e Other expenditures for facilities and programs	150,567.	139,203.	27,230.		
f Administrative expenses	425,423.	742,653.	618,673.		
g End of year balance	82,344,128.	69,804,739.	61,948,662.		

- 2** Provide the estimated percentage of the year end balance held as
- a** Board designated or quasi-endowment ☐ %
- b** Permanent endowment ☒ 100.00 %
- c** Term endowment ☐ %
- 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 | | ☒ |
| (ii) related organizations | | ☒ |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		71,118.	47,165.	23,953.
d Equipment		139,846.	127,890.	11,956.
e Other		47,022.	43,955.	3,067.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				38,976.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	38,003,240.
(3) LIABILITY UNDER TRUST AGREEMENTS	6,154,870.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

Schedule D (Form 990) 2010

56-1223384 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,728,180.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,194,700.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,533,480.
4	Net unrealized gains (losses) on investments	4	16,979,842.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	388,433.
9	Total adjustments (net) Add lines 4 through 8	9	17,368,275.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	21,901,755.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	32,096,455.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	16,979,842.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	388,433.
e	Add lines 2a through 2d	2e	17,368,275.
3	Subtract line 2e from line 1	3	14,728,180.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	14,728,180.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,194,700.
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 XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	10,194,700.
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,194,700.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, 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

Part XIV Supplemental Information (continued)

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, THE EFFECT OF THE UNCERTAIN TAX POSITION MAY HAVE ON THE FINANCIAL STATEMENTS. NO MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED FOR 2010 AND 2009. CURRENTLY, THE STATUTE OF LIMITATIONS REMAINS OPEN SUBSEQUENT TO AND INCLUDING 2007; 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 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	388,433.
--	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	388,433.
--	----------

Department of the Treasury
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open To Public Inspection

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

Employer identification number
56-1223384

Part I

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

[illegible]

THE COMMUNITY FOUNDATION

Schedule G (Form 990 or 990-EZ) 2010

OF WESTERN NORTH CAROLINA, INC.

56-1223384 Page **2**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		POWER OF THE PURSE FUNDR (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	123,064.		123,064.
	2	Less: Charitable contributions	44,500.		44,500.
	3	Gross income (line 1 minus line 2)	78,564.		78,564.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	24,469.		24,469.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	28,220.		28,220.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(52,689)
	11	Net income summary. Combine line 3, column (d), and line 10			25,875.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____
a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No
b If "Yes," explain: _____

THE COMMUNITY FOUNDATION

Schedule G (Form 990 or 990-EZ) 2010 OF WESTERN NORTH CAROLINA, INC.

56-1223384 Page 3

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

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

► **Attach to Form 990.**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

▲ 277.

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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

56-1223384

Page 2

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance
SEE SCHEDULE I, PART III ATTACHMENT FOR DETAILS.	159	326,500.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA CONFIRMS THE ELIGIBILITY STATUS OF EACH GRANT RECIPIENT ON AN ANNUAL BASIS. FOR GRANTS THAT HAVE RESTRICTIONS FOR THE USE OF FUNDS, THE RESTRICTIONS ARE COMMUNICATED TO THE RESPECTIVE GRANTEEES. 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.

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|--|---|
| ☒ Compensation committee | ☒ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in 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 from the organization or a related organization?
- 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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in 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" to line 5a or 5b, describe in Part III.

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in 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" to 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

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2010

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

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 in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELIZABETH BRAZAS	(i) 187,518.	(ii) 1,500.	(iii) 7,500.	5,250.	15,732.	217,500.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Department of the Treasury
Internal Revenue Service

► 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. ► See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

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

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

[illegible]

2 Enter the amount of tax imposed on 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

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

[illegible]

Total ▶ \$

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

[illegible]

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

56-1223384

Schedule L (Form 990 or 990-EZ) 2010

Page 2

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
JAMES W. STICKNEY, IV	MEMBER OF THE ORGAN	8,765.	MR. STICKNE		X
JOHN N. FLEMING	MEMBER OF THE ORGAN	9,787.	MR. FLEMING		X

Part V Supplemental Information

Complete this part to 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: JAMES W. STICKNEY, IV

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS

(C) AMOUNT OF TRANSACTION \$ 8,765.

(D) DESCRIPTION OF TRANSACTION: MR. STICKNEY IS THE PRESIDENT OF THE ORGANIZATION'S INSURANCE AGENCY, INSURANCE SERVICE OF ASHEVILLE. THE

FOUNDATION HAS WORKED FOR MANY YEARS WITH THE AGENCY TO OBTAIN KEY

INSURANCE COVERAGES. MR. STICKNEY BECAME A MEMBER OF THE BOARD OF

DIRECTORS IN JULY 2008. THE ORGANIZATION HAS CONTINUED TO WORK WITH THE

INSURANCE COMPANY. HOWEVER, SINCE MR. STICKNEY HAD PREVIOUSLY BEEN THE

ORGANIZATION'S PRIMARY RELATIONSHIP MANAGER WITH THE INSURANCE AGENCY,

AND IN ACKNOWLEDGMENT OF THE POTENTIAL CONFLICT OF INTEREST, THE

ORGANIZATION NOW WORKS WITH ANOTHER MEMBER OF THE INSURANCE COMPANY.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN N. FLEMING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS

(C) AMOUNT OF TRANSACTION \$ 9,787.

THE COMMUNITY FOUNDATION

Schedule L (Form 990 or 990-EZ) 2010 OF WESTERN NORTH CAROLINA, INC.

56-1223384 Page 2

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(D) DESCRIPTION OF TRANSACTION: MR. FLEMING IS AN ATTORNEY WITH MCGUIRE, WOOD & BISSETTE, P.A., WHICH IS THE ORGANIZATION'S LEGAL COUNSEL.

ALTHOUGH MR. FLEMING BOTH SERVES ON THE ORGANIZATION'S BOARD OF DIRECTORS AND IS EMPLOYED BY THE ORGANIZATION'S LEGAL COUNSEL, THE ORGANIZATION DOES NOT DEAL WITH MR. FLEMING 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

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

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				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X		6,514,745.	AVG MARKET VALUE-GIF
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 ► (<u>PROFESSIONAL</u>)	X	1	14,657.	ACTUAL COST OF DONAT
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes No

30a		X
31	X	
32a	X	

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

Schedule M (Form 990) (2010)

THE COMMUNITY FOUNDATION

Schedule M (Form 990) (2010) OF WESTERN NORTH CAROLINA, INC.

56-1223384

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
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 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2010

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 11: THE FORM 990 IS DISTRIBUTED TO THE
GOVERNING BODY IN ADVANCE OF A BOARD MEETING, IN WHICH THE BOARD REVIEWS
SALIENT FEATURES OF THE FORM.

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 INCLUDES REVIEW OF
COMPARABLE SALARY DATA IN THE COMMUNITY FOUNDATION FIELD AS WELL AS LOCAL
SALARY 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 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 XI, LINE 5, CHANGES IN NET ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

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

Employer identification number
56-1223384

NET UNREALIZED GAINS ON INVESTMENTS: 16,979,842.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 388,433.
TOTAL TO FORM 990, PART XI, LINE 5 17,368,275.

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, 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.

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

FOR ALL EMPLOYEES OF THE ORGANIZATION, THE EXECUTIVE COMMITTEE REVIEWS
EACH INDIVIDUAL POSITION ANNUALLY, COMPARING SALARY TO SIMILAR
POSITIONS IN THE FIELD, BY UTILIZING THE COUNCIL ON FOUNDATIONS' SALARY
AND BENEFIT SURVEY DATA.

