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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

**2012**Open to Public  
Inspection

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

**A** For the **2012** calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013****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

**4 VANDERBILT PARK DRIVE****300**

City, town, or post office, state, and ZIP code

**ASHEVILLE, NC 28803****F** Name and address of principal officer: **ELIZABETH BRAZAS  
SAME AS C ABOVE****D** Employer identification number**56-1223384****E** Telephone number**828-254-4960****G** Gross receipts \$ **32,711,036.****H(a)** Is this a group returnfor 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. <b>PLEASE REFER TO SCHEDULE O FOR ORGANIZATION'S MISSION STATEMENT.</b> |              |                           |              |              |                             |  |
| 2                       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.             |              |                           |              |              |                             |  |
| 3                       | Number of voting members of the governing body (Part VI, line 1a)                                                                                   | 3            |                           | 25           |              |                             |  |
| 4                       | Number of independent voting members of the governing body (Part VI, line 1b)                                                                       | 4            |                           | 25           |              |                             |  |
| 5                       | Total number of individuals employed in calendar year 2012 (Part V, line 2a)                                                                        | 5            |                           | 17           |              |                             |  |
| 6                       | Total number of volunteers (estimate if necessary)                                                                                                  | 6            |                           | 75           |              |                             |  |
| 7a                      | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                | 7a           |                           | 0.           |              |                             |  |
| 7b                      | Net unrelated business taxable income from Form 990-T, line 34                                                                                      | 7b           |                           | 0.           |              |                             |  |
| 8                       | Contributions and grants (Part VIII, line 1h)                                                                                                       | 22,530,792.  | Prior Year                | 16,389,983.  | Current Year |                             |  |
| 9                       | Program service revenue (Part VIII, line 2g)                                                                                                        | 0.           |                           | 0.           |              |                             |  |
| 10                      | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                       | 3,090,888.   |                           | 5,185,004.   |              |                             |  |
| 11                      | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                            | 494,084.     |                           | 601,553.     |              |                             |  |
| 12                      | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                  | 26,115,764.  |                           | 22,176,540.  |              |                             |  |
| 13                      | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                    | 11,108,547.  |                           | 9,196,375.   |              |                             |  |
| 14                      | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                       | 0.           |                           | 0.           |              |                             |  |
| 15                      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                   | 1,312,626.   |                           | 1,394,358.   |              |                             |  |
| 16a                     | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                       | 0.           |                           | 0.           |              |                             |  |
| b                       | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>477,149.</b>                                                                         |              |                           |              |              |                             |  |
| 17                      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                        | 1,260,993.   |                           | 1,263,750.   |              |                             |  |
| 18                      | Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                          | 13,682,166.  |                           | 11,854,483.  |              |                             |  |
| 19                      | Revenue less expenses. Subtract line 18 from line 12                                                                                                | 12,433,598.  |                           | 10,322,057.  |              |                             |  |
| 20                      | Total assets (Part X, line 16)                                                                                                                      | 184,694,972. | Beginning of Current Year | 211,579,611. | End of Year  |                             |  |
| 21                      | Total liabilities (Part X, line 26)                                                                                                                 | 46,688,646.  |                           | 53,132,704.  |              |                             |  |
| 22                      | Net assets or fund balances. Subtract line 21 from line 20                                                                                          | 138,006,326. |                           | 158,446,907. |              |                             |  |

**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                 | 2/17/2014        |
|           | <b>GRAHAM KEEVER, CHIEF FINANCIAL OFFICER</b><br>Type or print name and title |                      |                  |
| Paid      | Print/Type preparer's name                                                    | Preparer's signature | Date             |
| Preparer  | <b>SCOTT HUGHES</b>                                                           | <i>Scott Hughes</i>  | 02/14/14         |
| Use Only  | Firm's name ▶                                                                 | Firm's EIN ▶         | PTIN             |
|           | <b>JOHNSON PRICE SPRINKLE PA</b>                                              | <b>56-1169449</b>    | <b>P00146040</b> |
|           | Firm's address ▶                                                              | Phone no.            |                  |
|           | <b>79 WOODFIN PLACE, SUITE 300<br/>ASHEVILLE, NC 28801</b>                    | <b>828-254-2374</b>  |                  |

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

☐ Yes ☒ No

SCANNED MAR 11 2014

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**Part III** Statement of Program Service Accomplishments

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

**4a** (Code ) (Expenses \$ **10,668,791.** including grants of \$ **9,196,375.** ) (Revenue \$ )  
**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 **10,668,791.**

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

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**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                           | Yes      | No       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                                                                      | <b>X</b> |          |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?                                                                                                                                                                                                                           | <b>X</b> |          |
| <b>3</b> 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>                                                                                                                      |          | <b>X</b> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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>                                                                                                       | <b>X</b> |          |
| <b>5</b> 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>                                                                               |          | <b>X</b> |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>                                                    | <b>X</b> |          |
| <b>7</b> 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>                                                                                            |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                         |          | <b>X</b> |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |          | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                     | <b>X</b> |          |
| <b>11</b> 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.                                                                                                                                                                 |          |          |
| <b>a</b> 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>                                                                                                                                                                       | <b>X</b> |          |
| <b>b</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>                                                                                                   |          | <b>X</b> |
| <b>c</b> 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>                                                                                                   |          | <b>X</b> |
| <b>d</b> 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>                                                                                                                      |          | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                                                                     | <b>X</b> |          |
| <b>f</b> 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>                                                            | <b>X</b> |          |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>                                                                                                                                                        | <b>X</b> |          |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>                                                                        |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                                        |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                    |          | <b>X</b> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |          | <b>X</b> |
| <b>15</b> 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>                                                                                    |          | <b>X</b> |
| <b>16</b> 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>                                                                                        |          | <b>X</b> |
| <b>17</b> 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>                                                                                                               |          | <b>X</b> |
| <b>18</b> 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>                                                                                                                           | <b>X</b> |          |
| <b>19</b> 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>                                                                                                                                                     |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                                                             |          | <b>X</b> |
| <b>b</b> <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>                                                                                                                                                                                              |          |          |

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OF WESTERN NORTH CAROLINA, INC.**

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**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                            | Yes      | No       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                                                         | <b>X</b> |          |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>                                                                                                           | <b>X</b> |          |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>                                                      | <b>X</b> |          |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>                            |          | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                                 |          |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                                                        |          |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                           |          |          |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>                                                                                                     |          | <b>X</b> |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>                                        |          | <b>X</b> |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>                                                                   |          | <b>X</b> |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> |          | <b>X</b> |
| <b>28</b> 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).                                                                                                                    |          |          |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                                                    | <b>X</b> |          |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                                 |          | <b>X</b> |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                     | <b>X</b> |          |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                                                                                  | <b>X</b> |          |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                  |          | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i>                                                                                                                                                                                     |          | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>                                                                                                                                                                      |          | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>                                                                                                                      |          | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>                                                                                                                                                                  | <b>X</b> |          |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                         |          | <b>X</b> |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                          |          |          |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                                                           |          | <b>X</b> |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>                                                                             |          | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                                                                                                                                                                                                   | <b>X</b> |          |

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

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**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                                                        | <b>1a</b> 14 |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                      | <b>1b</b> 0  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                              | <b>1c</b>    | X   |    |
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                                                       | <b>2a</b> 17 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                   | <b>2b</b>    | X   |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                        | <b>3a</b>    |     | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                     | <b>3b</b>    |     |    |
| <b>4a</b> 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)?                           | <b>4a</b>    |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                    |              |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                | <b>5a</b>    |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                      | <b>5b</b>    |     | X  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                    | <b>5c</b>    |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                                              | <b>6a</b>    |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                         | <b>6b</b>    |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |              |     |    |
| <b>a</b> 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?                                                                                                                       | <b>7a</b>    | X   |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                       | <b>7b</b>    | X   |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                  | <b>7c</b>    |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                    | <b>7d</b>    |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                       | <b>7e</b>    |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                          | <b>7f</b>    |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                      | <b>7g</b>    |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                    | <b>7h</b>    |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <b>8</b>     |     | X  |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |              |     |    |
| <b>a</b> Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                               | <b>9a</b>    |     | X  |
| <b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                | <b>9b</b>    |     | X  |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                              |              |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                             | <b>10a</b>   |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                          | <b>10b</b>   |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                             |              |     |    |
| <b>a</b> Gross income from members or shareholders.                                                                                                                                                                                                                            | <b>11a</b>   |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                                          | <b>11b</b>   |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                          | <b>12a</b>   |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                | <b>12b</b>   |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                     |              |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                      | <b>13a</b>   |     |    |
| <b>b</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.                                                                                                            | <b>13b</b>   |     |    |
| <b>c</b> Enter the amount of reserves on hand.                                                                                                                                                                                                                                 | <b>13c</b>   |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                          | <b>14a</b>   |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                            | <b>14b</b>   |     |    |

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

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

☒ **X**

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                    | Yes       | No       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | <b>25</b> |          |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                                                                                                        | <b>25</b> |          |
| <b>2</b> 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?                                                                                                                                     | <b>2</b>  | <b>X</b> |
| <b>3</b> 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?                                                                                      | <b>3</b>  | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                          | <b>4</b>  | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                                | <b>5</b>  | <b>X</b> |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                                                                                                        | <b>6</b>  | <b>X</b> |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                                                                                                       | <b>7a</b> | <b>X</b> |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                                                                                                                 | <b>7b</b> | <b>X</b> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                         |           |          |
| <b>a</b> The governing body?                                                                                                                                                                                                                                                                                       | <b>8a</b> | <b>X</b> |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                     | <b>8b</b> | <b>X</b> |
| <b>9</b> 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                                                                                              | <b>9</b>  | <b>X</b> |

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

|                                                                                                                                                                                                                                                                                                       | Yes        | No       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                         | <b>10a</b> | <b>X</b> |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                   | <b>10b</b> | <b>X</b> |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                | <b>11a</b> | <b>X</b> |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                |            |          |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                    | <b>12a</b> | <b>X</b> |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | <b>12b</b> | <b>X</b> |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | <b>12c</b> | <b>X</b> |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                   | <b>13</b>  | <b>X</b> |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                              | <b>14</b>  | <b>X</b> |
| <b>15</b> 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?                                                                        |            |          |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | <b>15a</b> | <b>X</b> |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                          | <b>15b</b> | <b>X</b> |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                                                                                   |            |          |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                      | <b>16a</b> | <b>X</b> |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | <b>16b</b> |          |

**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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☒ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

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

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

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                |                                                                                     | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) MAUREAN B. ADAMS<br>DIRECTOR               | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (2) LAURENCE WEISS<br>DIRECTOR                 | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (3) DAVID DIMLING<br>DIRECTOR                  | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (4) ERNEST E. FERGUSON<br>CHAIRPERSON          | 1.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (5) THOMAS L. FINGER<br>DIRECTOR               | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (6) JOHN N. FLEMING<br>DIRECTOR                | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (7) JENNIE EBLEN<br>DIRECTOR                   | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (8) HOWELL A. HAMMOND<br>DIRECTOR              | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (9) JOHN G. KELSO<br>DIRECTOR                  | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (10) T. WOOD LOVELL<br>DIRECTOR                | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (11) TINA MCGUIRE<br>DIRECTOR                  | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (12) ANNA S.(CANDY) SHIVERS<br>DIRECTOR        | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (13) JAMES W. STICKNEY, IV<br>VICE-CHAIRPERSON | 1.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (14) JERRY STONE<br>DIRECTOR                   | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (15) DARRYL HART<br>DIRECTOR                   | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (16) A.C. HONEYCUTT, JR<br>DIRECTOR            | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (17) LOWELL R. PEARLMAN<br>DIRECTOR            | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                     | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (18) LOUISE W. BAKER<br>DIRECTOR                               | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (19) VIRGINIA LITZENBERGER<br>DIRECTOR                         | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (20) RAMONA C. ROWE<br>DIRECTOR                                | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (21) GEORGE SAENGER<br>DIRECTOR                                | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (22) MARLA ADAMS<br>DIRECTOR                                   | 1.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (23) G. EDWARD TOWSON, II<br>TREASURER                         | 1.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (24) TERRY VAN DUYN<br>SECRETARY                               | 1.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (25) CHARLES FREDERICK<br>DIRECTOR                             | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (26) NAOMI DAVIS<br>ASSISTANT TREASURER                        | 40.00                                                                               |                                                                                                              |                       | X       |              |                              |        | 42,005.                                                              | 0.                                                                        | 18,329.                                                                                       |
| <b>1b Sub-total</b>                                            |                                                                                     |                                                                                                              |                       |         |              |                              |        | 42,005.                                                              | 0.                                                                        | 18,329.                                                                                       |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                     |                                                                                                              |                       |         |              |                              |        | 482,363.                                                             | 0.                                                                        | 91,404.                                                                                       |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                     |                                                                                                              |                       |         |              |                              |        | 524,368.                                                             | 0.                                                                        | 109,733.                                                                                      |

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

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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|                 |                                                                                                                      |
|-----------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i> |
|-----------------|----------------------------------------------------------------------------------------------------------------------|

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|                  |                             |
|------------------|-----------------------------|
| <b>Part VIII</b> | <b>Statement of Revenue</b> |
|------------------|-----------------------------|