Part III 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)

[illegible]

Part IV 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)

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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		X
b	Gift, grant, or capital contribution to other organization(s)		X
c	Gift, grant, or capital contribution from other organization(s)		X
d	Loans or loan guarantees to or for other organization(s)		X
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)		X
l	Performance of services or membership or fundraising solicitations by other organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets		X
n	Sharing of paid employees		X
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses		X
q	Other transfer of cash or property to other organization(s)		
r	Other transfer of cash or property from other organization(s)		
1a			
1b			
1c			
1d			
1e			
1f			
1g			
1h			
1i			
1j			
1k			
1l			
1m			
1n			
1o			
1p			
1q		X	
1r			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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
WESTERN NORTH CAROLINA REAL ESTATE (1) FOUNDATION	Q	5,000	CASH VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

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]

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

										2010			
Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Two - Organizations										Open to Public Inspection	
Name of Organization: The Community Foundation of Western North Carolina, Inc.												Employer Identification Number: 56-1223384	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
ABCCM, 30 Cumberland Avenue Asheville, NC 28801	56-0945001	501(c)(3)	33,389	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)	60,000	0	BOOK		Building Community & Economic Vitality						
All Souls Counseling Center, 35 Arlington Street Asheville, NC 28801	56-2200862	501(c)(3)	58,219	0	BOOK		Promoting Quality Health						
American Ireland Fund, 345 Park Avenue 17th Floor New York, NY 10154	25-1306992	501(c)(3)	50,000	0	BOOK		Promoting Quality Health						
American Red Cross-Asheville-Mountain Area, 100 Edgewood Road Asheville, NC 28804	53-0196605	501(c)(3)	11,067	0	BOOK		Assisting People in Need						
American Red Cross-Washington, P.O Box 97265 Washington, DC 20090-7265	53-0196605	501(c)(3)	6,800	0	BOOK		Assisting People in Need						
Animal Compassion Network, P O Box 1704 Skyland, NC 28776	56-2080050	501(c)(3)	25,525	0	BOOK		Animal Welfare						
Appalachian Sustainable Agriculture Project, 306 West Haywood Street Asheville, NC 28801-3105	06-1642769	501(c)(3)	16,430	0	BOOK		Building Community & Economic Vitality						
ARC of Buncombe County, P O. Box 1365 Asheville, NC 28802	56-0856544	501(c)(3)	10,508	0	BOOK		Assisting People in Need						
Arden Presbyterian Church, 2215 Hendersonville Road Arden, NC 28704	56-1273600	501(c)(3)	22,100	0	BOOK		Religion						
Arts 2 People, P.O Box 1093 Asheville, NC 28802	56-2212585	501(c)(3)	25,100	0	BOOK		Advancing the Arts						
Arts Council of Winston-Salem, 305 W Fourth Street Suite 1C Winston-Salem, NC 27101	56-0526856	501(c)(3)	11,000	0	BOOK		Advancing the Arts						
Arts For Life, P.O. Box 788 Weaverville, NC 28787	56-2250962	501(c)(3)	9,875	0	BOOK		Advancing the Arts						

Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Two - Organizations					2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.		Employer Identification Number: 56-1223384					Open to Public Inspection	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Asheville Area Arts Council, 346 Depot Street Asheville, NC 28801	58-1371546	501(c)(3)	5,700	0	BOOK		Advancing the Arts	
Asheville Area Center for the Performing Arts, P.O. Box 2745 Asheville, NC 28802	51-0474679	501(c)(3)	39,756	0	BOOK		Advancing the Arts	
Asheville Area Habitat for Humanity, Inc., 33 Meadow Road Asheville, NC 28803	56-1363464	501(c)(3)	15,543	0	BOOK		Building Community & Economic Vitality	
Asheville Art Museum Association, Inc., P.O. Box 1717 Asheville, NC 28802-1717	56-6060776	501(c)(3)	20,050	0	BOOK		Advancing the Arts	
Asheville Bravo Concerts, P.O. Box 685 Asheville, NC 28802	56-6054110	501(c)(3)	6,009	0	BOOK		Advancing the Arts	
Asheville Buncombe Institute on Parity Achievement, P.O. Box 448 Asheville, NC 28802	20-0937410	501(c)(3)	7,500	0	BOOK		Promoting Quality Health Improving Educational Opportunities	
Asheville Catholic School, 12 Culvern Street Asheville, NC 28804	53-0196617	501(c)(3)	6,200	0	BOOK		Improving Educational Opportunities	
Asheville City Schools Foundation, P.O. Box 3196 Asheville, NC 28802	58-1836982	501(c)(3)	98,839	0	BOOK		Improving Educational Opportunities	
Asheville Contemporary Dance Theatre - ACDT, 20 Commerce Street Asheville, NC 28801	56-1287954	501(c)(3)	10,570	0	BOOK		Advancing the Arts	
Asheville Design Center, 8 College Street Asheville, NC 28801	20-8268724	501(c)(3)	15,950	0	BOOK		Building Community & Economic Vitality	
Asheville GreenWorks/Quality Forward, P.O. Box 22 Asheville, NC 28802	56-1672870	501(c)(3)	15,400	0	BOOK		Enhancing the Environment	
Asheville High School, 419 McDowell Street Asheville, NC 28803	56-6001809	501(c)(3)	8,500	0	BOOK		Improving Educational Opportunities	
Asheville Lyric Opera, 2 South Pack Square Asheville, NC 28801	56-2167677	501(c)(3)	27,859	0	BOOK		Advancing the Arts	

Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Two - Organizations				2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.		Employer Identification Number: 56-1223384				Open to Public Inspection	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Asheville Symphony Society, P.O. Box 2852 Asheville, NC 28802	56-6060772	501(c)(3)	24,474	0	BOOK		Advancing the Arts
Asheville-Buncombe Technical Community College Foundation, 340 Victoria Road Fernihurst Building Asheville, NC 28801	56-1993458	501(c)(3)	53,255	0	BOOK		Improving Educational Opportunities
Aspire, Youth and Family, Inc., P.O. Box 250 Balsam, NC 28707	30-0466165	501(c)(3)	7,000	0	BOOK		Assisting People in Need
Avery County Habitat for Humanity, P.O. Box 1016 Newland, NC 28657	56-1826422	501(c)(3)	6,791	0	BOOK		Building Community & Economic Vitality
Baptist Theological Seminary at Richmond, 3400 Brook Road Richmond, VA 23227	54-1510076	501(c)(3)	43,500	0	BOOK		Religion
Basilica of St Lawrence, 97 Haywood Street Asheville, NC 28801	56-0707930	501(c)(3)	5,500	0	BOOK		Religion
Beth HaTephila Congregation, 43 N Liberty Street Asheville, NC 28801	56-0611573	501(c)(3)	18,750	0	BOOK		Religion
Beth Israel Congregation, 229 Murdock Avenue Asheville, NC 28804	13-1659707	501(c)(3)	5,724	0	BOOK		Religion
Big Brothers Big Sisters of WNC, Inc., 50 S. French Broad Avenue Suite 213 Asheville, NC 28801	58-1505917	501(c)(3)	10,250	0	BOOK		Assisting People in Need
Black Mountain Pastoral Care and Counseling Center, 865-B Blue Ridge Road Black Mountain, NC 28711	20-8136167	501(c)(3)	23,000	0	BOOK		Promoting Quality Health
Blue Ridge Mountains Health Project, Inc., P.O. Box 451 Cashiers, NC 28717	51-0509517	501(c)(3)	13,750	0	BOOK		Promoting Quality Health
Blue Ridge Regional Hospital Foundation, P.O. Box 247 Spruce Pine, NC 28777	58-2172660	501(c)(3)	10,975	0	BOOK		Promoting Quality Health

														2010			
Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Two - Organizations												Open to Public Inspection			
Name of Organization: The Community Foundation of Western North Carolina, Inc.															Employer Identification Number: 56-1223384		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance										
Blue Ridge Sustainability Institute, Two Town Square Blvd Suite 241 Asheville, NC 28803	26-2926649	501(c)(3)	12,000	0	BOOK		Enhancing the Environment										
Boys & Girls Club of America, 1275 Peachtree St, N.E Atlanta, GA 30309	13-5562976	501(c)(3)	25,000	0	BOOK		Building Community & Economic Vitality										
Boys & Girls Club of Southeast Georgia, P O Box 1193 Brunswick, GA 31521	58-0973039	501(c)(3)	50,000	0	BOOK		Assisting People in Need										
Boys and Girls Club of Henderson County, 1304 Ashe Street Hendersonville, NC 28793	56-1803125	501(c)(3)	27,650	0	BOOK		Assisting People in Need										
Boys and Girls Club of Transylvania County, P.O Box 1360 Brevard, NC 28712	56-2142829	501(c)(3)	52,000	0	BOOK		Assisting People in Need										
Brevard College, One College Drive Brevard, NC 28712	56-0532297	501(c)(3)	10,700	0	BOOK		Improving Educational Opportunities										
Brevard Davidson River Presbyterian Church, 249 East Main Street Brevard, NC 28712	56-0672459	501(c)(3)	5,160	0	BOOK		Religion										
Brevard Music Center, P.O Box 312 Brevard, NC 28712-0312	56-0729350	501(c)(3)	5,650	0	BOOK		Advancing the Arts										
Broad River Volunteer Fire Department, 44 Broad River VFD Road Black Mountain, NC 28711-9612	59-1780579	501(c)(3)	5,000	0	BOOK		Building Community & Economic Vitality										
Building Bridges, P.O Box 63 Asheville, NC 28802	01-0664947	501(c)(3)	15,000	0	BOOK		Building Community & Economic Vitality										
Buncombe County Friends for Animals, dba Asheville Humane Society 14 Forever Friend Lane Asheville, NC 28806	56-1444098	501(c)(3)	14,803	0	BOOK		Animal Welfare										