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

|                                                           |                                  |                                                                                                                                    |                                                                                 | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512,<br>513, or 514 |
|-----------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------|-------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1 a                              | Federated campaigns                                                                                                                | 1a                                                                              |                      |                                                 |                                         |                                                                           |
|                                                           | b                                | Membership dues                                                                                                                    | 1b                                                                              |                      |                                                 |                                         |                                                                           |
|                                                           | c                                | Fundraising events                                                                                                                 | 1c                                                                              | 34,000.              |                                                 |                                         |                                                                           |
|                                                           | d                                | Related organizations                                                                                                              | 1d                                                                              |                      |                                                 |                                         |                                                                           |
|                                                           | e                                | Government grants (contributions)                                                                                                  | 1e                                                                              |                      |                                                 |                                         |                                                                           |
|                                                           | f                                | All other contributions, gifts, grants, and<br>similar amounts not included above                                                  | 1f                                                                              | 16,355,983.          |                                                 |                                         |                                                                           |
|                                                           | g                                | Noncash contributions included in lines 1a-1f \$                                                                                   |                                                                                 | 3,644,554.           |                                                 |                                         |                                                                           |
|                                                           | h                                | Total. Add lines 1a-1f                                                                                                             |                                                                                 | 16,389,983.          |                                                 |                                         |                                                                           |
|                                                           | Program Service<br>Revenue       | 2 a                                                                                                                                |                                                                                 | Business Code        |                                                 |                                         |                                                                           |
| 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<br>other similar amounts) |                      | 2,301,968.                                      |                                         |                                                                           |
|                                                           | 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<br>assets other than inventory                                                                          | (i) Securities                                                                  | (ii) Other           |                                                 |                                         |                                                                           |
|                                                           | b                                | Less. cost or other basis<br>and sales expenses                                                                                    |                                                                                 |                      |                                                 |                                         |                                                                           |
|                                                           | c                                | Gain or (loss)                                                                                                                     |                                                                                 |                      |                                                 |                                         |                                                                           |
|                                                           | d                                | Net gain or (loss)                                                                                                                 |                                                                                 |                      | 2,883,036.                                      |                                         | 2,883,036.                                                                |
|                                                           | 8 a                              | Gross income from fundraising events (not<br>including \$ 34,000. of<br>contributions reported on line 1c) See<br>Part IV, line 18 | a                                                                               | 92,637.              |                                                 |                                         |                                                                           |
|                                                           | b                                | Less. direct expenses                                                                                                              | b                                                                               | 61,374.              |                                                 |                                         |                                                                           |
|                                                           | c                                | Net income or (loss) from fundraising events                                                                                       |                                                                                 |                      | 31,263.                                         |                                         | 31,263.                                                                   |
|                                                           | 9 a                              | Gross income from gaming activities. See<br>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<br>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                                                                          | 345,504.             |                                                 |                                         | 345,504.                                                                  |
|                                                           | b                                | MISCELLANEOUS REVENUE                                                                                                              | 900099                                                                          | 224,786.             |                                                 |                                         | 224,786.                                                                  |
| c                                                         |                                  |                                                                                                                                    |                                                                                 |                      |                                                 |                                         |                                                                           |
| d                                                         | All other revenue                |                                                                                                                                    |                                                                                 |                      |                                                 |                                         |                                                                           |
| e                                                         | Total. Add lines 11a-11d         |                                                                                                                                    | 570,290.                                                                        |                      |                                                 |                                         |                                                                           |
| 12                                                        | Total revenue. See instructions. |                                                                                                                                    | 22,176,540.                                                                     | 0.                   | 0.                                              | 5,786,557.                              |                                                                           |

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

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**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                               | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21                                                                                             | 8,876,025.            | 8,876,025.                      |                                        |                             |
| <b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22                                                                                                               | 320,350.              | 320,350.                        |                                        |                             |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16                                                                  |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                            | 657,822.              | 242,419.                        | 268,441.                               | 146,962.                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                       |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages                                                                                                                                                                            | 514,964.              | 394,945.                        | 63,001.                                | 57,018.                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                  |                       |                                 |                                        |                             |
| <b>9</b> Other employee benefits                                                                                                                                                                             | 146,071.              | 101,191.                        | 23,956.                                | 20,924.                     |
| <b>10</b> Payroll taxes                                                                                                                                                                                      | 75,501.               | 42,280.                         | 20,346.                                | 12,875.                     |
| <b>11</b> Fees for services (non-employees).                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>a</b> Management                                                                                                                                                                                          | 7,823.                | 4,381.                          | 2,108.                                 | 1,334.                      |
| <b>b</b> Legal                                                                                                                                                                                               | 42,527.               | 23,815.                         | 11,460.                                | 7,252.                      |
| <b>c</b> Accounting                                                                                                                                                                                          | 41,079.               | 23,004.                         | 11,070.                                | 7,005.                      |
| <b>d</b> Lobbying                                                                                                                                                                                            |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                             |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees                                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)                                                                                             | 278,986.              | 156,231.                        | 75,180.                                | 47,575.                     |
| <b>12</b> Advertising and promotion                                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>13</b> Office expenses                                                                                                                                                                                    | 39,828.               | 22,303.                         | 10,733.                                | 6,792.                      |
| <b>14</b> Information technology                                                                                                                                                                             |                       |                                 |                                        |                             |
| <b>15</b> Royalties                                                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>16</b> Occupancy                                                                                                                                                                                          | 101,412.              | 56,790.                         | 27,328.                                | 17,294.                     |
| <b>17</b> Travel                                                                                                                                                                                             | 22,411.               | 12,550.                         | 6,039.                                 | 3,822.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                     |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings                                                                                                                                                             | 88,968.               | 49,821.                         | 23,975.                                | 15,172.                     |
| <b>20</b> Interest                                                                                                                                                                                           | 20,854.               | 11,678.                         | 5,620.                                 | 3,556.                      |
| <b>21</b> Payments to affiliates                                                                                                                                                                             |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization                                                                                                                                                          | 43,045.               | 24,105.                         | 11,600.                                | 7,340.                      |
| <b>23</b> Insurance                                                                                                                                                                                          | 26,028.               | 14,575.                         | 7,014.                                 | 4,439.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |                                        |                             |
| <b>a</b> <u>CONTRACT SERVICES</u>                                                                                                                                                                            | 236,502.              | 132,440.                        | 63,731.                                | 40,331.                     |
| <b>b</b> <u>TRAINING/STAFF DEVELOPM</u>                                                                                                                                                                      | 73,522.               | 41,171.                         | 19,813.                                | 12,538.                     |
| <b>c</b> <u>EQUIPMENT MAINTENANCE</u>                                                                                                                                                                        | 54,453.               | 30,493.                         | 14,674.                                | 9,286.                      |
| <b>d</b> <u>OTHER EXPENSE</u>                                                                                                                                                                                | 49,000.               | 27,440.                         | 13,204.                                | 8,356.                      |
| <b>e</b> All other expenses                                                                                                                                                                                  | 137,312.              | 60,784.                         | 29,250.                                | 47,278.                     |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                          | 11,854,483.           | 10,668,791.                     | 708,543.                               | 477,149.                    |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |                                        |                             |

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

Form 990 (2012)

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**Part X Balance Sheet**

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

|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                            | (A)<br>Beginning of year                                                                                                                                          |              | (B)<br>End of year |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|
| <b>Assets</b>                                                                                                                            | <b>1</b> Cash - non-interest-bearing                                                                                                                                                                                                                                                                                       | 575.                                                                                                                                                              | <b>1</b>     | 575.               |
|                                                                                                                                          | <b>2</b> Savings and temporary cash investments                                                                                                                                                                                                                                                                            | 5,801,362.                                                                                                                                                        | <b>2</b>     | 1,955,523.         |
|                                                                                                                                          | <b>3</b> Pledges and grants receivable, net                                                                                                                                                                                                                                                                                | 287,500.                                                                                                                                                          | <b>3</b>     | 168,302.           |
|                                                                                                                                          | <b>4</b> Accounts receivable, net                                                                                                                                                                                                                                                                                          | 90,134.                                                                                                                                                           | <b>4</b>     | 52,601.            |
|                                                                                                                                          | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                                                                                                                                               |                                                                                                                                                                   | <b>5</b>     |                    |
|                                                                                                                                          | <b>6</b> Loans and other 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 instr). Complete Part II of Sch L |                                                                                                                                                                   | <b>6</b>     |                    |
|                                                                                                                                          | <b>7</b> Notes and loans receivable, net                                                                                                                                                                                                                                                                                   |                                                                                                                                                                   | <b>7</b>     | 1,000,000.         |
|                                                                                                                                          | <b>8</b> Inventories for sale or use                                                                                                                                                                                                                                                                                       |                                                                                                                                                                   | <b>8</b>     |                    |
|                                                                                                                                          | <b>9</b> Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                             | 20,785.                                                                                                                                                           | <b>9</b>     | 16,749.            |
|                                                                                                                                          | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                                                             | 2,923,599.                                                                                                                                                        |              |                    |
|                                                                                                                                          | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                                                                                                                    | 219,629.                                                                                                                                                          |              |                    |
|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                            | 413,973.                                                                                                                                                          | <b>10c</b>   | 2,703,970.         |
|                                                                                                                                          | <b>11</b> Investments - publicly traded securities                                                                                                                                                                                                                                                                         | 172,248,505.                                                                                                                                                      | <b>11</b>    | 199,382,538.       |
|                                                                                                                                          | <b>12</b> Investments - other securities. See Part IV, line 11                                                                                                                                                                                                                                                             | 4,786,952.                                                                                                                                                        | <b>12</b>    | 5,586,167.         |
|                                                                                                                                          | <b>13</b> Investments - program-related. See Part IV, line 11                                                                                                                                                                                                                                                              |                                                                                                                                                                   | <b>13</b>    |                    |
|                                                                                                                                          | <b>14</b> Intangible assets                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   | <b>14</b>    |                    |
| <b>15</b> Other assets. See Part IV, line 11                                                                                             | 1,045,186.                                                                                                                                                                                                                                                                                                                 | <b>15</b>                                                                                                                                                         | 713,186.     |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)                                                               | 184,694,972.                                                                                                                                                                                                                                                                                                               | <b>16</b>                                                                                                                                                         | 211,579,611. |                    |
| <b>Liabilities</b>                                                                                                                       | <b>17</b> Accounts payable and accrued expenses                                                                                                                                                                                                                                                                            | 55,240.                                                                                                                                                           | <b>17</b>    | 80,189.            |
|                                                                                                                                          | <b>18</b> Grants payable                                                                                                                                                                                                                                                                                                   | 325,950.                                                                                                                                                          | <b>18</b>    | 309,250.           |
|                                                                                                                                          | <b>19</b> Deferred revenue                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                   | <b>19</b>    |                    |
|                                                                                                                                          | <b>20</b> Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                      |                                                                                                                                                                   | <b>20</b>    |                    |
|                                                                                                                                          | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                                                                                                            |                                                                                                                                                                   | <b>21</b>    |                    |
|                                                                                                                                          | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L                                                                                                                             |                                                                                                                                                                   | <b>22</b>    |                    |
|                                                                                                                                          | <b>23</b> Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                   |                                                                                                                                                                   | <b>23</b>    | 1,384,568.         |
|                                                                                                                                          | <b>24</b> Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                     |                                                                                                                                                                   | <b>24</b>    |                    |
|                                                                                                                                          | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D                                                                                                                                            | 46,307,456.                                                                                                                                                       | <b>25</b>    | 51,358,697.        |
|                                                                                                                                          | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                                                                | 46,688,646.                                                                                                                                                       | <b>26</b>    | 53,132,704.        |
|                                                                                                                                          | <b>Net Assets or Fund Balances</b>                                                                                                                                                                                                                                                                                         | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |              |                    |
| <b>27</b> Unrestricted net assets                                                                                                        |                                                                                                                                                                                                                                                                                                                            | <138,388.>                                                                                                                                                        | <b>27</b>    | 1,710,186.         |
| <b>28</b> Temporarily restricted net assets                                                                                              |                                                                                                                                                                                                                                                                                                                            | 53,416,201.                                                                                                                                                       | <b>28</b>    | 66,936,334.        |
| <b>29</b> Permanently restricted net assets                                                                                              |                                                                                                                                                                                                                                                                                                                            | 84,728,513.                                                                                                                                                       | <b>29</b>    | 89,800,387.        |
| <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b> |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   |              |                    |
| <b>30</b> Capital stock or trust principal, or current funds                                                                             |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   | <b>30</b>    |                    |
| <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund                                                               |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   | <b>31</b>    |                    |
| <b>32</b> Retained earnings, endowment, accumulated income, or other funds                                                               |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   | <b>32</b>    |                    |
| <b>33</b> <b>Total net assets or fund balances</b>                                                                                       |                                                                                                                                                                                                                                                                                                                            | 138,006,326.                                                                                                                                                      | <b>33</b>    | 158,446,907.       |
| <b>34</b> <b>Total liabilities and net assets/fund balances</b>                                                                          |                                                                                                                                                                                                                                                                                                                            | 184,694,972.                                                                                                                                                      | <b>34</b>    | 211,579,611.       |

Form **990** (2012)

**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  | 22,176,540.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 11,854,483.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | 10,322,057.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 138,006,326. |
| 5  | Net unrealized gains (losses) on investments                                                                   | 5  | 9,826,469.   |
| 6  | Donated services and use of facilities                                                                         | 6  |              |
| 7  | Investment expenses                                                                                            | 7  |              |
| 8  | Prior period adjustments                                                                                       | 8  |              |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                           | 9  | 292,055.     |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 158,446,907. |

**Part XII Financial Statements and Reporting**

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

☒

|                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                       | X   |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                  |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                                                                                                       |     |    |

Form 990 (2012)

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

2012

**Open to Public Inspection**

|                          |                                                             |
|--------------------------|-------------------------------------------------------------|
| Name of the organization | THE COMMUNITY FOUNDATION<br>OF WESTERN NORTH CAROLINA, INC. |
|--------------------------|-------------------------------------------------------------|

Employer identification number  
56-1223384

|               |                                                                                                        |
|---------------|--------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions. |
|---------------|--------------------------------------------------------------------------------------------------------|

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 - Non-functionally integrated

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) |     |    |

|          | 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) 2012

**THE COMMUNITY FOUNDATION**

Schedule A (Form 990 or 990-EZ) 2012 **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) 2008   | (b) 2009    | (c) 2010    | (d) 2011    | (e) 2012    | (f) Total   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-------------|-------------|-------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                                  | 8,270,573. | 12,005,499. | 12,624,210. | 12,310,792. | 16,389,983. | 61,601,057. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |            |             |             |             |             |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |            |             |             |             |             |             |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                        | 8,270,573. | 12,005,499. | 12,624,210. | 12,310,792. | 16,389,983. | 61,601,057. |
| <b>5</b> 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) |            |             |             |             |             | 9,690,438.  |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                         |            |             |             |             |             | 51,910,619. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                           | (a) 2008   | (b) 2009    | (c) 2010    | (d) 2011    | (e) 2012    | (f) Total   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-------------|-------------|-------------|-------------|
| <b>7</b> Amounts from line 4                                                                                                                                                                                            | 8,270,573. | 12,005,499. | 12,624,210. | 12,310,792. | 16,389,983. | 61,601,057. |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                 | 2,400,254. | 1,865,106.  | 2,311,165.  | 2,026,438.  | 2,301,968.  | 10,904,931. |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                             |            |             |             |             |             |             |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)                                                                                                                | 424,791.   | 475,633.    | 448,848.    | 494,085.    | 601,553.    | 2,444,910.  |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                                         |            |             |             |             |             | 74,950,898. |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)                                                                                                                                               |            |             |             |             | 12          |             |
| <b>13 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/> |            |             |             |             |             |             |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |              |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|----------|
| <b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                       | <b>14</b> | <b>69.26</b> | <b>%</b> |
| <b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                             | <b>15</b> | <b>74.27</b> | <b>%</b> |
| <b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>                                                                                                                                                                 |           |              |          |
| <b>b 33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>                                                                                                                                                                         |           |              |          |
| <b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>    |           |              |          |
| <b>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |           |              |          |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                                  |           |              |          |

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)                                                                                                                            |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                             | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (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**

|                                                                                                  |           |   |
|--------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                       |           |   |
|-------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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

**2012**

**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 35c (Proxy Tax), then

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

|                      |                                                                     |                                |                   |
|----------------------|---------------------------------------------------------------------|--------------------------------|-------------------|
| Name of organization | <b>THE COMMUNITY FOUNDATION<br/>OF WESTERN NORTH CAROLINA, INC.</b> | Employer identification number | <b>56-1223384</b> |
|----------------------|---------------------------------------------------------------------|--------------------------------|-------------------|

**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) 2012

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**THE COMMUNITY FOUNDATION**

Schedule C (Form 990 or 990-EZ) 2012 **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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (a) Filing organization's totals                   | (b) Affiliated group totals                              |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0.                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0.                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0.                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>f</b> 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="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.                                       |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0.                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990 or 990-EZ) 2012

**THE COMMUNITY FOUNDATION**

Schedule C (Form 990 or 990-EZ) 2012 **OF WESTERN NORTH CAROLINA, INC.**

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|                                                                                                                                                                                                                                        | (a) |    | (b)    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                        | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers?                                                                                                                                                                                                                   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                  |     |    |        |
| <b>c</b> Media advertisements?                                                                                                                                                                                                         |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?                                                                                                                                                                              |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?                                                                                                                                                                           |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?                                                                                                                                                                          |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                     |     |    |        |
| <b>i</b> Other activities?                                                                                                                                                                                                             |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i.                                                                                                                                                                                               |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                             |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                    |     |    |        |
| <b>d</b> 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 |
|------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      |     |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 |     |    |
| <b>3</b> Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

|                                                                                                                                                                                                                                                     |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members                                                                                                                                                                                         | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |           |  |
| <b>a</b> Current year                                                                                                                                                                                                                               | <b>2a</b> |  |
| <b>b</b> Carryover from last year                                                                                                                                                                                                                   | <b>2b</b> |  |
| <b>c</b> Total                                                                                                                                                                                                                                      | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | <b>3</b>  |  |
| <b>4</b> 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? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | <b>5</b>  |  |

**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; Part II-A (affiliated group list); Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

**PART I-B, LINE 4B:**

COMMUNITY FOUNDATION OF WNC IS THE FISCAL SPONSOR FOR WNC NONPROFIT PATHWAYS. WNC NONPROFIT PATHWAYS INDEPENDENT CONTRACTORS SENT OUT THE NC CENTER FOR NONPROFITS A CALL TO ACTION UNDER THEIR WEBSITE AND LOGO. COMMUNITY FOUNDATION SENT EMAIL TO FUNDERS AND NONPROFIT ORGANIZATIONS TO GET THE INFORMATION OUT ABOUT THE BUDGET AND CALL TO ACTION.

THE COMMUNITY FOUNDATION

Schedule C (Form 990 or 990-EZ) 2012 OF WESTERN NORTH CAROLINA, INC.

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**Part IV** Supplemental Information *(continued)*

AN OP-ED WAS PREPARED AND SUBMITTED IN A LOCAL NEWSPAPER WHICH INCLUDED  
A CALL TO ACTION REGARDING THE PROPOSED BUDGET WITH SPECIFIC ATTENTION  
TO EARLY CHILDHOOD DEVELOPMENT PROGRAMS.

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2012**

**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              | 370                     |                              |
| 2 Aggregate contributions to (during year) | 13,490,295.             |                              |
| 3 Aggregate grants from (during year)      | 7,107,387.              |                              |
| 4 Aggregate value at end of year           | 69,343,559.             |                              |

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).

|                                                                                              |                                                                              |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" 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 XIII, 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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ 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 XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**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                     | 84,265,406.      | 82,344,128.    | 69,804,739.        | 61,948,662.          | 72,516,109.         |
| b Contributions                                  | 4,076,063.       | 5,005,283.     | 2,852,128.         | 2,408,279.           | 5,821,784.          |
| c Net investment earnings, gains, and losses     | 9,652,930.       | <148,858.>     | 12,754,540.        | 8,087,690.           | <13,369,441.>       |
| d Grants or scholarships                         | 2,815,551.       | 2,267,488.     | 2,491,289.         | 1,618,875.           | 2,373,887.          |
| e Other expenditures for facilities and programs | 60.              | 178,506.       | 150,567.           | 139,203.             | 27,230.             |
| f Administrative expenses                        |                  | 489,153.       | 425,423.           | 742,653.             | 618,673.            |
| g End of year balance                            | 95,178,788.      | 84,265,406.    | 82,344,128.        | 69,804,739.          | 61,948,662.         |

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

a Board designated or quasi-endowment ☐ %b Permanent endowment ☒ 85.58 %c Temporarily restricted endowment ☒ 14.42 %

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

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

(i) unrelated organizations

(ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | X  |
| 3a(ii) |     | X  |
| 3b     |     |    |

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

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

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

| Description of property                                                                                  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|----------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                                  |                                      |                                 |                              |                |
| b Buildings                                                                                              |                                      | 2,594,272.                      | 27,024.                      | 2,567,248.     |
| c Leasehold improvements                                                                                 |                                      |                                 |                              |                |
| d Equipment                                                                                              |                                      | 167,679.                        | 144,803.                     | 22,876.        |
| e Other                                                                                                  |                                      | 161,648.                        | 47,802.                      | 113,846.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 2,703,970.     |

Schedule D (Form 990) 2012

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

**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)                                                                       |                |                                                           |
| <b>Total.</b> (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)                                                                      |                |                                                           |
| <b>Total.</b> (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)                                                                        |                |
| <b>Total.</b> (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) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                    |                |
| (2) FUNDS HELD AS AGENCY ENDOWMENTS                                         | 45,671,842.    |
| (3) LIABILITY UNDER TRUST AGREEMENTS                                        | 5,421,423.     |
| (4) RETAINAGE PAYABLE                                                       | 265,432.       |
| (5)                                                                         |                |
| (6)                                                                         |                |
| (7)                                                                         |                |
| (8)                                                                         |                |
| (9)                                                                         |                |
| (10)                                                                        |                |
| (11)                                                                        |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |
|                                                                             | 51,358,697.    |

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

Schedule D (Form 990) 2012

56-1223384 Page 4

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

|          |                                                                                                |           |             |
|----------|------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 32,295,064. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains on investments                                                            | <b>2a</b> | 9,826,469.  |
| <b>b</b> | Donated services and use of facilities                                                         | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants                                                                | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)                                                                 | <b>2d</b> | 292,055.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>                                                          | <b>2e</b> | 10,118,524. |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>                                                     | <b>3</b>  | 22,176,540. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)                                                                 | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>                                                              | <b>4c</b> | 0.          |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 22,176,540. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |                                                                                                 |           |             |
|----------|-------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 11,854,483. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |             |
| <b>a</b> | Donated services and use of facilities                                                          | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments                                                                          | <b>2b</b> |             |
| <b>c</b> | Other losses                                                                                    | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)                                                                  | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>                                                           | <b>2e</b> | 0.          |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>                                                      | <b>3</b>  | 11,854,483. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)                                                                  | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>                                                               | <b>4c</b> | 0.          |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 11,854,483. |

**Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE FOUNDATION HAS BEEN CLASSIFIED AS A**

**PUBLICLY-SUPPORTED CHARITABLE FOUNDATION UNDER THE INTERNAL REVENUE CODE**

**SECTION 501(C)(3). AS A PUBLICLY-SUPPORTED CHARITY, THE FOUNDATION IS**

**EXEMPT FROM FEDERAL AND STATE INCOME TAXES AND FEDERAL EXCISE TAXES UNDER**

**SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE. IT IS THE FOUNDATION'S**

**POLICY TO EVALUATE ALL TAX POSITIONS TO IDENTIFY ANY THAT MAY BE**

**CONSIDERED UNCERTAIN. ALL IDENTIFIED MATERIAL TAX POSITIONS ARE ASSESSED**

**AND MEASURED BY A "MORE-LIKELY-THAN-NOT" THRESHOLD TO DETERMINE IF THE TAX**

Schedule D (Form 990) 2012

**Part XIII** Supplemental Information (continued)

POSITION IS UNCERTAIN, AND WHAT, IF ANY, THE EFFECT THE UNCERTAIN TAX POSITION MAY HAVE ON THE FINANCIAL STATEMENTS. NO MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED FOR 2012 AND 2011. CURRENTLY, THE STATUTE OF LIMITATIONS REMAINS OPEN SUBSEQUENT TO AND INCLUDING 2009; 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 2D - OTHER ADJUSTMENTS:

|                                              |          |
|----------------------------------------------|----------|
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS | 292,055. |
|----------------------------------------------|----------|

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

# 2012

### 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 |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>Total</b>                                              |               |                                                                |    |                                   |                                                                  |                                                   |

**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) 2012 **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<br><b>POWER OF THE<br/>PURSE FUNDR</b><br>(event type) | (b) Event #2<br>(event type) | (c) Other events<br><b>NONE</b><br>(total number) | (d) Total events<br>(add col (a) through<br>col (c)) |
|-----------------|-----------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------|---------------------------------------------------|------------------------------------------------------|
|                 |                                                                       |                                                                     |                              |                                                   |                                                      |
| Revenue         | <b>1</b> Gross receipts                                               | 126,637.                                                            |                              |                                                   | 126,637.                                             |
|                 | <b>2</b> Less: Contributions                                          | 34,000.                                                             |                              |                                                   | 34,000.                                              |
|                 | <b>3</b> Gross income (line 1 minus line 2)                           | 92,637.                                                             |                              |                                                   | 92,637.                                              |
| Direct Expenses | <b>4</b> Cash prizes                                                  |                                                                     |                              |                                                   |                                                      |
|                 | <b>5</b> Noncash prizes                                               |                                                                     |                              |                                                   |                                                      |
|                 | <b>6</b> Rent/facility costs                                          | 48,081.                                                             |                              |                                                   | 48,081.                                              |
|                 | <b>7</b> Food and beverages                                           |                                                                     |                              |                                                   |                                                      |
|                 | <b>8</b> Entertainment                                                |                                                                     |                              |                                                   |                                                      |
|                 | <b>9</b> Other direct expenses                                        | 13,293.                                                             |                              |                                                   | 13,293.                                              |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) |                                                                     |                              |                                                   | ( 61,374 )                                           |
|                 | <b>11</b> Net income summary. Combine line 3, column (d), and line 10 |                                                                     |                              |                                                   | 31,263.                                              |

**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<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col (a) through col. (c)) |
|-----------------|--------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------|
| Revenue         | <b>1</b> Gross revenue                                                   |                                                                     |                                                                     |                                                                     |                                                    |
| Direct Expenses | <b>2</b> Cash prizes                                                     |                                                                     |                                                                     |                                                                     |                                                    |
|                 | <b>3</b> Noncash prizes                                                  |                                                                     |                                                                     |                                                                     |                                                    |
|                 | <b>4</b> Rent/facility costs                                             |                                                                     |                                                                     |                                                                     |                                                    |
|                 | <b>5</b> Other direct expenses                                           |                                                                     |                                                                     |                                                                     |                                                    |
|                 | <b>6</b> Volunteer labor                                                 | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                    |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)     |                                                                     |                                                                     |                                                                     | ( )                                                |
|                 | <b>8</b> 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) 2012 **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:
- |          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |
- 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)

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2012

**Open to Public Inspection**

Name of the organization

**THE COMMUNITY FOUNDATION**

OF WESTERN NORTH CAROLINA, INC.

|               |                                                     |
|---------------|-----------------------------------------------------|
| <b>Part I</b> | <b>General Information on Grants and Assistance</b> |
|---------------|-----------------------------------------------------|

**Employer identification number**  
**56-1223384**

**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?

**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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| <b>1 (a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance       |
|-------------------------------------------------------------|----------------|--------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| SEE SCHEDULE I, PART II ATTACHMENT FOR DETAILS.             |                |                                      | 7,804,098.                      | 0.                                       |                                                              |                                               | SEE SCHEDULE I, PART II ATTACHMENT FOR DETAILS. |
|                                                             |                |                                      |                                 |                                          |                                                              |                                               |                                                 |
|                                                             |                |                                      |                                 |                                          |                                                              |                                               |                                                 |
|                                                             |                |                                      |                                 |                                          |                                                              |                                               |                                                 |
|                                                             |                |                                      |                                 |                                          |                                                              |                                               |                                                 |
|                                                             |                |                                      |                                 |                                          |                                                              |                                               |                                                 |