Schedule I-1 (Form 990)				Continuation Sheet for Schedule I Part Two - Organizations				2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.				Employer Identification Number: 56-1223384					
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Buncombe County Partnership for Children,2229 Riverside Drive Asheville, NC 28804	56-1942178	501(c)(3)	7,500	0	BOOK		Assisting People in Need		
Burke Council on Alcoholism & Chemical Dependency, Inc.,203 White Street Morganton, NC 28655	56-0862624	501(c)(3)	7,000	0	BOOK		Promoting Quality Health		
Burke United Christian Ministries,305 B West Union Street Morganton, NC 28655	59-1771449	501(c)(3)	5,420	0	BOOK		Assisting People in Need		
Camp Spring Creek Outreach,44 Walnut Avenue Spruce Pine, NC 28777	43-2008178	501(c)(3)	25,000	0	BOOK		Improving Educational Opportunities		
CarePartners Foundation,68 Sweeten Creek Road Asheville, NC 28803	56-2110357	501(c)(3)	6,400	0	BOOK		Promoting Quality Health		
CarePartners Hospice Foundation,P O Box 25338 Asheville, NC 28813	56-2110357	501(c)(3)	13,473	0	BOOK		Promoting Quality Health		
Caring For Children,P O Box 19113 Asheville, NC 28815	56-1182686	501(c)(3)	6,977	0	BOOK		Assisting People in Need		
Carolina Day School - Advancement Office,1345 Hendersonville Road Asheville, NC 28803	56-0125490	501(c)(3)	33,800	0	BOOK		Improving Educational Opportunities		
Carolina Mountain Land Conservancy,P.O. Box 2822 Hendersonville, NC 28793	56-6449365	501(c)(3)	6,000	0	BOOK		Enhancing the Environment		
Cashiers Historical Society,P.O Box 104 Cashiers, NC 28717-0104	11-3840349	501(c)(3)	7,500	0	BOOK		Advancing the Arts		
Cashiers Valley Community Council, Inc ,P O Box 82 Cashiers, NC 28717	56-1916648	501(c)(3)	9,000	0	BOOK		Building Community & Economic Vitality		
Cathedral of All Souls,9 Swan Street Asheville, NC 28803	11-1646315	501(c)(3)	27,150	0	BOOK		Religion		
Catholic Church Extension Society,150 S Wacker Drive 20th Floor Chicago, IL 60606	36-6000520	501(c)(3)	6,500	0	BOOK		Religion		

Schedule I-1 (Form 990)				Continuation Sheet for Schedule I Part Two - Organizations				2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.				Employer Identification Number: 56-1223384					
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Catholic Social Services Diocese of Charlotte, 50 Orange Street Asheville, NC 28801	56-1058954	501(c)(3)	5,000	0	BOOK		Assisting People in Need		
Celo Friends Meeting, 70 Meeting House Lane Burnsville, NC 28714	23-1352148	501(c)(3)	6,000	0	BOOK		Religion		
Center for Food Safety, 660 Pennsylvania Ave, SE, #302 Washington, DC 20003	52-2165893	501(c)(3)	5,000	0	BOOK		Promoting Quality Health		
Center for International Understanding Council, 100 East Six Forks Road Suite 300 Raleigh, NC 27609	56-1751280	501(c)(3)	25,350	0	BOOK		Building Community & Economic Vitality		
Center for Participatory Change, P.O. Box 9238 Asheville, NC 28815	56-2126417	501(c)(3)	30,950	0	BOOK		Building Community & Economic Vitality		
Central Fairfax Services, 6860 Commerce Drive Springfield, VA 22151	54-0855731	501(c)(3)	5,000	0	BOOK		Assisting People in Need		
Central United Methodist Church, 27 Church Street Asheville, NC 28801	20-5446516	501(c)(3)	65,855	0	BOOK		Religion		
Children & Family Resource Center of Henderson County, P O Box 1105 Hendersonville, NC 28793	56-2113878	501(c)(3)	25,000	0	BOOK		Assisting People in Need		
Children First of Buncombe County, 50 S. French Broad Avenue Suite 246 Asheville, NC 28801	59-1721943	501(c)(3)	63,550	0	BOOK		Assisting People in Need		
Children's Advocacy Center of Yancey County, P O Box 806 Burnsville, NC 28714	26-4688873	501(c)(3)	25,000	0	BOOK		Assisting People in Need		
Christ School, 500 Christ School Road Arden, NC 28704	56-0615187	501(c)(3)	8,750	0	BOOK		Improving Educational Opportunities		
Church of the Good Shepherd, P.O. Box 32 Cashiers, NC 28717	56-1142774	501(c)(3)	6,350	0	BOOK		Religion		
Church of the Incarnation, P.O. Box 729 Highlands, NC 28741	56-1151464	501(c)(3)	6,537	0	BOOK		Religion		

Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Two - Organizations				2010		Open to Public Inspection	
Name of Organization: The Community Foundation of Western North Carolina, Inc.		Employer Identification Number: 56-1223384							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Clay County Soil & Water Conservation District, P.O. Box 57 Hayesville, NC 28904	56-1050374	501(c)(3)	25,000	0	BOOK		Enhancing the Environment		
Clean Water for N.C., 29 1/2 Page Avenue Asheville, NC 28801	58-1592902	501(c)(3)	5,000	0	BOOK		Enhancing the Environment		
Communities in Schools - Nassau County, 516 S 10th Street Suite 205 Fernandina Beach, FL 32034	59-3191350	501(c)(3)	50,000	0	BOOK		Improving Educational Opportunities		
Community Action Opportunities, 25 Gaston Street Asheville, NC 28801	56-0817672	501(c)(3)	25,000	0	BOOK		Building Community & Economic Vitality		
Community Care Clinic of Highlands-Cashiers, P.O. Box 43 Highlands, NC 28741	65-1251915	501(c)(3)	6,000	0	BOOK		Promoting Quality Health		
Community Foundation of Henderson County, P.O. Box 1108 Hendersonville, NC 28793	56-1330792	501(c)(3)	50,000	0	BOOK		Building Community & Economic Vitality		
Community Services of Swain, Inc., P.O. Box 812 Bryson City, NC 28713-0812	20-1675170	501(c)(3)	7,000	0	BOOK		Building Community & Economic Vitality		
Conservation Trust for North Carolina, 1028 Washington Street Raleigh, NC 27605	58-1552188	501(c)(3)	15,900	0	BOOK		Enhancing the Environment		
Consumer Credit Counseling Service of the Carolina Foothills, P.O. Box 6 Spindale, NC 28160	56-2039870	501(c)(3)	20,000	0	BOOK		Assisting People in Need		
CooperRiis, 101 Healing Farm Lane Mill Spring, NC 28756-0416	56-2195372	501(c)(3)	659,450	0	BOOK		Promoting Quality Health		
Corinth Reformed United Church of Christ, 150 16th Avenue NW Hickory, NC 28601	56-0615195	501(c)(3)	15,000	0	BOOK		Religion		
Council On Foundations, 2121 Crystal Drive Suite 700 Arlington, VA 22202	13-6068327	501(c)(3)	13,050	0	BOOK		Building Community & Economic Vitality		