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

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

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

**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. | 146                      | 320,350.                 | 0.                                |                                                       |                                        |
|                                                  |                          |                          |                                   |                                                       |                                        |
|                                                  |                          |                          |                                   |                                                       |                                        |
|                                                  |                          |                          |                                   |                                                       |                                        |
|                                                  |                          |                          |                                   |                                                       |                                        |
|                                                  |                          |                          |                                   |                                                       |                                        |
|                                                  |                          |                          |                                   |                                                       |                                        |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 I-1 (Form 990)                                                                                 |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                        | 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)                                                  | 52,865                   | 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)                                                  | 70,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |                           |  |
| Adults Working and Advocating for Kids Empowerment (AWAKE), P.O. Box 755 Sylva, NC 28779                | 56-1796889 | 501(c)(3)                                                  | 6,000                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |                           |  |
| All Souls Counseling Center, 35 Arlington Street Asheville, NC 28801                                    | 56-2200862 | 501(c)(3)                                                  | 58,320                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |                           |  |
| Alzheimer's Association - Western North Carolina Chapter, 3800 Shamrock Drive Charlotte, NC 28215-3220  | 13-3039601 | 501(c)(3)                                                  | 5,174                    | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |                           |  |
| Amelia Island Concours d'Elegance Foundation, 3016 Mercury Road South Jacksonville, FL 32207            | 59-3643911 | 501(c)(3)                                                  | 7,500                    | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |                           |  |
| American Cancer Society, 120 Executive Park Building 1 Asheville, NC 28801                              | 13-1788491 | 501(c)(3)                                                  | 5,510                    | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |                           |  |
| American National Red Cross, P.O. Box 4002018 Des Moines, IA 50340-2018                                 | 53-0196605 | 501(c)(3)                                                  | 15,200                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |                           |  |
| American Red Cross-Asheville-Mountain Area Chapter, 100 Edgewood Road Asheville, NC 28804               | 53-0196605 | 501(c)(3)                                                  | 12,355                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |                           |  |
| Appalachian Sustainable Agriculture Project, 306 West Haywood Street Suite 200 Asheville, NC 28801-3105 | 06-1642769 | 501(c)(3)                                                  | 86,750                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |                           |  |

|                                                                                                      |            |                                                               |                          |                                   |                                                       |                                        |                                        |  |  | 2012 |  |                                            |  |
|------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|--|--|------|--|--------------------------------------------|--|
| 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     |  |  |      |  |                                            |  |
| Appalachian Therapeutic Riding Center,176 Chimney Ridge Lane Burnsville, NC 28714                    | 56-1530138 | 501(c)(3)                                                     | 7,200                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |  |  |      |  |                                            |  |
| Arden Presbyterian Church,2215 Hendersonville Road Arden, NC 28704                                   | 56-1273600 | 501(c)(3)                                                     | 22,600                   | 0                                 | BOOK                                                  |                                        | Religion                               |  |  |      |  |                                            |  |
| Arthur Morgan School,60 AMS Circle Burnsville, NC 28714                                              | 56-2257100 | 501(c)(3)                                                     | 5,000                    | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |  |  |      |  |                                            |  |
| Arts For Life,P.O. Box 788 Weaverville, NC 28787                                                     | 56-2250962 | 501(c)(3)                                                     | 10,500                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |  |  |      |  |                                            |  |
| Asheville Area Arts Council,P.O. Box 507 Asheville, NC 28802                                         | 58-1371546 | 501(c)(3)                                                     | 8,600                    | 0                                 | BOOK                                                  |                                        | Advancing the Arts                     |  |  |      |  |                                            |  |
| Asheville Area Center for the Performing Arts,P.O. Box 2745 Asheville, NC 28802                      | 51-0474679 | 501(c)(3)                                                     | 29,622                   | 0                                 | BOOK                                                  |                                        | Advancing the Arts                     |  |  |      |  |                                            |  |
| Asheville Area Chamber of Commerce Community Betterment Foundation,P.O. Box 1010 Asheville, NC 28802 | 56-1762978 | 501(c)(3)                                                     | 10,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |  |  |      |  |                                            |  |
| Asheville Area Habitat for Humanity, Inc.,33 Meadow Road Asheville, NC 28803                         | 56-1363464 | 501(c)(3)                                                     | 67,200                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |  |  |      |  |                                            |  |
| Asheville Art Museum Association, Inc.,P.O. Box 1717 Asheville, NC 28802-1717                        | 56-6060776 | 501(c)(3)                                                     | 26,300                   | 0                                 | BOOK                                                  |                                        | Advancing the Arts                     |  |  |      |  |                                            |  |
| Asheville Christian Academy,74 Riverwood Road Swannanoa, NC 28778                                    | 56-0889168 | 501(c)(3)                                                     | 20,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |  |  |      |  |                                            |  |

| Schedule I-1 (Form 990)                                                                                    |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                        |
|------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| 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 City Schools Foundation, P.O. Box 3196 Asheville, NC 28802                                       | 58-1836982 | 501(c)(3)                                                  | 21,402                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| Asheville Contemporary Dance Theatre - ACDT, 20 Commerce Street Asheville, NC 28801                        | 56-1287954 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Advancing the Arts                     |
| Asheville GreenWorks, P.O. Box 22 Asheville, NC 28802                                                      | 56-1672870 | 501(c)(3)                                                  | 16,250                   | 0                                 | BOOK                                                  |                                        | Enhancing the Environment              |
| Asheville High School, 419 McDowell Street Asheville, NC 28803                                             | 56-6001809 | 501(c)(3)                                                  | 10,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| Asheville Humane Society, 14 Forever Friend Lane Asheville, NC 28806                                       | 56-1444098 | 501(c)(3)                                                  | 32,950                   | 0                                 | BOOK                                                  |                                        | Animal Welfare                         |
| Asheville Lyric Opera, 39 S. Market Street Asheville, NC 28801                                             | 56-2167677 | 501(c)(3)                                                  | 17,372                   | 0                                 | BOOK                                                  |                                        | Advancing the Arts                     |
| Asheville School, Advancement Department 360 Asheville School Road Asheville, NC 28806                     | 56-0530248 | 501(c)(3)                                                  | 107,007                  | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| Asheville Symphony Society, P.O. Box 2852 Asheville, NC 28802                                              | 56-6060772 | 501(c)(3)                                                  | 39,872                   | 0                                 | BOOK                                                  |                                        | Advancing the Arts                     |
| Asheville-Buncombe Community Relations Council, 50 South French Broad Avenue Suite 204 Asheville, NC 28801 | 56-0940731 | 501(c)(3)                                                  | 8,000                    | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Asheville-Buncombe Sustainable Community Initiatives, One Page Avenue Suite 215 Asheville, NC 28801        | 27-1764086 | 501(c)(3)                                                  | 23,551                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |

| Schedule I-1 (Form 990)                                                                                              |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                     |
|----------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------|
| 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-Buncombe Technical Community College Foundation, 340 Victoria Road Fernihurst Building Asheville, NC 28801 | 56-1993458 | 501(c)(3)                                                  | 41,431                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| Assurance for Life, 1517 Nicholasville Road Doctors Park, Suite 405 Lexington, KY 40503                              | 31-1118102 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Promoting Quality Health            |
| Astronomy Club of Asheville, 75 Saint Dunstan's Circle Asheville, NC 28803                                           | 27-0957801 | 501(c)(3)                                                  | 277,000                  | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| Avery's Creek Elementary School PTO, 15 Park South Boulevard Arden, NC 28704                                         | 56-1958606 | 501(c)(3)                                                  | 5,250                    | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| Avery's Creek Elementary, 15 Park South Road Arden, NC 28704                                                         | 56-6000994 | 501(c)(3)                                                  | 7,500                    | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| Baptist Theological Seminary at Richmond, 3400 Brook Road Richmond, VA 23227                                         | 54-1510076 | 501(c)(3)                                                  | 25,000                   | 0                                 | BOOK                                                  |                                        | Religion                            |
| Barium Springs Home For Children, P.O. Box 1 Barium Springs, NC 28010-0001                                           | 56-0529993 | 501(c)(3)                                                  | 20,000                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need            |
| Beth HaTephila Congregation, 43 N. Liberty Street Asheville, NC 28801                                                | 56-0611573 | 501(c)(3)                                                  | 17,550                   | 0                                 | BOOK                                                  |                                        | Religion                            |
| Big Brothers Big Sisters of WNC, Inc., 50 South French Broad Avenue Suite 213 Asheville, NC 28801                    | 58-1505917 | 501(c)(3)                                                  | 31,350                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need            |
| Black Mountain College Museum & Arts Center, P.O. Box 18912 Asheville, NC 28814                                      | 58-2105570 | 501(c)(3)                                                  | 13,225                   | 0                                 | BOOK                                                  |                                        | Advancing the Arts                  |

| Schedule I-1 (Form 990)                                                                   |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       |                                        | 2012                                   |  |
|-------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|--|
| 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     |  |
| Black Mountain Home For Children,80 Lake Eden Road Black Mountain, NC 28711               | 56-0538018 | 501(c)(3)                                                  | 14,410                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |  |
| Black Mountain Parks and Greenways,101 Carver Avenue Black Mountain, NC 28711             | 27-1960712 | 501(c)(3)                                                  | 11,000                   | 0                                 | BOOK                                                  |                                        | Enhancing the Environment              |  |
| Black Mountain Presbyterian Church,P.O. Box 39 Black Mountain, NC 28711                   | 56-0747329 | 501(c)(3)                                                  | 8,500                    | 0                                 | BOOK                                                  |                                        | Religion                               |  |
| Blue Ridge Community Action Inc.,800 N. Green Street Morganton, NC 28655                  | 56-0855390 | 501(c)(3)                                                  | 24,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |  |
| Blue Ridge Community Health Services,P.O. Box 5151 Hendersonville, NC 28793               | 56-0794933 | 501(c)(3)                                                  | 21,000                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |  |
| Blue Ridge Mountains Health Project, Inc.,P.O. Box 451 Cashiers, NC 28717                 | 51-0509517 | 501(c)(3)                                                  | 60,250                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |  |
| Blue Ridge Orchestra,P.O. Box 256 Asheville, NC 28802-0256                                | 20-2900637 | 501(c)(3)                                                  | 30,000                   | 0                                 | BOOK                                                  |                                        | Advancing the Arts                     |  |
| Blue Ridge School,95 Bobcat Drive Cashiers, NC 28717                                      | 56-6001054 | 501(c)(3)                                                  | 16,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |  |
| Blue Ridge Sustainability Institute,14 South Pack Square Suite LL 100 Asheville, NC 28801 | 26-2926649 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Enhancing the Environment              |  |
| Bowman Middle School,410 South Mitchell Avenue Bakersville, NC 28705                      | 56-6001075 | 501(c)(3)                                                  | 5,600                    | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |  |

| Schedule I-1 (Form 990)                                                                      |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                        |
|----------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| 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     |
| Boys and Girls Clubs of America, 1275 Peachtree Street NE Atlanta, GA 30309                  | 13-5562976 | 501(c)(3)                                                  | 25,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Boys and Girls Club of Henderson County, P.O. Box 1460 Hendersonville, NC 28793              | 56-1803125 | 501(c)(3)                                                  | 117,500                  | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Boys and Girls Club of Southeast Georgia, P.O. Box 1193 Brunswick, GA 31521                  | 58-0973039 | 501(c)(3)                                                  | 50,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Boys and Girls Club of Transylvania County, P.O. Box 1360 Brevard, NC 28712                  | 56-2142829 | 501(c)(3)                                                  | 52,500                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Boys Club of New York, 287 East 10th Street New York, NY 10009                               | 13-5591750 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Brevard College, One Brevard College Drive Brevard, NC 28712                                 | 56-0532297 | 501(c)(3)                                                  | 15,121                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| Brevard Davidson River Presbyterian Church, 249 East Main Street Brevard, NC 28712           | 56-0672459 | 501(c)(3)                                                  | 5,915                    | 0                                 | BOOK                                                  |                                        | Religion                               |
| Brevard Music Center, P.O. Box 312 Brevard, NC 28712-0312                                    | 56-0729350 | 501(c)(3)                                                  | 56,658                   | 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 |
| Buncombe County Partnership for Children, 2229 Riverside Drive Asheville, NC 28804           | 56-1942178 | 501(c)(3)                                                  | 7,500                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |

| Schedule I-1 (Form 990)                                                                               |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                        |
|-------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| 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     |
| Buncombe County Schools Foundation, 175 Bingham Road Asheville, NC 28806                              | 58-1685536 | 501(c)(3)                                                  | 9,120                    | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| Buncombe County Soil and Water Conservation Distri, 155 Hilliard Avenue Suite 204 Asheville, NC 28801 | 13-4221630 | 501(c)(3)                                                  | 25,000                   | 0                                 | BOOK                                                  |                                        | Enhancing the Environment              |
| Burke Charitable Properties, Inc, 305-C West Union Street Morganton, NC 28655                         | 56-2121201 | 501(c)(3)                                                  | 16,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Burke Council on Alcoholism & Chemical Dependency, Inc., 203 White Street Morganton, NC 28655         | 56-0862624 | 501(c)(3)                                                  | 12,000                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |
| Burke County Public Schools, P.O. Drawer 989 Morganton, NC 28680                                      | 56-0935935 | 501(c)(3)                                                  | 14,084                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| Burke United Christian Ministries, 305-B West Union Street Morganton, NC 28655                        | 59-1771449 | 501(c)(3)                                                  | 6,428                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Caldwell Halfway House, 951 Kenham Place SW Lenoir, NC 28645                                          | 58-1535259 | 501(c)(3)                                                  | 10,000                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |
| Campaign for Southern Equality, P.O. Box 364 Asheville, NC 28802                                      | 27-4064401 | 501(c)(3)                                                  | 11,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Candler Elementary, 121 Candler School Road Candler, NC 28715                                         | 56-0223230 | 501(c)(3)                                                  | 13,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| CarePartners Foundation, 68 Sweeten Creek Road Asheville, NC 28803                                    | 56-2005198 | 501(c)(3)                                                  | 12,250                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |

| Schedule I-1 (Form 990)                                                                |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                        |
|----------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| 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     |
| CarePartners Hospice Foundation, P.O. Box 25338 Asheville, NC 28813                    | 56-2110357 | 501(c)(3)                                                  | 7,224                    | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |
| Caring For Children, P.O. Box 19113 Asheville, NC 28815                                | 56-1182686 | 501(c)(3)                                                  | 24,450                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Carleton College, Alumni Annual Fund 205 East 2nd Street Northfield, MN 55057          | 41-0694747 | 501(c)(3)                                                  | 51,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| Carolina Day School - Advancement Office, 1345 Hendersonville Road Asheville, NC 28803 | 56-0125490 | 501(c)(3)                                                  | 44,496                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| Carolina Farm Stewardship Association, P.O. Box 448 Pittsboro, NC 27312                | 24-0040340 | 501(c)(3)                                                  | 6,500                    | 0                                 | BOOK                                                  |                                        | Enhancing the Environment              |
| Carolina Mountain Land Conservancy, 847 Case Street Hendersonville, NC 28792           | 56-6449365 | 501(c)(3)                                                  | 9,500                    | 0                                 | BOOK                                                  |                                        | Enhancing the Environment              |
| Cashiers Glenville Volunteer Fire Department, P.O. Box 886 Cashiers, NC 28717          | 56-1270324 | 501(c)(3)                                                  | 12,000                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Cashiers Historical Society, P.O. Box 104 Cashiers, NC 28717-0104                      | 11-3840349 | 501(c)(3)                                                  | 12,564                   | 0                                 | BOOK                                                  |                                        | Advancing the Arts                     |
| Cashiers Valley Community Council, Inc., P.O. Box 3269 Cashiers, NC 28717              | 56-1916648 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Cashiers Valley Preschool, P.O. Box 3081 Cashiers, NC 28717                            | 20-5116840 | 501(c)(3)                                                  | 8,000                    | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |

| Schedule I-1 (Form 990)                                                                             |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                        |
|-----------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| 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     |
| Cashiers-Highlands Humane Society, P.O. Box 638 Cashiers, NC 28717                                  | 58-1798769 | 501(c)(3)                                                  | 7,250                    | 0                                 | BOOK                                                  |                                        | Animal Welfare                         |
| Center for Food Safety, 660 Pennsylvania Avenue 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)                                                  | 27,250                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Central United Methodist Church, 27 Church Street Asheville, NC 28801                               | 20-5446516 | 501(c)(3)                                                  | 31,620                   | 0                                 | BOOK                                                  |                                        | Religion                               |
| Centro de Enlace, P.O. Box 236 Burnsville, NC 28714                                                 | 02-0715759 | 501(c)(3)                                                  | 29,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Centro Unido Latino Americano, 70 North Main Street Suite 3 Marion, NC 28752                        | 56-2678411 | 501(c)(3)                                                  | 14,900                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Chabad of the Conejo, 30345 Canwood Street Agoura Hills, CA 91301                                   | 77-0304127 | 501(c)(3)                                                  | 10,000                   | 0                                 | BOOK                                                  |                                        | Religion                               |
| Children & Family Resource Center of Henderson County, P.O. Box 1105 Hendersonville, NC 28793       | 56-2113878 | 501(c)(3)                                                  | 7,500                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Children First of Buncombe County, 50 South French Broad Avenue Suite 246 Asheville, NC 28801       | 59-1721943 | 501(c)(3)                                                  | 36,050                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Christ School, 500 Christ School Road Arden, NC 28704                                               | 56-0615187 | 501(c)(3)                                                  | 28,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |

|                                                                                                |            |                                                            |                          |                                   |                                                       |                                        |                                     |  |  | 2012 |  |                                            |  |
|------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------|--|--|------|--|--------------------------------------------|--|
| 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  |  |  |      |  |                                            |  |
| Christian Connections for International Health, 1817 Rupert Street McLean, VA 22101            | 54-1932761 | 501(c)(3)                                                  | 13,000                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health            |  |  |      |  |                                            |  |
| Church of the Good Shepherd, P.O. Box 32 Cashiers, NC 28717                                    | 56-1142774 | 501(c)(3)                                                  | 6,025                    | 0                                 | BOOK                                                  |                                        | Religion                            |  |  |      |  |                                            |  |
| Church of the Incarnation, P.O. Box 729 Highlands, NC 28741                                    | 56-1151464 | 501(c)(3)                                                  | 6,750                    | 0                                 | BOOK                                                  |                                        | Religion                            |  |  |      |  |                                            |  |
| Clark University, Office of Univ. Advancement 950 Main Street Worcester, MA 01610-1477         | 04-2111203 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |  |  |      |  |                                            |  |
| Clay Comprehensive Health Services, P.O. Box 1309 Hayesville, NC 28904                         | 56-1080214 | 501(c)(3)                                                  | 20,000                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health            |  |  |      |  |                                            |  |
| 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)                                                  | 15,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |  |  |      |  |                                            |  |
| Communities in Schools of Mitchell County, 2206 Carters Ridge Road Spruce Pine, NC 28777       | 35-2217652 | 501(c)(3)                                                  | 10,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |  |  |      |  |                                            |  |
| Communities In Schools of Rutherford County, Inc., P.O. Box 2134 Rutherfordton, NC 28139       | 56-2139416 | 501(c)(3)                                                  | 10,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |  |  |      |  |                                            |  |
| Community Care Clinic of Highlands-Cashiers, P.O. Box 43 Highlands, NC 28741                   | 65-1251915 | 501(c)(3)                                                  | 23,500                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health            |  |  |      |  |                                            |  |

| Schedule I-1 (Form 990)                                                                           |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                        |
|---------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| 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     |
| Community Foundation of Henderson County, P.O. Box 1108 Hendersonville, NC 28793                  | 56-1330792 | 501(c)(3)                                                  | 52,525                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Community Foundation of Middle Tennessee, 3833 Cleghorn Avenue Suite 400 Nashville, TN 37215-2519 | 62-1471789 | 501(c)(3)                                                  | 47,500                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Conservation Trust for North Carolina, 1028 Washington Street Raleigh, NC 27605                   | 58-1552188 | 501(c)(3)                                                  | 21,500                   | 0                                 | BOOK                                                  |                                        | Enhancing the Environment              |
| CooperRiis, P.O. Box 600 Mill Spring, NC 28756                                                    | 56-2195372 | 501(c)(3)                                                  | 12,200                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |
| Corinth Reformed United Church of Christ, 150 16th Avenue NW Hickory, NC 28601                    | 56-0615195 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Religion                               |
| Curry School of Education Foundation, P.O. Box 400276 Charlottesville, VA 22904-4276              | 51-0201344 | 501(c)(3)                                                  | 10,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| Davidson College, P.O. Box 7170 Davidson, NC 28035-7170                                           | 56-0529961 | 501(c)(3)                                                  | 8,300                    | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| DayStay HBC, 135 Candler School Road Candler, NC 28715                                            | 16-1684436 | 501(c)(3)                                                  | 7,500                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Deerfield Episcopal Retirement Community, Inc, 1617 Hendersonville Road Asheville, NC 28803       | 56-0614176 | 501(c)(3)                                                  | 5,208                    | 0                                 | BOOK                                                  |                                        | Religion                               |
| Democracy North Carolina, 1821 Green Street Durham, NC 27705                                      | 56-2271150 | 501(c)(3)                                                  | 5,800                    | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |

| Schedule I-1 (Form 990)                                                                        |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                        |
|------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| 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     |
| Dig In! Yancey Community Garden, P.O. Box 1095 Burnsville, NC 28714                            | 27-3078971 | 501(c)(3)                                                  | 9,000                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Doctors Without Borders USA, P.O. Box 5030 Hagerstown, MD 21741-5030                           | 13-3433452 | 501(c)(3)                                                  | 9,700                    | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |
| Duke University - PAGE, Colleen Fitzpatrick, University Development Box 90429 Durham, NC 27708 | 56-0532129 | 501(c)(3)                                                  | 27,200                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| Duke University-Gifts Records, P.O. Box 90581 Durham, NC 27708-0581                            | 56-0532129 | 501(c)(3)                                                  | 5,790                    | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| East Tennessee State University Foundation, P.O. Box 70732 Johnson City, TN 37614              | 23-7092731 | 501(c)(3)                                                  | 7,500                    | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| Eblen Foundation, 50 Westgate Parkway Asheville, NC 28806                                      | 56-1758077 | 501(c)(3)                                                  | 21,770                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Eliada Homes Inc., 2 Compton Drive Asheville, NC 28806                                         | 56-0611587 | 501(c)(3)                                                  | 10,127                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Emmanuel Lutheran Church, 51 Wilburn Place Asheville, NC 28806                                 | 56-6022463 | 501(c)(3)                                                  | 42,000                   | 0                                 | BOOK                                                  |                                        | Religion                               |
| Enterprise Community Partners, 10227 Wincopin Circle Columbia, MD 21044                        | 52-1231931 | 501(c)(3)                                                  | 20,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Episcopal Church of the Holy Spirit, P.O. Box 956 Mars Hill, NC 28754                          | 56-1682351 | 501(c)(3)                                                  | 10,800                   | 0                                 | BOOK                                                  |                                        | Religion                               |

| Schedule I-1 (Form 990)                                                                  |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                        |
|------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| 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     |
| Episcopal Diocese of Massachusetts, 138 Tremont Street Boston, MA 02111                  | 04-2104156 | 501(c)(3)                                                  | 20,000                   | 0                                 | BOOK                                                  |                                        | Religion                               |
| Episcopal Diocese of Western North Carolina, 900-B Centre Park Drive Asheville, NC 28805 | 56-0552779 | 501(c)(3)                                                  | 10,000                   | 0                                 | BOOK                                                  |                                        | Religion                               |
| Family Resources of Cherokee County, P.O. Box 1216 Murphy, NC 28906                      | 56-2085819 | 501(c)(3)                                                  | 20,000                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Family Violence Coalition of Yancey County, Inc., P.O. Box 602 Burnsville, NC 28714      | 56-1944657 | 501(c)(3)                                                  | 8,124                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| First Baptist Church of Asheville, 5 Oak Street Asheville, NC 28801                      | 56-0554211 | 501(c)(3)                                                  | 41,300                   | 0                                 | BOOK                                                  |                                        | Religion                               |
| First Congregational United Church of Christ, P.O. Box 3211 Asheville, NC 28802          | 56-6045945 | 501(c)(3)                                                  | 6,000                    | 0                                 | BOOK                                                  |                                        | Religion                               |
| First Presbyterian Church, 40 Church Street Asheville, NC 28801-3390                     | 56-0529968 | 501(c)(3)                                                  | 55,000                   | 0                                 | BOOK                                                  |                                        | Religion                               |
| First United Methodist Church, 325 N. Broad St. Brevard, NC 28712                        | 56-0666925 | 501(c)(3)                                                  | 7,000                    | 0                                 | BOOK                                                  |                                        | Religion                               |
| Fishes and Loaves Food Pantry, P.O. Box 865 Cashiers, NC 28717                           | 26-3516849 | 501(c)(3)                                                  | 15,500                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Forest City Housing Authority, 147 East Spruce Street Box 2 Forest City, NC 28043        | 56-1071631 | 501(c)(3)                                                  | 20,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |

| Schedule I-1 (Form 990)                                                                               |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                        |
|-------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| 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     |
| Friends of Panthertown, P.O. Box 51<br>Cashiers, NC 28717                                             | 27-3758868 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Enhancing the Environment              |
| Friends of the Haywood County Public Library, Inc., 678 South Haywood Street<br>Waynesville, NC 28786 | 23-7124324 | 501(c)(3)                                                  | 22,704                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| Friends of the WNC Nature Center, P.O. Box 19151 Asheville, NC 28815                                  | 23-7412910 | 501(c)(3)                                                  | 66,750                   | 0                                 | BOOK                                                  |                                        | Enhancing the Environment              |
| Full Spectrum Farms, P.O. Box 3101<br>Cullowhee, NC 28723                                             | 01-0586454 | 501(c)(3)                                                  | 17,555                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Gill Foundation, 2215 Market Street Denver, CO 80205                                                  | 84-1264186 | 501(c)(3)                                                  | 25,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Girls on the Run of WNC, 50 South French<br>Broad Avenue Suite 249 Asheville, NC 28801                | 35-2177794 | 501(c)(3)                                                  | 5,200                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Givens Estates, Inc., 2360 Sweeten Creek<br>Road Asheville, NC 28803                                  | 51-0199312 | 501(c)(3)                                                  | 5,490                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Gods Way Fellowship, P.O. Box 330 Balsam<br>Grove, NC 28708                                           | 44-0577787 | 501(c)(3)                                                  | 10,000                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| God's World Publications, P.O. Box 20002<br>Asheville, NC 28802                                       | 56-0538016 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Religion                               |
| Good Samaritan Clinic of Haywood<br>County, 34 Sims Circle Waynesville, NC 28786                      | 56-2107420 | 501(c)(3)                                                  | 22,703                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |

| Schedule I-1 (Form 990)                                                                             |            | Continuation Sheet for Schedule I          |                          |                                   |                                                       | Part Two - Organizations               |                                        | 2012 |  |
|-----------------------------------------------------------------------------------------------------|------------|--------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|------|--|
| 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     |      |  |
| Good Samaritan Clinic of Jackson County, 538 Scotts Creek Road Suite 100 Sylva, NC 28779            | 56-2266536 | 501(c)(3)                                  | 7,500                    | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |      |  |
| Good Samaritan Clinic, Inc. - Morganton, 305 West Union Street Morganton, NC 28655                  | 56-1939030 | 501(c)(3)                                  | 26,952                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |      |  |
| Grace Covenant Presbyterian Church, 789 Merrimon Avenue Asheville, NC 28804                         | 56-0588479 | 501(c)(3)                                  | 22,546                   | 0                                 | BOOK                                                  |                                        | Religion                               |      |  |
| Grace Fellowship Church, 2314 South Greenwood Drive Johnson City, TN 37604                          | 62-1166245 | 501(c)(3)                                  | 5,500                    | 0                                 | BOOK                                                  |                                        | Religion                               |      |  |
| Graham Children's Health Services of Toe River, Inc., 202 Medical Campus Drive Burnsville, NC 28714 | 56-2063898 | 501(c)(3)                                  | 8,860                    | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |      |  |
| Graham Revitalization Economic Action Team, P.O. Box 1223 Robbinsville, NC 28771                    | 11-3780559 | 501(c)(3)                                  | 27,500                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |      |  |
| Green Opportunities, P.O. Box 7235 Asheville, NC 28802                                              | 26-4230288 | 501(c)(3)                                  | 27,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |      |  |
| Groton School, P.O. Box 991 Groton, MA 01450                                                        | 04-2104265 | 501(c)(3)                                  | 7,500                    | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |      |  |
| Habitat for Humanity of Unicoi County, 203 North Elm Avenue Erwin, TN 37650                         | 34-1985732 | 501(c)(3)                                  | 6,000                    | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |      |  |
| HandMade in America - CDC, P.O. Box 2089 Asheville, NC 28802                                        | 31-1604083 | 501(c)(3)                                  | 95,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |      |  |

|                                                                                 |            |                                                            |                          |                                   |                                                       |                                        |                                     |  |  |  |  | 2012                                       |  |
|---------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------|--|--|--|--|--------------------------------------------|--|
| 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  |  |  |  |  |                                            |  |
| Hands On! A Child's Gallery, P.O. Box 481 Hendersonville, NC 28793              | 83-0397594 | 501(c)(3)                                                  | 15,450                   | 0                                 | BOOK                                                  |                                        | Advancing the Arts                  |  |  |  |  |                                            |  |
| Harlem Children's Zone, 35 East 125th Street New York, NY 10035                 | 23-7112974 | 501(c)(3)                                                  | 10,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |  |  |  |  |                                            |  |
| Haywood County Schools Foundation, 1230 North Main Street Waynesville, NC 28786 | 56-1529355 | 501(c)(3)                                                  | 15,500                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |  |  |  |  |                                            |  |
| Haywood Street Congregation, P.O. Box 2982 Asheville, NC 28802                  | 45-5301549 | 501(c)(3)                                                  | 23,000                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need            |  |  |  |  |                                            |  |
| Haywood Waterways Association, Inc., P.O. Box 389 Waynesville, NC 28786         | 56-2108874 | 501(c)(3)                                                  | 91,415                   | 0                                 | BOOK                                                  |                                        | Enhancing the Environment           |  |  |  |  |                                            |  |
| Helpmate, P.O. Box 2263 Asheville, NC 28802                                     | 56-1276293 | 501(c)(3)                                                  | 27,493                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need            |  |  |  |  |                                            |  |
| Henry's Fork Foundation, P.O. Box 550 Ashton, ID 83420                          | 82-0391884 | 501(c)(3)                                                  | 5,600                    | 0                                 | BOOK                                                  |                                        | Enhancing the Environment           |  |  |  |  |                                            |  |
| Higgins Memorial United Methodist Church, P.O. Box 85 Burnsville, NC 28714      | 56-1322795 | 501(c)(3)                                                  | 24,400                   | 0                                 | BOOK                                                  |                                        | Religion                            |  |  |  |  |                                            |  |
| High Country Prison Ministries, P.O. Box 161 Crossnore, NC 28616                | 58-1954139 | 501(c)(3)                                                  | 7,500                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need            |  |  |  |  |                                            |  |
| Highlands Biological Foundation, 265 N. Sixth Street Highlands, NC 28741        | 56-0634513 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Enhancing the Environment           |  |  |  |  |                                            |  |