Schedule I-1 (Form 990)				Continuation Sheet for Schedule I Part Two - Organizations				2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.				Employer Identification Number: 56-1223384				Open to Public Inspection	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Davidson College, P.O. Box 7170 Davidson, NC 28035-7170	56-0529961	501(c)(3)	6,400	0	BOOK		Improving Educational Opportunities		
Davidson United Methodist Church, 233 South Main Street Davidson, NC 28036	56-1121470	501(c)(3)	5,000	0	BOOK		Religion		
Deerfield Episcopal Retirement Community, Inc ,1617 Hendersonville Road Asheville, NC 28803	56-0614176	501(c)(3)	6,339	0	BOOK		Religion		
Dig In! Yancey Community Garden, P O Box 1095 Burnsville, NC 28714	27-3078971	501(c)(3)	5,100	0	BOOK		Assisting People in Need		
Doctors Without Borders USA, P O Box 5030 Hagerstown, MD 21741-5030	13-3433452	501(c)(3)	10,500	0	BOOK		Promoting Quality Health		
Duke University-Gifts Records, P O. Box 90581 Durham, NC 27708-0581	56-0532129	501(c)(3)	5,050	0	BOOK		Improving Educational Opportunities		
East Tennessee State University Foundation, P O. Box 70732 Johnson City, TN 37614	23-7092731	501(c)(3)	10,100	0	BOOK		Improving Educational Opportunities		
Eblen Foundation, 50 Westgate Parkway Asheville, NC 28806	56-1758077	501(c)(3)	33,600	0	BOOK		Assisting People in Need		
Elevate Oregon, 1910 NW 23rd Place Portland, OR 97210	27-2151955	501(c)(3)	10,000	0	BOOK		Building Community & Economic Vitality		
Eliada Homes Inc., 2 Compton Drive Asheville, NC 28806	56-0611587	501(c)(3)	17,090	0	BOOK		Assisting People in Need		
Emmanuel Lutheran Church, 51 Wilburn Place Asheville, NC 28806	56-6022463	501(c)(3)	79,000	0	BOOK		Religion		
EnergyXchange, 66 EnergyXchange Dr. Burnsville, NC 28714	91-2016387	501(c)(3)	7,000	0	BOOK		Enhancing the Environment		
Enka High School, 475 Enka Lake Road Candler, NC 28715	56-6000994	501(c)(3)	14,500	0	BOOK		Improving Educational Opportunities		
Enka Middle School, 390 Asbury Road Candler, NC 28715	56-6000994	501(c)(3)	17,130	0	BOOK		Improving Educational Opportunities		

Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Two - Organizations					2010
Name of Organization: The Community Foundation of Western North Carolina, Inc.		Employer Identification Number: 56-1223384					Open to Public Inspection
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Environmental & Conservation Organization (ECO), 121 Third Avenue West Suite 4 Hendersonville, NC 28792	56-1732182	501(c)(3)	5,721	0	BOOK		Enhancing the Environment
Episcopal Church of the Holy Spirit, P.O. Box 956 Mars Hill, NC 28754	56-1682351	501(c)(3)	5,800	0	BOOK		Religion
Evergreen Community Charter School, 50 Bell Road Asheville, NC 28805	56-2094405	501(c)(3)	10,000	0	BOOK		Improving Educational Opportunities
First Baptist Church of Asheville, 5 Oak Street Asheville, NC 28801	56-0554211	501(c)(3)	50,591	0	BOOK		Religion
First Baptist Church of Marion, 99 North Main Street Marion, NC 28752	56-0709135	501(c)(3)	10,000	0	BOOK		Assisting People in Need
First Presbyterian Church, 40 Church Street Asheville, NC 28801-3390	56-0529968	501(c)(3)	45,449	0	BOOK		Religion
First Presbyterian Church, 717 Prosperity Farms Road North Palm Beach, FL 33408-4115	89-1516451	501(c)(3)	9,000	0	BOOK		Religion
First United Methodist Church, 325 N Broad St. Brevard, NC 28712	56-0666925	501(c)(3)	8,000	0	BOOK		Religion
First United Methodist Church, 264 N Main Street Rutherfordton, NC 28139	56-0690351	501(c)(3)	8,000	0	BOOK		Religion
Foothills Conservancy of North Carolina, Inc., P.O. Box 3023 Morganton, NC 28680	56-1947390	501(c)(3)	25,800	0	BOOK		Enhancing the Environment
Francis Asbury United Methodist Church, P.O. Box 67 Candler, NC 28715	56-1072651	501(c)(3)	11,500	0	BOOK		Religion
French Broad River Academy, 191 Lyman Street Suite 316 Asheville, NC 28801	27-0349536	501(c)(3)	5,000	0	BOOK		Improving Educational Opportunities
Friends of Great Smoky Mountains National Park, P.O. Box 1660 Kodak, TN 37764-7660	62-1564782	501(c)(3)	7,350	0	BOOK		Enhancing the Environment

Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Two - Organizations				2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.		Employer Identification Number: 56-1223384				Open to Public Inspection	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gill Foundation, 2215 Market Street Denver, CO 80205	84-1264186	501(c)(3)	50,000	0	BOOK		Building Community & Economic Vitality
Girls on the Run of WNC, 50 South French Broad Suite 249 Asheville, NC 28801	35-2177794	501(c)(3)	7,500	0	BOOK		Assisting People in Need
Givens Estates, 2360 Sweeten Creek Road Asheville, NC 28803	51-0199312	501(c)(3)	6,450	0	BOOK		Assisting People in Need
Good Samaritan Clinic of Haywood County, 34 Sims Circle Waynesville, NC 28786	56-2107420	501(c)(3)	8,335	0	BOOK		Promoting Quality Health
Good Samaritan Clinic, Inc - Morganton, 305 West Union Street Morganton, NC 28655	56-1939030	501(c)(3)	7,000	0	BOOK		Promoting Quality Health
Grace Covenant Presbyterian Church, 789 Merrimon Avenue Asheville, NC 28804	56-0588479	501(c)(3)	24,486	0	BOOK		Religion
Grace Episcopal Church, 871 Merrimon Avenue Asheville, NC 28804	11-1646315	501(c)(3)	9,625	0	BOOK		Religion
Graham Revitalization Economic Action Team, P.O. Box 1223 Robbinsville, NC 28771	11-3780559	501(c)(3)	7,000	0	BOOK		Building Community & Economic Vitality
Green Opportunities, P.O. Box 7235 Asheville, NC 28802	26-4230288	501(c)(3)	50,000	0	BOOK		Building Community & Economic Vitality
Groton School, P.O. Box 991 Groton, ME 04150-9986	04-2104265	501(c)(3)	5,000	0	BOOK		Improving Educational Opportunities
Hands On! A Child's Gallery, P.O. Box 481 Hendersonville, NC 28793	83-0397594	501(c)(3)	9,000	0	BOOK		Advancing the Arts
Haven of Transylvania County, P.O. Box 25 Brevard, NC 28712	27-1124164	501(c)(3)	7,700	0	BOOK		Assisting People in Need
Haywood Community College Foundation, 185 Freedlander Drive Clyde, NC 28721-9441	51-0172736	501(c)(3)	11,278	0	BOOK		Improving Educational Opportunities