|                                                                                |            |                                                            |                          |                                   |                                                       |                                        |                                        |  |  |      |  |                           |
|--------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|--|--|------|--|---------------------------|
|                                                                                |            |                                                            |                          |                                   |                                                       |                                        |                                        |  |  | 2012 |  |                           |
| 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     |  |  |      |  |                           |
| Highlands Community Child Development Center, P.O. Box 648 Highlands, NC 28741 | 47-0891422 | 501(c)(3)                                                  | 11,750                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |  |  |      |  |                           |
| Highlands Emergency Council, P.O. Box 974 Highlands, NC 28741                  | 56-1396460 | 501(c)(3)                                                  | 10,500                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |  |  |      |  |                           |
| Highlands School, P.O. Box 940 Highlands, NC 28744                             | 56-6001069 | 501(c)(3)                                                  | 10,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |  |  |      |  |                           |
| Highlands-Cashiers Hospital Foundation, P.O. Box 742 Highlands, NC 28741       | 56-1165833 | 501(c)(3)                                                  | 7,000                    | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |  |  |      |  |                           |
| Highlands-Cashiers Hospital, P.O. Box 742 Highlands, NC 28741                  | 56-0509400 | 501(c)(3)                                                  | 7,000                    | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |  |  |      |  |                           |
| Highlands-Cashiers Land Trust, Inc., P.O. Box 1703 Highlands, NC 28741         | 56-1216642 | 501(c)(3)                                                  | 20,565                   | 0                                 | BOOK                                                  |                                        | Enhancing the Environment              |  |  |      |  |                           |
| Hispanics in Philanthropy, 414 13th Street, Suite 200 Oakland, CA 94612        | 94-3040607 | 501(c)(3)                                                  | 15,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |  |  |      |  |                           |
| Homeward Bound of WNC, P.O. Box 1166 Asheville, NC 28802                       | 56-1568917 | 501(c)(3)                                                  | 74,700                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |  |  |      |  |                           |
| Hominy Valley Elementary School, 450 Enka Lake Road Candler, NC 28715          | 58-1685536 | 501(c)(3)                                                  | 9,000                    | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |  |  |      |  |                           |
| Hope for Horses, P.O. Box 1449 Leicester, NC 28748                             | 56-2160232 | 501(c)(3)                                                  | 11,250                   | 0                                 | BOOK                                                  |                                        | Animal Welfare                         |  |  |      |  |                           |

|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|                                                                                       |            |                                    |                          |                                                            |                                                       |                                        |                                        | 2012                      |  |  |  |
|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|------------------------------------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|---------------------------|--|--|--|
| 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     |                           |  |  |  |
| Jewish Community Center of Asheville, Inc., 236 Charlotte Street Asheville, NC 28801  | 56-0529951 | 501(c)(3)                          | 31,550                   | 0                                                          | BOOK                                                  |                                        | Building Community & Economic Vitality |                           |  |  |  |
| Jewish Family Services of WNC, 236 Charlotte Street Asheville, NC 28801               | 45-2497063 | 501(c)(3)                          | 20,000                   | 0                                                          | BOOK                                                  |                                        | Assisting People in Need               |                           |  |  |  |
| Just Economics, P.O. Box 2396 Asheville, NC 28802-2396                                | 61-1403579 | 501(c)(3)                          | 26,600                   | 0                                                          | BOOK                                                  |                                        | Building Community & Economic Vitality |                           |  |  |  |
| Keowee Chamber Music/Pan Harmonia, P.O. Box 18342 Asheville, NC 28814                 | 20-1206646 | 501(c)(3)                          | 10,000                   | 0                                                          | BOOK                                                  |                                        | Advancing the Arts                     |                           |  |  |  |
| Lakeland Community Church, N3181 Hwy. 67 Lake Geneva, WI 53147                        | 39-1966642 | 501(c)(3)                          | 5,000                    | 0                                                          | BOOK                                                  |                                        | Religion                               |                           |  |  |  |
| Land Trust for the Little Tennessee, P.O. Box 1148 Franklin, NC 28744                 | 56-2142199 | 501(c)(3)                          | 5,000                    | 0                                                          | BOOK                                                  |                                        | Enhancing the Environment              |                           |  |  |  |
| Land-of-Sky Regional Council, 339 New Leicester Highway Suite 140 Asheville, NC 28806 | 56-1024369 | 501(c)(3)                          | 53,500                   | 0                                                          | BOOK                                                  |                                        | Building Community & Economic Vitality |                           |  |  |  |
| Leadville Trail 100 Legacy, PO Box 234 Leadville, CO 80461                            | 84-1604797 | 501(c)(3)                          | 5,500                    | 0                                                          | BOOK                                                  |                                        | Building Community & Economic Vitality |                           |  |  |  |
| LEAF Community Arts, 377 Lake Eden Road Black Mountain, NC 28711                      | 54-2123478 | 501(c)(3)                          | 17,625                   | 0                                                          | BOOK                                                  |                                        | Advancing the Arts                     |                           |  |  |  |
| Lewis Rathbun Center, 121 Sherwood Road, Asheville, NC 28803                          | 56-1706625 | 501(c)(3)                          | 8,610                    | 0                                                          | BOOK                                                  |                                        | Promoting Quality Health               |                           |  |  |  |

| Schedule I-1 (Form 990)                                                                            |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                     |
|----------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------|
| 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 Buncombe County, 31 College Place Building B Suite 221 Asheville, NC 28801     | 58-1696409 | 501(c)(3)                                                  | 57,945                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| Literacy Council of Highlands, Inc., P.O. Box 2320 Highlands, NC 28741                             | 56-1883637 | 501(c)(3)                                                  | 17,500                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| Madison County Health Department, 493 Medical Park Marshall, NC 28753                              | 56-6000316 | 501(c)(3)                                                  | 20,000                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health            |
| Madison County Soil & Water Conservation District, 4388 Highway 25/70 Suite 2 Marshall, NC 28753   | 23-7075599 | 501(c)(3)                                                  | 32,370                   | 0                                 | BOOK                                                  |                                        | Enhancing the Environment           |
| MANNA FoodBank, 627 Swannanoa River Road Asheville, NC 28805-2445                                  | 58-1514800 | 501(c)(3)                                                  | 114,106                  | 0                                 | BOOK                                                  |                                        | Assisting People in Need            |
| Marketing Association for Rehabilitation Centers, Inc., 134 Wright Brothers Way Fletcher, NC 28732 | 59-2116568 | 501(c)(3)                                                  | 20,000                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need            |
| Mayland Community College Foundation Inc., P.O. Box 547 Spruce Pine, NC 28777                      | 58-1486405 | 501(c)(3)                                                  | 58,771                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| McDowell Arts and Crafts Association, P.O. Box 1387 Marion, NC 28752                               | 56-6188849 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Advancing the Arts                  |
| McDowell County Department of Social Services, P.O. Box 338 Marion, NC 28752                       | 56-6000318 | 501(c)(3)                                                  | 20,330                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need            |
| McDowell Mission Ministry, P.O. Box 297 Marion, NC 28752                                           | 56-1872125 | 501(c)(3)                                                  | 17,589                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need            |

|                                                                                            |            |                                                            |                          |                                   |                                                       |                                        |                                        |  |  | 2012 |  |                                            |  |
|--------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|--|--|------|--|--------------------------------------------|--|
| 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     |  |  |      |  |                                            |  |
| Meals On Wheels of Asheville & Buncombe County, 146 Victoria Road Asheville, NC 28801      | 56-1115597 | 501(c)(3)                                                  | 20,965                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |  |  |      |  |                                            |  |
| MemoryCare, 100 Far Horizons Lane Asheville, NC 28803                                      | 56-2178294 | 501(c)(3)                                                  | 123,896                  | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |  |  |      |  |                                            |  |
| Mission Healthcare Foundation, Inc., 890 Hendersonville Road Suite 300 Asheville, NC 28803 | 56-1881331 | 501(c)(3)                                                  | 87,270                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |  |  |      |  |                                            |  |
| Mitchell County Government, 26 Crimson Laurel Circle Suite 1 Bakersville, NC 28705         | 56-6000320 | 501(c)(3)                                                  | 14,400                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |  |  |      |  |                                            |  |
| Mitchell County Shepherd's Staff, P.O. Box 344 Spruce Pine, NC 28777                       | 56-1404604 | 501(c)(3)                                                  | 10,000                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |  |  |      |  |                                            |  |
| Mitchell-Yancey Habitat for Humanity, P.O. Box 409 Micaville, NC 28755                     | 91-1914868 | 501(c)(3)                                                  | 5,500                    | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |  |  |      |  |                                            |  |
| Montford Hall, 49 Zillicoa Street Asheville, NC 28801                                      | 27-0858864 | 501(c)(3)                                                  | 21,250                   | 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)                                                  | 68,250                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |  |  |      |  |                                            |  |
| Mountain Area Information Network, 34 Wall Street Suite 407 Asheville, NC 28801            | 56-1884028 | 501(c)(3)                                                  | 5,250                    | 0                                 | BOOK                                                  |                                        | Advancing the Arts                     |  |  |      |  |                                            |  |



| Schedule I-1 (Form 990)                                                                   |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                     |
|-------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------|
| 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  |
| NC State Engineering Foundation, Campus Box 7901 Raleigh, NC 27695-7901                   | 56-6046987 | 501(c)(3)                                                  | 10,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| NC State University Foundation, Gift Processing NCSU Box 7474 Raleigh, NC 27695           | 56-6049503 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| NC State University Student Aid Association, P.O. Box 37100 Raleigh, NC 27627-7100        | 56-0650623 | 501(c)(3)                                                  | 25,600                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| NC Writers' Network, P.O. Box 954 Carrboro, NC 27510                                      | 56-1472203 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| Neighbors in Ministry, P.O. Box 1036 Brevard, NC 28712                                    | 56-2032133 | 501(c)(3)                                                  | 15,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| New City Christian School, P.O. Box 9035 Asheville, NC 28815                              | 14-1921757 | 501(c)(3)                                                  | 11,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| New Roads School, 3131 Olympic Boulevard Santa Monica, CA 90404                           | 95-4823489 | 501(c)(3)                                                  | 10,300                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| Next Step Recovery, Inc., 149 Courtland Avenue Asheville, NC 28801                        | 20-4570082 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Promoting Quality Health            |
| North Carolina League of Conservation Voters Foundation, P.O. Box 12671 Raleigh, NC 27605 | 23-7206810 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Enhancing the Environment           |
| North Carolina Stage Company, 15 Stage Lane Asheville, NC 28801                           | 56-2266836 | 501(c)(3)                                                  | 6,050                    | 0                                 | BOOK                                                  |                                        | Advancing the Arts                  |

| Schedule I-1 (Form 990)                                                           |            |                                    |                          | Continuation Sheet for Schedule I Part Two - Organizations |                                                       |                                        |                                        | 2012                      |  |
|-----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|------------------------------------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|---------------------------|--|
| 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     |                           |  |
| Odyssey Community School, P.O. Box 17578 Asheville, NC 28816                      | 64-0960363 | 501(c)(3)                          | 20,000                   | 0                                                          | BOOK                                                  |                                        | Improving Educational Opportunities    |                           |  |
| Ohr Chadash, c/o Rotenberg 11629 E. Florida Ave. Aurora, CO 80012                 | 84-1572763 | 501(c)(3)                          | 15,000                   | 0                                                          | BOOK                                                  |                                        | Religion                               |                           |  |
| Optimist Santa Pal Club of Asheville, NC, P.O. Box 1912 Asheville, NC 28802       | 56-6055643 | 501(c)(3)                          | 6,235                    | 0                                                          | BOOK                                                  |                                        | Assisting People in Need               |                           |  |
| Our Hope Association, 324 Lyon Street NE Grand Rapids, MI 49503                   | 38-1998209 | 501(c)(3)                          | 10,000                   | 0                                                          | BOOK                                                  |                                        | Promoting Quality Health               |                           |  |
| Our VOICE, Inc., 44 Merrimon Avenue Suite 1 Asheville, NC 28801                   | 58-1491531 | 501(c)(3)                          | 65,447                   | 0                                                          | BOOK                                                  |                                        | Assisting People in Need               |                           |  |
| Pack Place Performing Arts, Inc., 2 South Pack Square Asheville, NC 28801         | 31-1524883 | 501(c)(3)                          | 30,050                   | 0                                                          | BOOK                                                  |                                        | Advancing the Arts                     |                           |  |
| Parkway Playhouse, P.O. Box 1432 Burnsville, NC 28714                             | 56-0858217 | 501(c)(3)                          | 5,000                    | 0                                                          | BOOK                                                  |                                        | Advancing the Arts                     |                           |  |
| Peggy Crosby Community Service Center, 348 South Fifth Street Highlands, NC 28741 | 56-1940997 | 501(c)(3)                          | 16,000                   | 0                                                          | BOOK                                                  |                                        | Building Community & Economic Vitality |                           |  |
| Penland School of Crafts, P.O. Box 37 Penland, NC 28765                           | 56-0623948 | 501(c)(3)                          | 22,500                   | 0                                                          | BOOK                                                  |                                        | Advancing the Arts                     |                           |  |
| Performing Arts Center, Inc., P.O. Box 296 Highlands, NC 28741                    | 56-2155282 | 501(c)(3)                          | 30,150                   | 0                                                          | BOOK                                                  |                                        | Advancing the Arts                     |                           |  |