Schedule I-1 (Form 990)				Continuation Sheet for Schedule I Part Two - Organizations				2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.				Employer Identification Number: 56-1223384					
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Haywood County Government, 215 North Main Street Waynesville, NC 28786	56-6001524	501(c)(3)	8,000	0	BOOK		Building Community & Economic Vitality		
Haywood County Schools Foundation, 1230 North Main Street Waynesville, NC 28786	56-1529355	501(c)(3)	23,000	0	BOOK		Improving Educational Opportunities		
Haywood Habitat for Humanity, P.O. Box 283 Waynesville, NC 28786	56-1668353	501(c)(3)	25,000	0	BOOK		Building Community & Economic Vitality		
Haywood Waterways Association, Inc., P.O. Box 389 Waynesville, NC 28786	56-2108874	501(c)(3)	68,176	0	BOOK		Enhancing the Environment		
Helpmate, P.O. Box 2263 Asheville, NC 28802	56-1276293	501(c)(3)	18,900	0	BOOK		Assisting People in Need		
Highlands Community Child Development Center, P.O. Box 648 Highlands, NC 28741	47-0891422	501(c)(3)	5,500	0	BOOK		Assisting People in Need		
Highlands Emergency Council, P.O. Box 974 Highlands, NC 28741	56-1396460	501(c)(3)	5,750	0	BOOK		Assisting People in Need		
Highlands-Cashiers Land Trust, Inc., P.O. Box 1703 Highlands, NC 28741	56-1216642	501(c)(3)	9,700	0	BOOK		Enhancing the Environment		
HIGHTS, Incorporated, P.O. Box 2543 Cullowhee, NC 28723	26-1566023	501(c)(3)	6,265	0	BOOK		Improving Educational Opportunities		
Hispanics in Philanthropy, 55 Second Street Suite 1500 San Francisco, CA 94105	94-3040607	501(c)(3)	15,000	0	BOOK		Building Community & Economic Vitality		
Hwassee Valley Recreation Committee, P.O. Box 1311 Murphy, NC 28906	56-2268979	501(c)(3)	6,000	0	BOOK		Building Community & Economic Vitality		
Homeward Bound, P.O. Box 1166 Asheville, NC 28802	56-1568917	501(c)(3)	27,900	0	BOOK		Assisting People in Need		
Hominy Valley Elementary School, 450 Enka Lake Road Candler, NC 28715	58-1685536	501(c)(3)	9,200	0	BOOK		Improving Educational Opportunities		

Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Two - Organizations				2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.		Employer Identification Number: 56-1223384				Open to Public Inspection	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Humane Alliance of Western North Carolina, 25 Heritage Drive Asheville, NC 28806	56-1856805	501(c)(3)	43,510	0	BOOK		Animal Welfare
Humane Society of Buncombe County, P O Box 2532 Asheville, NC 28802	58-1413062	501(c)(3)	5,500	0	BOOK		Animal Welfare
I Have a Dream Foundation of Asheville, 165 South French Broad Avenue Asheville, NC 28801	56-2559924	501(c)(3)	75,000	0	BOOK		Improving Educational Opportunities
Institute for Southern Studies, P O Box 531 Durham, NC 27702	58-1090440	501(c)(3)	7,000	0	BOOK		Advancing the Arts
Jackson-Macon Conservation Alliance - JMCA, 348 South Fifth Street Highlands, NC 28741	56-2191021	501(c)(3)	8,500	0	BOOK		Enhancing the Environment
Jewish Community Center of Asheville, Inc. 236 Charlotte Street Asheville, NC 28801	56-0529951	501(c)(3)	13,850	0	BOOK		Building Community & Economic Vitality
KidSenses Children's InterACTIVE Museum, P.O. Box 150 Rutherfordton, NC 28139-0150	56-2148329	501(c)(3)	9,100	0	BOOK		Advancing the Arts
Land Trust for the Little Tennessee, P O Box 1148 Franklin, NC 28744	56-2142199	501(c)(3)	8,500	0	BOOK		Enhancing the Environment
LEAF (Lake Eden Arts Festival), 377 Lake Eden Road Black Mountain, NC 28711	54-2123478	501(c)(3)	5,750	0	BOOK		Advancing the Arts
Lewis Rathbun Wellness Center, 121 Sherwood Road Asheville, NC 28803	56-1706625	501(c)(3)	21,109	0	BOOK		Promoting Quality Health
Literacy Council of Buncombe County, 31 College Place Building B Suite 221 Asheville, NC 28801	58-1696409	501(c)(3)	59,380	0	BOOK		Improving Educational Opportunities

Schedule I-1 (Form 990)			Continuation Sheet for Schedule I Part Two - Organizations				2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.			Employer Identification Number: 56-1223384					
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Literacy Council of Highlands, Inc., P.O. Box 2320 Highlands, NC 28741	56-1883637	501(c)(3)	16,500	0	BOOK		Improving Educational Opportunities	
Little Tennessee Watershed Association, 93 Church Street Suite 214 Franklin, NC 28734	56-2208725	501(c)(3)	10,000	0	BOOK		Enhancing the Environment	
Lord's Acre, P.O. Box 271 Fairview, NC 28730	27-1710446	501(c)(3)	7,100	0	BOOK		Assisting People in Need	
MAB Community Services, 200 Ivy Street Brookline, MA 02446	04-2109859	501(c)(3)	11,000	0	BOOK		Promoting Quality Health	
Madison County Schools, 5738 Highway 2570 Marshall, NC 28753	56-6001070	501(c)(3)	25,000	0	BOOK		Improving Educational Opportunities	
MANNA FoodBank, 627 Swannanoa River Road Asheville, NC 28805-2445	58-1514800	501(c)(3)	182,254	0	BOOK		Assisting People in Need	
McDowell County Health Department - McDowell Health Coalition, 408 Spaulding Rd. Marion, NC 28752	56-6000900	501(c)(3)	7,000	0	BOOK		Promoting Quality Health	
McDowell Mission Ministry, P.O. Box 297 Marion, NC 28752	56-1872125	501(c)(3)	10,000	0	BOOK		Assisting People in Need	
McDowell Trails Association, 1476 Roby Conley Road Marion, NC 28752	20-4087478	501(c)(3)	5,000	0	BOOK		Enhancing the Environment	
Meals On Wheels of Buncombe County, 146 Victoria Road Asheville, NC 28801	56-1115597	501(c)(3)	20,549	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)	12,000	0	BOOK		Building Community & Economic Vitality	
MemoryCare, 100 Far Horizons Lane Asheville, NC 28803	56-2178294	501(c)(3)	24,709	0	BOOK		Promoting Quality Health	
Mercy Corps, Dept W P O. Box 2669 Portland, OR 97208	91-1148123	501(c)(3)	5,000	0	BOOK		Assisting People in Need	

										2010			
Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Two - Organizations										Open to Public Inspection	
Name of Organization: The Community Foundation of Western North Carolina, Inc.												Employer Identification Number: 56-1223384	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
Mill Spring Volunteer Fire Department,P.O. Box 7 Mill Spring, NC 28756	56-1394853	501(c)(3)	5,000	0	BOOK		Assisting People in Need						
Minneapolis Foundation,800 IDS Center 80 South Eighth St. Minneapolis, MN 55402	41-6029402	501(c)(3)	20,000	0	BOOK		Building Community & Economic Vitality						
Mission Healthcare Foundation, Inc ,980 Hendersonville Road Suite C Asheville, NC 28803	56-1881331	501(c)(3)	82,462	0	BOOK		Promoting Quality Health						
Montreat College,P.O. Box 1267 Montreat, NC 28757	56-0543261	501(c)(3)	5,000	0	BOOK		Improving Educational Opportunities						
Mountain Area Child and Family Center,2586 Riceville Road Asheville, NC 28805	56-2040462	501(c)(3)	90,500	0	BOOK		Assisting People in Need						
Mountain BizWorks, Inc ,153 S. Lexington Avenue Asheville, NC 28801	56-1733266	501(c)(3)	28,750	0	BOOK		Building Community & Economic Vitality						
Mountain Housing Opportunities,64 Clingman Avenue Suite 101 Asheville, NC 28801	58-1816998	501(c)(3)	55,500	0	BOOK		Building Community & Economic Vitality						
Mountain Mediation Services,P.O. Box 1802 Sylva, NC 28779	56-1865642	501(c)(3)	7,000	0	BOOK		Building Community & Economic Vitality						
Mountain Projects Community Action,2251 Old Balsam Road Waynesville, NC 28786	56-0849092	501(c)(3)	6,976	0	BOOK		Assisting People in Need						
Mountain Valleys RC&D Council, Inc.,4388 Hwy 25/70 Suite 3 Marshall, NC 28753	58-1767802	501(c)(3)	60,450	0	BOOK		Enhancing the Environment						
NAMI of Collier County,6216 Trail Boulevard Bldg C Naples, FL 34108	65-0047747	501(c)(3)	10,000	0	BOOK		Promoting Quality Health						

Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Two - Organizations				2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.		Employer Identification Number: 56-1223384		Open to Public Inspection			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nature Conservancy of North Carolina, One University Place, Ste 290 4705 University Drive Durham, NC 27707	53-0242652	501(c)(3)	41,050	0	BOOK		Enhancing the Environment
NC Agricultural Foundation, NC 4-H Development Fund NC State Box 7645 Raleigh, NC 27695-7645	56-6049304	501(c)(3)	7,110	0	BOOK		Building Community & Economic Vitality
NC State Engineering Foundation, Box 7901 NCSU Raleigh, NC 27695-7901	56-6046987	501(c)(3)	5,000	0	BOOK		Improving Educational Opportunities
NC State University, Box 7011 Raleigh, NC 27695-7302	56-6000756	501(c)(3)	10,000	0	BOOK		Improving Educational Opportunities
Nebraska Wesleyan University, 5000 Saint Paul Ave Lincoln, NE 68504	47-0376524	501(c)(3)	6,610	0	BOOK		Improving Educational Opportunities
New City Christian School, P.O. Box 4035 Asheville, NC 28805	14-1921757	501(c)(3)	8,850	0	BOOK		Improving Educational Opportunities
North American Regional Committee for St. George's College, 3737 Seminary Road Virginia Theological Seminary Alexandria, VA 22304	62-1343994	501(c)(3)	6,000	0	BOOK		Improving Educational Opportunities
North Asheville Baptist Church, 20 Reynolds Mountain Boulevard Asheville, NC 28804	56-1364035	501(c)(3)	5,000	0	BOOK		Religion
North Carolina Council of Churches, 27 Home Street Raleigh, NC 27607	56-0619364	501(c)(3)	7,000	0	BOOK		Enhancing the Environment
North Carolina Dance Theatre, 701 N. Tryon Street Charlotte, NC 28202	58-1314711	501(c)(3)	10,000	0	BOOK		Advancing the Arts
North Carolina Stage Company, 15 Stage Lane Asheville, NC 28801	56-2266836	501(c)(3)	7,200	0	BOOK		Advancing the Arts
North Carolina Writers' Network, P.O. Box 954 Carrboro, NC 27510	56-1472203	501(c)(3)	10,000	0	BOOK		Improving Educational Opportunities
Odyssey Community School, P.O. Box 17578 Asheville, NC 28816	64-0960363	501(c)(3)	55,000	0	BOOK		Improving Educational Opportunities

Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Two - Organizations				2010		Open to Public Inspection	
Name of Organization: The Community Foundation of Western North Carolina, Inc.		Employer Identification Number: 56-1223384							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Ohr Chadash, 219 South Holly Street Denver, CO 80246	84-1572763	501(c)(3)	16,000	0	BOOK		Religion		
Optimist Santa Pal Club of Asheville, NC, P.O. Box 1912 Asheville, NC 28802	56-6055643	501(c)(3)	8,650	0	BOOK		Assisting People in Need		
Orthodox Christian Fellowship, P.O. Box 300249 Boston, MA 02130	71-0888468	501(c)(3)	10,700	0	BOOK		Religion		
Our Voice, Inc., 44 Merrimon Avenue Suite 1 Asheville, NC 28801	58-1491531	501(c)(3)	50,650	0	BOOK		Assisting People in Need		
Pack Place Performing Arts, Inc., 2 South Pack Square Asheville, NC 28801	31-1524883	501(c)(3)	51,900	0	BOOK		Advancing the Arts		
Pack Square Conservancy, Inc., One West Pack Square Suite 513 Asheville, NC 28801	56-2221478	501(c)(3)	5,300	0	BOOK		Enhancing the Environment		
Pavillon International, 241 Pavillon Place Mill Spring, NC 28756	38-3102731	501(c)(3)	100,500	0	BOOK		Promoting Quality Health		
Penland School of Crafts, P.O. Box 37 Penland, NC 28765	56-0623948	501(c)(3)	25,000	0	BOOK		Advancing the Arts		
Pigeon Community Multicultural Development Center, P.O. Box 1494 Waynesville, NC 28786	32-0131282	501(c)(3)	9,000	0	BOOK		Building Community & Economic Vitality		
Pisgah Elementary School, 1495 Pisgah Highway Candler, NC 28715	56-1380727	501(c)(3)	10,000	0	BOOK		Improving Educational Opportunities		
Pisgah Forest Baptist Church, 494 Hendersonville Hwy. Pisgah Forest, NC 28768	51-0149455	501(c)(3)	24,000	0	BOOK		Religion		
Pisgah Legal Services-PLS, P.O. Box 2276 Asheville, NC 28802	56-1191115	501(c)(3)	182,258	0	BOOK		Assisting People in Need		
Planned Parenthood Health Systems, 603 Biltmore Avenue Asheville, NC 28801	56-1282557	501(c)(3)	6,950	0	BOOK		Promoting Quality Health Building Community & Economic Vitality		
Reds Community Fund, 100 Joe Nuxhall Way Cincinnati, OH 45202	31-1790195	501(c)(3)	50,000	0	BOOK				

Schedule I-1 (Form 990)				Continuation Sheet for Schedule I Part Two - Organizations				2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.				Employer Identification Number: 56-1223384					
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
RiverLink, Inc., P.O. Box 15488 Asheville, NC 28813	58-1867958	501(c)(3)	44,888	0	BOOK		Enhancing the Environment		
Robert & Janice McNair Educational Foundation, P O Box 635 Forest City, NC 28043	58-1870080	501(c)(3)	16,750	0	BOOK		Improving Educational Opportunities		
Rutherford County Habitat for Humanity, P O. Box 1534 Rutherfordton, NC 28139	56-1581336	501(c)(3)	7,800	0	BOOK		Building Community & Economic Vitality		
Rutherford Housing Partnership - RHP, P O. Box 1525 Rutherfordton, NC 28139	56-2086573	501(c)(3)	8,000	0	BOOK		Building Community & Economic Vitality		
Ryan Foundation Inc ,3917 Alto Avenue Carrollton, TX 75007	75-2579252	501(c)(3)	25,000	0	BOOK		Promoting Quality Health		
SAFE of Transylvania Co., P.O. Box 2013 Brevard, NC 28712	58-1640904	501(c)(3)	7,200	0	BOOK		Assisting People in Need		
Salvation Army-Buncombe, P O Box 1778 Asheville, NC 28802	58-0660607	501(c)(3)	19,643	0	BOOK		Assisting People in Need		
Sand County Foundation, P O Box 6587 Monona, WI 53716	39-6089450	501(c)(3)	15,000	0	BOOK		Enhancing the Environment		
Sand Hill - Venable Elementary, 154 Sand Hill School Road Asheville, NC 28806	58-1685536	501(c)(3)	6,058	0	BOOK		Improving Educational Opportunities		
Shalem Institute, 881 High Street Suite 206 Worthington, OH 43085	31-1281708	501(c)(3)	7,000	0	BOOK		Religion		
Skyland United Methodist Church, P O. Box 697 Skyland, NC 28776	56-0713060	501(c)(3)	7,500	0	BOOK		Religion		
South Carolina Junior Golf Foundation, P.O Box 286 Irmo, SC 29063	57-1021847	501(c)(3)	5,000	0	BOOK		Promoting Quality Health		
Southern Appalachian Highlands Conservancy, 34 Wall Street Suite 502 Asheville, NC 28801	62-1098890	501(c)(3)	65,640	0	BOOK		Enhancing the Environment		

Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Two - Organizations				2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.		Employer Identification Number: 56-1223384				Open to Public Inspection	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southern Environmental Law Center, 201 W. Main Street Suite 14 Charlottesville, VA 22902-5065	52-1436778	501(c)(3)	37,500	0	BOOK		Enhancing the Environment
Southern Reconciliation Ministries, dba Reconciliation House P O Box 1147 Burnsville, NC 28714	56-1373255	501(c)(3)	11,250	0	BOOK		Assisting People in Need
Southwestern NC Resource Conservation and Development Council, P O Box 1230 Waynesville, NC 28786	58-1767801	501(c)(3)	28,000	0	BOOK		Enhancing the Environment
St. Eugene's Catholic Church, 72 Culvern Street Asheville, NC 28804	56-0694202	501(c)(3)	5,000	0	BOOK		Religion
St. James Episcopal Church, P O Box 1087 Black Mountain, NC 28711	56-6052121	501(c)(3)	6,500	0	BOOK		Religion
St. Mark's Lutheran Church, P O Box 8608 Asheville, NC 28814	16-1647426	501(c)(3)	10,000	0	BOOK		Religion
St. Peter's Episcopal Church, 70 Maple Avenue Morristown, NJ 07960-5221	22-1487329	501(c)(3)	5,000	0	BOOK		Religion
St. Thomas Episcopal Church, P O Box 591 Burnsville, NC 28714	11-1646315	501(c)(3)	13,600	0	BOOK		Religion
Summit Charter School Foundation, P.O. Box 1339 Cashiers, NC 28717	56-2039872	501(c)(3)	5,500	0	BOOK		Improving Educational Opportunities
Swannanoa Valley Historical & Preservation Association, dba Swannanoa Valley Museum P O Box 306 Black Mountain, NC 28711	56-1624503	501(c)(3)	5,000	0	BOOK		Advancing the Arts
Swannanoa Valley Transitional Housing, P.O. Box 1591 Black Mountain, NC 28711	30-0482735	501(c)(3)	25,300	0	BOOK		Promoting Quality Health
Task Force on Family Violence/REACH, Inc., P O Box 977 Murphy, NC 28906	56-1332817	501(c)(3)	11,000	0	BOOK		Assisting People in Need

Continuation Sheet for Schedule I				Part Two - Organizations			2010	
Schedule I-1 (Form 990)				Open to Public Inspection				
Name of Organization: The Community Foundation of Western North Carolina, Inc.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Telling the Truth, 777 South Barker Road Brookfield, WI 53045	26-3794383	501(c)(3)	5,000	0	BOOK		Religion	
Terpsicorps Theatre of Dance, 2 South Pack Square Asheville, NC 28801	54-2124670	501(c)(3)	5,725	0	BOOK		Advancing the Arts	
The Community Foundation of Middle Tennessee, 3833 Cleghorn Avenue Suite 400 Nashville, TN 37215-2519	62-1471789	501(c)(3)	42,000	0	BOOK		Building Community & Economic Vitality	
The Furniture Society, 111 Grovewood Road Asheville, NC 28804	54-1839284	501(c)(3)	5,000	0	BOOK		Advancing the Arts	
The Health Adventure, P.O. Box 180 Asheville, NC 28802	56-6074684	501(c)(3)	29,025	0	BOOK		Advancing the Arts	
Town of Robbinsville, P.O. Box 129 Robbinsville, NC 28771	56-6001320	501(c)(3)	12,000	0	BOOK		Building Community & Economic Vitality	
Toxic Free NC, 206 New Bern Place Raleigh, NC 27601	59-1715833	501(c)(3)	5,100	0	BOOK		Enhancing the Environment	
Transylvania Heritage Coalition, Inc., P.O. Box 2347 Brevard, NC 28712	20-8388512	501(c)(3)	5,750	0	BOOK		Advancing the Arts	
Transylvania Regional Hospital Foundation, Inc., 153 W. Jordan Street Brevard, NC 28712	56-1458024	501(c)(3)	9,200	0	BOOK		Promoting Quality Health	
Triangle Community Foundation, 324 Blackwell Street Suite 1220 Durham, NC 27701	56-1380796	501(c)(3)	8,400	0	BOOK		Building Community & Economic Vitality	
Trinity Episcopal Church, 60 Church Street Asheville, NC 28801	11-1646315	501(c)(3)	23,650	0	BOOK		Religion	
Unaka Community Development Club, 1850 Crystal Springs Road Murphy, NC 28906	51-0207628	501(c)(3)	7,000	0	BOOK		Building Community & Economic Vitality	
UNC Asheville Foundation, Inc., CPO #1800 Owen Hall One University Heights Asheville, NC 28804	23-7073829	501(c)(3)	33,901	0	BOOK		Improving Educational Opportunities	

Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Two - Organizations					2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.		Employer Identification Number: 56-1223384					Open to Public Inspection	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNC Asheville, Phillips Hall CPO 1400 One University Heights Asheville, NC 28804-8503	56-6002370	501(c)(3)	12,570	0	BOOK		Improving Educational Opportunities	
UNC Center for Public TV, P.O. Box 900002 Raleigh, NC 27675-9000	58-1720178	501(c)(3)	5,205	0	BOOK		Improving Educational Opportunities	
UNC-Chapel Hill, P.O. Box 309 Chapel Hill, NC 27514-0309	56-6001393	501(c)(3)	33,675	0	BOOK		Improving Educational Opportunities	
United Way of Asheville and Buncombe County, 50 South French Broad Avenue Asheville, NC 28801	56-0576157	501(c)(3)	175,968	0	BOOK		Assisting People in Need	
University Botanical Gardens at Asheville, Inc., 151 W T. Weaver Boulevard Asheville, NC 28804-3414	56-0845050	501(c)(3)	12,245	0	BOOK		Enhancing the Environment	
Urban Youth Impact, 2823 N. Australian Avenue West Palm Beach, FL 33407	57-0314364	501(c)(3)	16,000	0	BOOK		Advancing the Arts	
Vagabond School of the Drama, Inc, P.O. Box 310 Flat Rock, NC 28731	56-0571518	501(c)(3)	7,250	0	BOOK		Advancing the Arts	
Vanderbilt University, 2201 West End Avenue Nashville, TN 37240	62-0476822	501(c)(3)	5,000	0	BOOK		Improving Educational Opportunities	
Village Conservancy, Inc., P.O. Box 37 Cashiers, NC 28717	56-1818753	501(c)(3)	11,250	0	BOOK		Enhancing the Environment	
W.A. Hough High School, 12420 Bailey Road Cornelius, NC 28031	27-2516693	501(c)(3)	7,580	0	BOOK		Improving Educational Opportunities	
W.A.M.Y. Community Action, 225 Birch Street Suite 2 Boone, NC 28607	56-0816296	501(c)(3)	5,000	0	BOOK		Assisting People in Need	
Warren Wilson College, P.O. Box 9000 Asheville, NC 28815-9000	56-0767736	501(c)(3)	75,450	0	BOOK		Improving Educational Opportunities	
Webster Enterprises, P.O. Box 220 Webster, NC 28788	56-1208982	501(c)(3)	7,000	0	BOOK		Assisting People in Need	
Welcome Table of Black Mountain, 169 Hilltop Road Black Mountain, NC 28711	27-0593409	501(c)(3)	7,000	0	BOOK		Assisting People in Need	

Continuation Sheet for Schedule I Part Two - Organizations										2010
Schedule I-1 (Form 990)										Open to Public Inspection
Name of Organization: The Community Foundation of Western North Carolina, Inc.										Employer Identification Number: 56-1223384
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Wesley Community Development Corporation, 1321-C Dixie Drive Statesville, NC 28677	94-3427437	501(c)(3)	25,000	0	BOOK		Building Community & Economic Vitality			
Western Carolina Pacesetters, Inc., 1920 Carter Cove Road Warne, NC 28909	58-2228780	501(c)(3)	6,712	0	BOOK		Assisting People in Need			
Western Carolina Rescue Ministries, P.O. Box 909 Asheville, NC 28802	56-1249407	501(c)(3)	19,159	0	BOOK		Assisting People in Need			
Western Carolina University, 317 H.F. Robinson Building Cullowhee, NC 28723	56-6001393	501(c)(3)	24,994	0	BOOK		Improving Educational Opportunities			
Western Carolinians for Criminal Justice, P O. Box 7472 Asheville, NC 28802	58-1491257	501(c)(3)	24,300	0	BOOK		Assisting People in Need			
Western North Carolina AIDS Project, P.O Box 2411 Asheville, NC 28802	58-1772685	501(c)(3)	8,000	0	BOOK		Promoting Quality Health			
Western North Carolina Alliance, 29 N Market Street Suite 610 Asheville, NC 28801	56-1422691	501(c)(3)	36,260	0	BOOK		Enhancing the Environment			
Western North Carolina Green Building Council, P.O Box 17026 Asheville, NC 28816	56-2225428	501(c)(3)	23,900	0	BOOK		Enhancing the Environment			
Western North Carolina Public Radio, Inc., WCQS 73 Broadway Asheville, NC 28801-2919	58-1445328	501(c)(3)	13,399	0	BOOK		Advancing the Arts			
Western North Carolina Regional Economic Development, 134 Wright Brothers Way Fletcher, NC 28732	56-1871844	501(c)(3)	25,000	0	BOOK		Building Community & Economic Vitality			
Westminster Church, 1397 Thompson Bridge Road Gainesville, GA 30501-1709	58-1554288	501(c)(3)	6,693	0	BOOK		Religion			
Windborne United Methodist Church, 9121 Six Forks Road Raleigh, NC 27615	56-2171813	501(c)(3)	5,000	0	BOOK		Religion			

Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Two - Organizations					2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.		Employer Identification Number: 56-1223384					Open to Public Inspection	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
WNC Jewish Federation, P.O. Box 7126 Asheville, NC 28802	56-6047594	501(c)(3)	12,405	0	BOOK		Religion	
World of Montecristo Relief Organization, c/o Altadis USA 5900 N. Andrews Ave Fort Lauderdale, FL 33309	65-0929260	501(c)(3)	12,000	0	BOOK		Assisting People in Need	
Yancey County Committee on Aging, P.O. Box 546 Burnsville, NC 28714	56-1458394	501(c)(3)	5,000	0	BOOK		Assisting People in Need	
Yancey County Schools, P.O. Box 190 Burnsville, NC 28714	56-6001138	501(c)(3)	8,747	0	BOOK		Improving Educational Opportunities	
Yancey-Mitchell Pillars, P.O. Box 771 Burnsville, NC 28714	26-4023196	501(c)(3)	6,000	0	BOOK		Building Community & Economic Vitality	
YMCA of Western North Carolina, 53 Ashland Avenue Suite 105 Asheville, NC 28801	56-0530013	501(c)(3)	16,200	0	BOOK		Promoting Quality Health	
YMCA of Western North Carolina - McDowell, 348 Grace Corpening Drive Marion, NC 28752	56-0530013	501(c)(3)	25,000	0	BOOK		Promoting Quality Health	
YMCA South Dakota General Convention, P.O. Box 218 Dupree, SD 57623-0218	46-0336514	501(c)(3)	5,100	0	BOOK		Building Community & Economic Vitality	
Young Life, 199-A Elkwood Avenue Asheville, NC 28804	84-0385934	501(c)(3)	24,706	0	BOOK		Religion	
Youth Empowerment of Rutherford County, P.O. Box 252 Spindale, NC 28160	56-2184997	501(c)(3)	50,250	0	BOOK		Assisting People in Need	
YWCA of Asheville, 185 S. French Broad Avenue Asheville, NC 28801	56-0547476	501(c)(3)	31,504	0	BOOK		Building Community & Economic Vitality	
Totals:	227		6,338,144					

Schedule I-1 (Form 990)		Continuation Sheet for Schedule I			2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.		Part Three - Individuals			Employer Identification Number: 56-1223384	
(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 non-cash assistance	
Financial Assistance for students attending AB Tech Continuing Education	1	500	0	Book		
Financial Assistance for students attending Appalachian State University	9	10,300	0	Book		
Financial Assistance for students attending Asheville-Buncombe Technical Community College	6	5,000	0	Book		
Financial Assistance for students attending Auburn University	2	6,000	0	Book		
Financial Assistance for students attending Baker University	1	1,000	0	Book		
Financial Assistance for students attending Baylor University	1	5,000	0	Book		
Financial Assistance for students attending Brevard College	1	500	0	Book		
Financial Assistance for students attending Brown University	1	5,000	0	Book		
Financial Assistance for students attending Bryan College	1	3,000	0	Book		
Financial Assistance for students attending Campbell University	3	3,000	0	Book		
Financial Assistance for students attending Carleton College	1	12,000	0	Book		
Financial Assistance for students attending Carson-Newman College	1	3,000	0	Book		
Financial Assistance for students attending Clemson University	2	4,000	0	Book		

Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Three - Individuals			2010	
Name of Organization: The Community Foundation of Western North Carolina, Inc.		Employer Identification Number: 56-1223384				
(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 non-cash assistance	
Financial Assistance for students attending Colorado College	2	6,000	0	Book		
Financial Assistance for students attending Covenant College	1	1,000	0	Book		
Financial Assistance for students attending Davidson College	1	5,000	0	Book		
Financial Assistance for students attending East Carolina University	1	500	0	Book		
Financial Assistance for students attending East Tennessee State University	2	2,000	0	Book		
Financial Assistance for students attending Florida State University	1	1,000	0	Book		
Financial Assistance for students attending Gardner-Webb University	2	2,000	0	Book		
Financial Assistance for students attending Guilford College	1	1,500	0	Book		
Financial Assistance for students attending Harvard University	3	16,000	0	Book		
Financial Assistance for students attending High Point University	3	3,400	0	Book		
Financial Assistance for students attending Isothermal Community College	1	750	0	Book		
Financial Assistance for students attending Lee University	2	2,000	0	Book		
Financial Assistance for students attending Lenoir Rhyne College	2	2,000	0	Book		

Schedule I-1 (Form 990)				2010		
Continuation Sheet for Schedule I Part Three - Individuals						
Name of Organization: The Community Foundation of Western North Carolina, Inc.				Employer Identification Number: 56-1223384		
(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 non-cash assistance	
Financial Assistance for students attending Life University School of Chiropractic	1	1,200	0	Book		
Financial Assistance for students attending Mars Hill College	1	1,000	0	Book		
Financial Assistance for students attending Massachusetts Institute of Technology	1	1,000	0	Book		
Financial Assistance for students attending Maryland Community College	3	4,500	0	Book		
Financial Assistance for students attending Montreat College	1	3,500	0	Book		
Financial Assistance for students attending NC State University	17	33,400	0	Book		
Financial Assistance for students attending North Georgia College & State University	1	1,000	0	Book		
Financial Assistance for students attending North Greenville University	1	2,000	0	Book		
Financial Assistance for students attending Oberlin College	1	12,000	0	Book		
Financial Assistance for students attending Queens University	2	4,000	0	Book		
Financial Assistance for students attending Saint Mary's College	1	1,000	0	Book		
Financial Assistance for students attending Savannah College of Art & Design	1	1,500	0	Book		
Financial Assistance for students attending Southwestern Community College	5	7,750	0	Book		

						2010
Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Three - Individuals				
Name of Organization: The Community Foundation of Western North Carolina, Inc.		Employer Identification Number: 56-1223384				
(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 non-cash assistance	
Financial Assistance for students attending UNC Asheville	4	7,150	0	Book		
Financial Assistance for students attending UNC-Chapel Hill	28	59,750	0	Book		
Financial Assistance for students attending UNC-Charlotte	5	6,000	0	Book		
Financial Assistance for students attending UNC-Greensboro	3	4,250	0	Book		
Financial Assistance for students attending UNC-Wilmington	1	1,300	0	Book		
Financial Assistance for students attending University of Notre Dame	3	9,000	0	Book		
Financial Assistance for students attending University of Oregon	1	4,500	0	Book		
Financial Assistance for students attending University of South Carolina	2	6,000	0	Book		
Financial Assistance for students attending University of Tennessee	1	2,000	0	Book		
Financial Assistance for students attending Wake Forest University	5	24,000	0	Book		
Financial Assistance for students attending Walters State Community College	1	1,200	0	Book		
Financial Assistance for students attending Warren Wilson College	1	1,000	0	Book		
Financial Assistance for students attending Western Carolina University	14	23,800	0	Book		

Schedule I-1 (Form 990)		Continuation Sheet for Schedule I Part Three - Individuals				2010
Name of Organization: The Community Foundation of Western North Carolina, Inc.		Employer Identification Number: 56-1223384				
(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 non-cash assistance	
Financial Assistance for students attending Wingate University	1	500	0	Book		
Financial Assistance for students attending Wofford College	1	750	0	Book		
Totals	159	326,500	0			

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	Employer identification number 56-1223384
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions PO BOX 1888	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHEVILLE, NC 28802	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return 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 books are in the care of ► **P O BOX 1888 - ASHEVILLE, NC 28802**

Telephone No. ► **828-254-4960**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1-2011)