| Schedule I-1 (Form 990)                                                                    |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       |                                        | 2012                                   |  |
|--------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|--|
| 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     |  |
| Pigeon Community Multicultural Development Center,P.O. Box 1494 Waynesville, NC 28786      | 32-0131282 | 501(c)(3)                                                  | 20,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |  |
| Pisgah Elementary School,1495 Pisgah Highway Candler, NC 28715                             | 56-1380727 | 501(c)(3)                                                  | 13,000                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |  |
| Pisgah Forest Baptist Church,494 Hendersonville Hwy. Pisgah Forest, NC 28768               | 51-0149455 | 501(c)(3)                                                  | 36,000                   | 0                                 | BOOK                                                  |                                        | Religion                               |  |
| Pisgah Legal Services,P.O. Box 2276 Asheville, NC 28802                                    | 56-1191115 | 501(c)(3)                                                  | 166,043                  | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |  |
| Planned Parenthood Health Systems,603 Biltmore Avenue Asheville, NC 28801                  | 56-1282557 | 501(c)(3)                                                  | 17,750                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |  |
| Planned Parenthood of Central NC,P.O. Box 3258 Chapel Hill, NC 27515                       | 58-1484820 | 501(c)(3)                                                  | 7,500                    | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |  |
| Polk County Community Foundation,255 S. Trade Street Tryon, NC 28782                       | 51-0168751 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |  |
| ProgressNow Education,1600 University Avenue Suite 309B St. Paul, MN 55104                 | 20-8720291 | 501(c)(3)                                                  | 45,250                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |  |
| REACH of Haywood County, Inc.,P.O. Box 206 Waynesville, NC 28786                           | 58-1647862 | 501(c)(3)                                                  | 20,000                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |  |
| ReCreation Experiences Mission and Ministries,53 Red Oak School Road Weaverville, NC 28787 | 80-0025064 | 501(c)(3)                                                  | 29,100                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |  |

| Continuation Sheet for Schedule I                                                        |            |                                    |                          | Part Two - Organizations                   |                                                       |                                        | 2012                                   |
|------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|--------------------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| 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     |
| Red Hill United Methodist Church, 1001 NC 197 Bakersville, NC 28705                      | 56-1358520 | 501(c)(3)                          | 10,000                   | 0                                          | BOOK                                                  |                                        | Religion                               |
| Region A Partnership for Children, 116 Jackson Street Sylva, NC 28779                    | 56-1869575 | 501(c)(3)                          | 95,000                   | 0                                          | BOOK                                                  |                                        | Assisting People in Need               |
| RiverLink, Inc., P.O. Box 15488 Asheville, NC 28813                                      | 58-1867958 | 501(c)(3)                          | 58,000                   | 0                                          | BOOK                                                  |                                        | Enhancing the Environment              |
| Rutherford Housing Partnership - RHP, P.O. Box 1525 Rutherfordton, NC 28139              | 56-2086573 | 501(c)(3)                          | 21,000                   | 0                                          | BOOK                                                  |                                        | Building Community & Economic Vitality |
| SAFE of Transylvania Co., P.O. Box 2013 Brevard, NC 28712                                | 58-1640904 | 501(c)(3)                          | 17,000                   | 0                                          | BOOK                                                  |                                        | Assisting People in Need               |
| Salvation Army Boys and Girls Club of Buncombe Co., 750 Haywood Road Asheville, NC 28806 | 58-0660607 | 501(c)(3)                          | 10,250                   | 0                                          | BOOK                                                  |                                        | Assisting People in Need               |
| Salvation Army-Buncombe, P.O. Box 1778 Asheville, NC 28802                               | 58-0660607 | 501(c)(3)                          | 14,570                   | 0                                          | BOOK                                                  |                                        | Assisting People in Need               |
| San Diego Social Venture Partners, 12555 High Bluff Drive #180 San Diego, CA 92130       | 26-4671099 | 501(c)(3)                          | 5,000                    | 0                                          | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Sand County Foundation, 16 N. Carroll Street Suite 450 Madison, WI 53703                 | 39-6089450 | 501(c)(3)                          | 20,000                   | 0                                          | BOOK                                                  |                                        | Enhancing the Environment              |
| Sand Hill - Venable Elementary, 154 Sand Hill School Road Asheville, NC 28806            | 58-1685536 | 501(c)(3)                          | 12,000                   | 0                                          | BOOK                                                  |                                        | Improving Educational Opportunities    |

|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| Schedule I-1 (Form 990)                                                                                                   |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                     |
|---------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------|
| 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  |
| St. Eugene's Catholic Church, 72 Culvern Street Asheville, NC 28804                                                       | 56-0694202 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Religion                            |
| St. George's Episcopal Church, 1 School Road Asheville, NC 28806                                                          | 11-1646315 | 501(c)(3)                                                  | 8,100                    | 0                                 | BOOK                                                  |                                        | Religion                            |
| St. Peter's Episcopal Church, 15 Sellers Street Cambridge, MA 02139                                                       | 11-1646315 | 501(c)(3)                                                  | 12,000                   | 0                                 | BOOK                                                  |                                        | Religion                            |
| St. Thomas Episcopal Church, P.O. Box 591 Burnsville, NC 28714                                                            | 11-1646315 | 501(c)(3)                                                  | 10,500                   | 0                                 | BOOK                                                  |                                        | Religion                            |
| Star of Texas Fair & Rodeo, 9100 Decker Lake Road Austin, TX 78724                                                        | 74-2266672 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need            |
| Stecoah Valley Arts, Crafts and Educational Center, 121 Schoolhouse Road Robbinsville, NC 28771                           | 56-1935344 | 501(c)(3)                                                  | 7,500                    | 0                                 | BOOK                                                  |                                        | Advancing the Arts                  |
| Summit Charter School, P.O. Box 1339 Cashiers, NC 28717                                                                   | 56-1993257 | 501(c)(3)                                                  | 11,750                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| Swannanoa Valley Christian Ministry, P.O. Box 235 Black Mountain, NC 28711                                                | 56-1132257 | 501(c)(3)                                                  | 24,000                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need            |
| Swannanoa Valley Historical & Preservation Association, dba Swannanoa Valley Museum P.O. Box 306 Black Mountain, NC 28711 | 56-1624503 | 501(c)(3)                                                  | 6,000                    | 0                                 | BOOK                                                  |                                        | Advancing the Arts                  |
| Swannanoa Valley Transitional Housing Committee, P.O. Box 1591 Black Mountain, NC 28711                                   | 30-0482735 | 501(c)(3)                                                  | 5,200                    | 0                                 | BOOK                                                  |                                        | Promoting Quality Health            |

| Schedule I-1 (Form 990)                                                             |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                     |
|-------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------|
| 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  |
| Tabernacle Missionary Baptist Church, 56 Walton Street Asheville, NC 28801          | 56-1400322 | 501(c)(3)                                                  | 7,500                    | 0                                 | BOOK                                                  |                                        | Religion                            |
| The Bascom, 323 Franklin Road Highlands, NC 28741                                   | 56-2093546 | 501(c)(3)                                                  | 33,400                   | 0                                 | BOOK                                                  |                                        | Advancing the Arts                  |
| The Cathedral of All Souls, 9 Swan Street Asheville, NC 28803                       | 11-1646315 | 501(c)(3)                                                  | 14,900                   | 0                                 | BOOK                                                  |                                        | Religion                            |
| The Center for Craft, Creativity and Design, P.O. Box 1127 Hendersonville, NC 28793 | 56-2096677 | 501(c)(3)                                                  | 7,500                    | 0                                 | BOOK                                                  |                                        | Advancing the Arts                  |
| The Environmental Quality Institute, 75 Fairview Road Suite B Asheville, NC 28803   | 27-1487941 | 501(c)(3)                                                  | 6,630                    | 0                                 | BOOK                                                  |                                        | Enhancing the Environment           |
| The Free Clinics of Henderson County, 841 Case Street Hendersonville, NC 28792      | 56-2212024 | 501(c)(3)                                                  | 20,000                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health            |
| The Hampton School, P.O. Box 569 Cashiers, NC 28717                                 | 56-1211826 | 501(c)(3)                                                  | 13,390                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| The Ministry of Hope, P.O. Box 998 Black Mountain, NC 28711                         | 56-2119097 | 501(c)(3)                                                  | 20,500                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need            |
| The Outreach Center, P.O. Box 1003 Morganton, NC 28680                              | 56-2221575 | 501(c)(3)                                                  | 9,722                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need            |
| The Rock of Asheville, 273 Monte Vista Road Candler, NC 28715                       | 56-1745676 | 501(c)(3)                                                  | 30,000                   | 0                                 | BOOK                                                  |                                        | Religion                            |

| Schedule I-1 (Form 990)                                                                     |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                        |
|---------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| 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     |
| The Village Conservancy, Inc., P.O. Box 37 Cashiers, NC 28717                               | 56-1818753 | 501(c)(3)                                                  | 21,690                   | 0                                 | BOOK                                                  |                                        | Enhancing the Environment              |
| Town of Biltmore Forest, 355 Vanderbilt Road Asheville, NC 28803                            | 56-6001179 | 501(c)(3)                                                  | 72,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Toxic Free NC, 115 South Saint Mary's Street Suite D Raleigh, NC 27603                      | 59-1715833 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Enhancing the Environment              |
| Transylvania Christian Ministry, P.O. Box 958 Brevard, NC 28712                             | 56-1292875 | 501(c)(3)                                                  | 8,250                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Transylvania Regional Hospital Foundation, Inc., P.O. Box 2440 Brevard, NC 28712            | 56-1458024 | 501(c)(3)                                                  | 10,430                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |
| Trinity Episcopal Church, 60 Church Street Asheville, NC 28801                              | 11-1646315 | 501(c)(3)                                                  | 27,750                   | 0                                 | BOOK                                                  |                                        | Religion                               |
| UNC Asheville Foundation, Inc., CPO 1800 One University Heights Asheville, NC 28804         | 23-7073829 | 501(c)(3)                                                  | 53,222                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| UNC Asheville, Chancellor's Office CPO 1400 One University Heights Asheville, NC 28804-8503 | 56-6002370 | 501(c)(3)                                                  | 50,160                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| UNC Chapel Hill, P.O. Box 309 Chapel Hill, NC 27514-0309                                    | 56-6001393 | 501(c)(3)                                                  | 14,750                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| Under One Sky Village Foundation, 289 Laughing River Road Mars Hill, NC 28754               | 80-0749116 | 501(c)(3)                                                  | 10,000                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |

| Schedule I-1 (Form 990)                                                                             |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                     |
|-----------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------|
| 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  |
| Unitarian Universalist Church of Asheville, One Edwin Place Asheville, NC 28801                     | 04-2103733 | 501(c)(3)                                                  | 8,100                    | 0                                 | BOOK                                                  |                                        | Religion                            |
| United Way of Asheville and Buncombe County, 50 South French Broad Avenue Asheville, NC 28801       | 56-0576157 | 501(c)(3)                                                  | 186,561                  | 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)                                                  | 11,305                   | 0                                 | BOOK                                                  |                                        | Enhancing the Environment           |
| Urban Youth Impact, 2823 N. Australian Avenue West Palm Beach, FL 33407                             | 91-1901103 | 501(c)(3)                                                  | 16,000                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need            |
| V Foundation for Cancer Research, 106 Towerview Court Cary, NC 27513                                | 13-3705951 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Promoting Quality Health            |
| Vagabond School of the Drama, Inc., P.O. Box 310 Flat Rock, NC 28731                                | 56-0571518 | 501(c)(3)                                                  | 8,400                    | 0                                 | BOOK                                                  |                                        | Advancing the Arts                  |
| Voices in the Laurel, P.O. Box 1581 Lake Junaluska, NC 28745                                        | 56-1991624 | 501(c)(3)                                                  | 22,703                   | 0                                 | BOOK                                                  |                                        | Advancing the Arts                  |
| W.A. Hough High School, 12420 Bailey Road Cornelius, NC 28031                                       | 27-2516693 | 501(c)(3)                                                  | 13,775                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| Warren Wilson College, WWC CPO 6376 P.O. Box 9000 Asheville, NC 28815-9000                          | 56-0767736 | 501(c)(3)                                                  | 16,565                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities |
| Welcome Table of Black Mountain,                                                                    | 27-0593409 | 501(c)(3)                                                  | 5,000                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need            |

| Schedule I-1 (Form 990)                                                                          |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                        |
|--------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| 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     |
| Western Carolina Community Action, P.O. Box 685 Hendersonville, NC 28793-0685                    | 56-0846319 | 501(c)(3)                                                  | 20,000                   | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
| Western Carolina Medical Society Foundation, 304 Summit Street Asheville, NC 28803               | 56-6043400 | 501(c)(3)                                                  | 27,250                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |
| Western Carolina Rescue Ministries, P.O. Box 909 Asheville, NC 28802                             | 56-1249407 | 501(c)(3)                                                  | 7,900                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Western Carolina University Foundation, 201 H.F. Robinson Building Cullowhee, NC 28723           | 23-7159170 | 501(c)(3)                                                  | 33,086                   | 0                                 | BOOK                                                  |                                        | Improving Educational Opportunities    |
| Western Carolinians for Criminal Justice,                                                        | 58-1491257 | 501(c)(3)                                                  | 7,247                    | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| Western North Carolina AIDS Project, P.O. Box 2411 Asheville, NC 28802                           | 58-1772685 | 501(c)(3)                                                  | 20,000                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |
| Western North Carolina Alliance, 29 North Market Street Suite 610 Asheville, NC 28801            | 56-1422691 | 501(c)(3)                                                  | 40,250                   | 0                                 | BOOK                                                  |                                        | Enhancing the Environment              |
| Western North Carolina Public Radio - WCQS, WCQS 73 Broadway Asheville, NC 28801-2919            | 58-1445328 | 501(c)(3)                                                  | 13,330                   | 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)                                                  | 6,750                    | 0                                 | BOOK                                                  |                                        | Religion                               |

| Schedule I-1 (Form 990)                                                         |            | Continuation Sheet for Schedule I Part Two - Organizations |                          |                                   |                                                       | 2012                                   |                                        |
|---------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|----------------------------------------|
| 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     |
| Wilderness Society, 1615 M Street NW 2nd Floor Washington, DC 20036             | 53-0167933 | 501(c)(3)                                                  | 16,000                   | 0                                 | BOOK                                                  |                                        | Enhancing the Environment              |
| Windborne United Methodist Church, 9121 Six Forks Road Raleigh, NC 27615        | 56-2171813 | 501(c)(3)                                                  | 12,000                   | 0                                 | BOOK                                                  |                                        | Religion                               |
| WNC Jewish Federation, P.O. Box 7126 Asheville, NC 28802                        | 56-6047594 | 501(c)(3)                                                  | 55,875                   | 0                                 | BOOK                                                  |                                        | Religion                               |
| YMCA of Western North Carolina, 53 Ashland Avenue Suite 105 Asheville, NC 28801 | 56-0530013 | 501(c)(3)                                                  | 51,075                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |
| YMCA South Dakota General Convention, P.O. Box 218 Dupree, SD 57623-0218        | 46-0336514 | 501(c)(3)                                                  | 15,000                   | 0                                 | BOOK                                                  |                                        | Promoting Quality Health               |
| Young Life, P.O. Box 520 Colorado Springs, CO 80901                             | 84-0385934 | 501(c)(3)                                                  | 10,000                   | 0                                 | BOOK                                                  |                                        | Religion                               |
| Youth Empowerment of Rutherford County, P.O. Box 252 Spindale, NC 28160         | 56-2184997 | 501(c)(3)                                                  | 50,000                   | 0                                 | BOOK                                                  |                                        | Assisting People in Need               |
| YWCA of Asheville, 185 South French Broad Avenue Asheville, NC 28801            | 56-0547476 | 501(c)(3)                                                  | 106,550                  | 0                                 | BOOK                                                  |                                        | Building Community & Economic Vitality |
|                                                                                 |            |                                                            | 7,804,098                | 990 I-1                           |                                                       |                                        |                                        |

| Schedule I-1 (Form 990)                                                                    |                          | Continuation Sheet for Schedule I Part Three - Individuals |                                   |                                                       | 2012                                   |  |
|--------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--|
| 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 Agnes Scott College                            | 1                        | 6,500                                                      | 0                                 | Book                                                  |                                        |  |
| Financial Assistance for students attending Appalachian State University                   | 8                        | 13,900                                                     | 0                                 | Book                                                  |                                        |  |
| Financial Assistance for students attending Asheville-Buncombe Technical Community College | 5                        | 5,000                                                      | 0                                 | Book                                                  |                                        |  |
| Financial Assistance for students attending Belmont College                                | 1                        | 1,000                                                      | 0                                 | Book                                                  |                                        |  |
| Financial Assistance for students attending Berea College                                  | 1                        | 1,000                                                      | 0                                 | Book                                                  |                                        |  |
| Financial Assistance for students attending Blue Ridge Community College                   | 1                        | 1,000                                                      | 0                                 | Book                                                  |                                        |  |
| Financial Assistance for students attending Brevard College                                | 1                        | 500                                                        | 0                                 | Book                                                  |                                        |  |
| Financial Assistance for students attending Bryan College                                  | 1                        | 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 Centre College                                 | 1                        | 5,500                                                      | 0                                 | Book                                                  |                                        |  |
| Financial Assistance for students attending Colorado College                               | 1                        | 5,000                                                      | 0                                 | Book                                                  |                                        |  |
| Financial Assistance for students attending Davidson College                               | 2                        | 6,000                                                      | 0                                 | Book                                                  |                                        |  |
| Financial Assistance for students attending East Carolina University                       | 1                        | 1,000                                                      | 0                                 | Book                                                  |                                        |  |

|                                                                                      |                          |                                                            |                                   |                                                       |                                        |  |  | 2012 |  |
|--------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--|--|------|--|
| 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 East Tennessee State University          | 2                        | 2,200                                                      | 0                                 | Book                                                  |                                        |  |  |      |  |
| Financial Assistance for students attending Emory & Henry College                    | 1                        | 1,000                                                      | 0                                 | Book                                                  |                                        |  |  |      |  |
| Financial Assistance for students attending Fayetteville Technical Community College | 1                        | 3,500                                                      | 0                                 | Book                                                  |                                        |  |  |      |  |
| Financial Assistance for students attending Galludet University                      | 1                        | 1,000                                                      | 0                                 | Book                                                  |                                        |  |  |      |  |
| Financial Assistance for students attending Gardner-Webb University                  | 4                        | 5,200                                                      | 0                                 | Book                                                  |                                        |  |  |      |  |
| Financial Assistance for students attending Georgetown University                    | 1                        | 1,000                                                      | 0                                 | Book                                                  |                                        |  |  |      |  |
| Financial Assistance for students attending Harvard University                       | 1                        | 12,000                                                     | 0                                 | Book                                                  |                                        |  |  |      |  |
| Financial Assistance for students attending High Point University                    | 2                        | 3,500                                                      | 0                                 | Book                                                  |                                        |  |  |      |  |
| Financial Assistance for students attending Lander University                        | 1                        | 1,000                                                      | 0                                 | Book                                                  |                                        |  |  |      |  |
| Financial Assistance for students attending Lipscomb University                      | 1                        | 1,000                                                      | 0                                 | Book                                                  |                                        |  |  |      |  |
| Financial Assistance for students attending Mars Hill College                        | 2                        | 2,500                                                      | 0                                 | Book                                                  |                                        |  |  |      |  |
| Financial Assistance for students attending Massachusetts Institute of Technology    | 1                        | 1,000                                                      | 0                                 | Book                                                  |                                        |  |  |      |  |
| Financial Assistance for students attending Maryland Community College               | 1                        | 1,000                                                      | 0                                 | Book                                                  |                                        |  |  |      |  |
| Financial Assistance for students attending McDowell Technical Community College     | 1                        | 500                                                        | 0                                 | Book                                                  |                                        |  |  |      |  |

|                                                                                      |                          |                          |                                   | 2012                                                       |                                        |
|--------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------|------------------------------------------------------------|----------------------------------------|
| 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 Meredith College                         | 1                        | 1,000                    | 0                                 | Book                                                       |                                        |
| Financial Assistance for students attending NC State University                      | 23                       | 57,200                   | 0                                 | Book                                                       |                                        |
| Financial Assistance for students attending Queens University                        | 2                        | 6,000                    | 0                                 | Book                                                       |                                        |
| Financial Assistance for students attending Rice University                          | 1                        | 1,000                    | 0                                 | Book                                                       |                                        |
| Financial Assistance for students attending Sarah Lawrence College                   | 1                        | 1,200                    | 0                                 | Book                                                       |                                        |
| Financial Assistance for students attending Savannah College of Art & Design         | 2                        | 4,500                    | 0                                 | Book                                                       |                                        |
| Financial Assistance for students attending Southwestern Community College           | 5                        | 3,750                    | 0                                 | Book                                                       |                                        |
| Financial Assistance for students attending St. Thomas University                    | 1                        | 3,000                    | 0                                 | Book                                                       |                                        |
| Financial Assistance for students attending Tri-County Community College (Murphy)    | 1                        | 1,000                    | 0                                 | Book                                                       |                                        |
| Financial Assistance for students attending Tri-County Community College (Pendleton) | 1                        | 1,500                    |                                   | Book                                                       |                                        |
| Financial Assistance for students attending UNC Asheville                            | 5                        | 12,500                   | 0                                 | Book                                                       |                                        |
| Financial Assistance for students attending UNC-Chapel Hill                          | 32                       | 73,050                   | 0                                 | Book                                                       |                                        |
| Financial Assistance for students attending UNC-Charlotte                            | 2                        | 2,800                    | 0                                 | Book                                                       |                                        |
| Financial Assistance for students attending UNC-Greensboro                           | 1                        | 5,000                    | 0                                 | Book                                                       |                                        |

| Schedule I-1 (Form 990)                                                        |                          | Continuation Sheet for Schedule I Part Three - Individuals |                                   |                                                       |                                        | 2012                                       |  |
|--------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------|--|
| 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-Wilmington                     | 2                        | 7,500                                                      | 0                                 | Book                                                  |                                        |                                            |  |
| Financial Assistance for students attending University of Alabama              | 1                        | 1,000                                                      | 0                                 | Book                                                  |                                        |                                            |  |
| Financial Assistance for students attending University of North Alabama        | 1                        | 500                                                        | 0                                 | Book                                                  |                                        |                                            |  |
| Financial Assistance for students attending University of Oregon               | 1                        | 4,500                                                      | 0                                 | Book                                                  |                                        |                                            |  |
| Financial Assistance for students attending University of the South            | 1                        | 5,000                                                      | 0                                 | Book                                                  |                                        |                                            |  |
| Financial Assistance for students attending Vanderbilt University              | 1                        | 5,000                                                      | 0                                 | Book                                                  |                                        |                                            |  |
| Financial Assistance for students attending Wake Forest University             | 3                        | 7,200                                                      | 0                                 | Book                                                  |                                        |                                            |  |
| Financial Assistance for students attending Western Carolina University        | 11                       | 13,850                                                     | 0                                 | Book                                                  |                                        |                                            |  |
| Financial Assistance for students attending Wingate University                 | 1                        | 500                                                        | 0                                 | Book                                                  |                                        |                                            |  |
| Financial Assistance for students attending Young Harris College               | 1                        | 1,000                                                      | 0                                 | Book                                                  |                                        |                                            |  |
| Totals                                                                         | 146                      | 320,350                                                    |                                   |                                                       |                                        |                                            |  |
| 990 I-3                                                                        |                          |                                                            |                                   |                                                       |                                        |                                            |  |

**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

**2012**

**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.

- |                                                                    |                                                                          |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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 filing organization used to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to  
establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed 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?
- 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) 2012



|                 |                                 |
|-----------------|---------------------------------|
| <b>Part III</b> | <b>Supplemental Information</b> |
|-----------------|---------------------------------|

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

[illegible]

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2012**

**Open To Public  
Inspection**

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

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

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

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

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

▶ \$

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

▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

**Total** ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

**THE COMMUNITY FOUNDATION**

Schedule L (Form 990 or 990-EZ) 2012 **OF WESTERN NORTH CAROLINA, INC.**

**56-1223384** 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                                             | 3,611.                    | MR. STICKNE                    |                                         | X  |
| JOHN N. FLEMING               | MEMBER OF THE ORGAN                                             | 33,101.                   | MR. FLEMING                    |                                         | X  |
| GLEN WILCOX                   | FORMER MEMBER OF TH                                             | 68,880.                   | FOR PART OF                    |                                         | 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 \$ 3,611.**

**(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 \$ 33,101.**

**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

(A) NAME OF PERSON: GLEN WILCOX

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  
FORMER MEMBER OF THE ORGANIZATIONS'S BOARD OF DIRECTORS

(C) AMOUNT OF TRANSACTION \$ 68,880.

(D) DESCRIPTION OF TRANSACTION: FOR PART OF THE FISCAL YEAR ENDED JUNE 30, 2013, THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA LEASED SPACE IN A BUILDING OWNED BY MR. WILCOX.

(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

**2012**

**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)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>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<br>trust interests         |                               |                                                           |                                                                                    |                                                              |
| 12 Securities - Miscellaneous                                   | <b>X</b>                      |                                                           | <b>3,644,554.</b>                                                                  | <b>AVG MARKET VALUE-GIF</b>                                  |
| 13 Qualified conservation contribution -<br>Historic structures |                               |                                                           |                                                                                    |                                                              |
| 14 Qualified conservation contribution - Other                  |                               |                                                           |                                                                                    |                                                              |
| 15 Real estate - Residential                                    |                               |                                                           |                                                                                    |                                                              |
| 16 Real estate - Commercial                                     |                               |                                                           |                                                                                    |                                                              |
| 17 Real estate - Other                                          |                               |                                                           |                                                                                    |                                                              |
| 18 Collectibles                                                 |                               |                                                           |                                                                                    |                                                              |
| 19 Food inventory                                               |                               |                                                           |                                                                                    |                                                              |
| 20 Drugs and medical supplies                                   |                               |                                                           |                                                                                    |                                                              |
| 21 Taxidermy                                                    |                               |                                                           |                                                                                    |                                                              |
| 22 Historical artifacts                                         |                               |                                                           |                                                                                    |                                                              |
| 23 Scientific specimens                                         |                               |                                                           |                                                                                    |                                                              |
| 24 Archeological artifacts                                      |                               |                                                           |                                                                                    |                                                              |
| 25 Other ► ( )                                                  |                               |                                                           |                                                                                    |                                                              |
| 26 Other ► ( )                                                  |                               |                                                           |                                                                                    |                                                              |
| 27 Other ► ( )                                                  |                               |                                                           |                                                                                    |                                                              |
| 28 Other ► ( )                                                  |                               |                                                           |                                                                                    |                                                              |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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 |          | <b>X</b> |
| 31  | <b>X</b> |          |
| 32a | <b>X</b> |          |
|     |          |          |

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

Schedule M (Form 990) (2012)

THE COMMUNITY FOUNDATION

Schedule M (Form 990) (2012) 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: THE ORGANIZATION UTILIZES THE SERVICES OF A  
VARIETY OF FINANCIAL SERVICES FIRMS TO LIQUIDATE GIFTS OF SECURITIES IN  
THE MOST COST EFFICIENT MANNER POSSIBLE.

**SCHEDULE O**  
**(Form 990 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

**2012**

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 FOR REVIEW, AND GIVEN AN  
EXTENDED OPEN-COMMENT PERIOD, WHICH IS FOLLOWED BY A DISCUSSION AT THE  
BOARD MEETING OF KEY SECTIONS AND ANY QUESTIONS THAT EMERGED DURING THE  
COMMENT PERIOD.

FORM 990, PART VI, SECTION B, LINE 12C: STAFF AND BOARD MEMBERS MUST  
DISCLOSE CONFLICTS OF INTEREST IN WRITTEN FORM ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS 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.

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

Employer identification number  
**56-1223384**

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS

292,055.

FORM 990, PART XI, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR  
OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT.  
THIS HAS NOT CHANGED SINCE THE PRIOR YEAR.

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

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

FORM 990, SCHEDULE D, PART V, ENDOWMENT FUNDS

THE ORGANIZATION'S PERMANENTLY RESTRICTED NET ASSETS INCLUDE CERTAIN  
FUNDS NOT CLASSIFIED AS TRADITIONAL ENDOWMENT FUNDS, INCLUDING THE  
ESTIMATED RESIDUAL INTEREST IN SPLIT-INTEREST GIFT ARRANGEMENTS AND THE  
MINIMUM FUND BALANCE REQUIREMENTS FOR DONOR ADVISED FUNDS.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

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

Employer identification number  
**56-1223384**

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

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

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

| (a)<br>Name, address, and EIN<br>of related organization                                             | (b)<br>Primary activity                              | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------------------------------|----|
|                                                                                                      |                                                      |                                                     |                               |                                                           |                                     | Yes                                                | No |
| WESTERN NORTH CAROLINA REAL ESTATE<br>FOUNDATION - 26-1998057, P.O. BOX 1888,<br>ASHEVILLE, NC 28802 | RECEIVES AND HOLDS<br>DONATIONS OF REAL<br>PROPERTY. | NORTH CAROLINA                                      | 501(C)(3)                     | LINE 11(A)<br>TYPE I                                      |                                     |                                                    | X  |
|                                                                                                      |                                                      |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                      |                                                      |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                      |                                                      |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                      |                                                      |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                      |                                                      |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                      |                                                      |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                      |                                                      |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                      |                                                      |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                      |                                                      |                                                     |                               |                                                           |                                     |                                                    |    |

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

Schedule R (Form 990) 2012

**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, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a)<br>Name of other organization                    | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|------------------------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| WESTERN NORTH CAROLINA REAL ESTATE<br>(1) FOUNDATION | B                                | 5,000                  | CASH VALUE                                   |
| WESTERN NORTH CAROLINA REAL ESTATE<br>(2) FOUNDATION | C                                | 365,806                | CASH VALUE                                   |
| (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)