Form 990 (Rev January 2020) Department of the Treasury Internal Revenue Service

SCANNED APR 0 9 2022

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

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

Do not enter social security numbers on this form as it may be made public.

2019

Open to Public No. ► Go to www.irs.gov/Form990 for instructions and the latest information. 2020 A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, Check if applicable C Name of organization D Employer identification number THE COMMUNITY FOUNDATION Address change OF WESTERN NORTH CAROLINA Name change 56-1223384 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 300 828-254-4960 4 VANDERBILT PARK DRIVE 84,757,931. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ ASHEVILLE, NC 28803 H(a) Is this a group return F Name and address of principal officer GRAHAM KEEVER Applica-tion Yes 🗓 No for subordinates? SAME AS C ABOVE 」Yes \_\_\_No etatus X 501(c)(3) 501(c) (

			11 No, attach a	nat (acc manuchona)					
<u>J V</u>	<b>Vebs</b>	te: ► WWW.CFWNC.ORG	H(c) Group exemption						
			Year of formation: 1978 N	State of legal domicile NC					
<b>P</b> a	rt l	Summary	···						
	1	Briefly describe the organization's mission or most significant activities PLEASE R	EFER TO SCHEDU	JLE O FOR					
ဦ		ORGANIZATION'S MISSION STATEMENT.							
ī.	2	Check this box If the organization discontinued its operations or disposed of p	no ethan 25% of its net ass	ets					
Governance	3	Number of voting members of the governing body (Part VI, line 1a)	CEIVED 3	20					
ၓ	4	Number of independent voting members of the governing body (Part VI, line by	Sa	20					
Activities &	5	Number of independent voting members of the governing body (Part VI, line by Total number of individuals employed in calendar year 2019 (Part V, line 2a)	AR 1 9 2021	21					
rtie	6	Total number of volunteers (estimate if necessary)	06	50					
Ę.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	73	164,807.					
ĕ		Net unrelated business taxable income from Form 990-T, line 39	ADEN. UL	155,237.					
			Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)	19,074,011.	17,277,827.					
Jue -	9	Program service revenue (Part VIII, line 2g)	498,764.	513,104.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,344,013.	6,921,016.					
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	160,324.	169,476.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,077,112.	24,881,423.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,648,606.	18,563,717.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,142,607.	2,293,703.					
ıse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) 541,563.	数を見るなどの対象						
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,881,414.	1,679,026.					
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	20,672,627.	22,536,446.					
	19	Revenue less expenses Subtract line 18 from line 12	5,404,485.	2,344,977.					
or			Beginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)	331,194,633.	331,135,968.					
t Assets of Balanc	21	Total liabilities (Part X, line 26)	82,126,099.	82,703,574.					
읭	22	Net assets or fund balances Subtract line 21 from line 20	249,068,534.	248,432,394.					
Pa	rtill	Signature Block							
Unde	r pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of my	knowledge and belief, it is					
true,	true, correct, and complete. Deglaration of preparer (other that officer) is based on all information of which preparer has any knowledge								

U tr Sign GRAHAM KEEVER FINANCIAL OFFICER Here Type or print name and title Pheparer Asidosture My CPK PTIN Print/Type preparer's name SCOTT HUGHES Paid SCOTT HUGHES P00146040 Firm's name JOHNSON PRICE SPRINKLE PA Firm's EIN ▶ 56-1169449 Preparer Firm's address > 79 WOODFIN PLACE, SUITE 300 **Use Only** 

ASHEVILLE, NC 28801

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

Yes X No Form **990** (2019)

Phone no. 828 - 254 - 2374

	990 (2019) OF WESTERN NORTH CAROLINA, INC.	56-1223384 Page 2
Pa	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission	
	THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA PROMO	
	EXPANDS REGIONAL PHILANTHROPY AND DEVELOPS LOCAL FUNDS T	
	CHANGING NEEDS AND OPPORTUNITIES IN THE 18 COUNTIES OF W	VESTERN 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 X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X Yes No
•	If "Yes," describe these changes on Schedule O	<del>-</del> -
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 other	
	revenue, if any, for each program service reported	, <b>-,</b> -, -, -, -, -, -, -, -, -, -, -, -, -,
4a	(Code) (Expenses \$ 20,339,917. including grants of \$18,563,717. ) (Reve	513,104.)
70	THE FOUNDATION MADE NUMEROUS CHARITABLE CONTRIBUTIONS TO	
	APPROVED 501(C)(3) ORGANIZATIONS, AND TO INDIVIDUALS FOR	
	THE TOTAL STATE OF THE STATE OF	
		* # *
46	/a	inue \$
4b	(Code) (Expenses \$) (Reve	nues)
40	(Code ) (Expenses \$ including grants of \$ ) (Reve	
4c	(Code) (Expenses \$) (Reve	nues)
	<del></del>	
		<del></del>
	Other angular convect (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O)	,
	(Expenses \$\(\(\)\) \(\) \(\)\ \(\)\ \(\)\ \(\)\ \(\)\ \(\)\ \(\)\ \(\)\ \(\)\ \(\)\ \(\)\ \(\)\ \\\\\\\\	
<u>4e</u>	Total program service expenses ► 20,339,917.	Form <b>990</b> (2019)
		Form 330 (2019)

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Form 990 (2019) OF WESTERN N
Part IV Checklist of Required Schedules

56-1223384

2202 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes." complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		<del> </del>
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٣		$\vdash$
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
_	· · · · · · · · · · · · · · · · · · ·	<del></del>		<del>  **</del>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	١.		х
_	Schedule D, Part III	8_		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	١.		<b>.</b>
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		1.5	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			· '
	as applicable	-		_
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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? If "Yes," complete Schedule F. Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del></del>		
18		18		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا مم ا	🕶	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	N O	(0040)
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THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
		22	х	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	- <del>**</del> -		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			İ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23_	<u> X</u>	-
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		,	
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D				l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l	1	v
	Schedule L, Part I	25b		X.
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			l
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ĺ
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III	27		X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)	ŀ		
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			i '
		28a	х	ĺ
	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
		200		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		v	
	"Yes," complete Schedule L, Part IV	28c	X	<b>-</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ľ	ĺ
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<del></del>		_ <del>_</del>
5		354		ĺ
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del></del>	<del>                                     </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2,	<u> 36</u>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1,7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
·	(gambling) winnings to prize winners?	1c	X	
	TW WI WILL THE			

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Form **990** (2019)

· ai	Statements Regarding Other in Chinigs and Tax Compliance (continued)								
			Yes	No .					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			,					
	filed for the calendar year ending with or within the year covered by this return  2a 21		<del></del> -	1					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<del></del>						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	X						
	•								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_ <u>X</u>					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			$\overline{\mathbf{x}}$					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c							
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> </u>							
6a	any contributions that were not tax deductible as charitable contributions?	6a		Х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua							
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			, 1					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year			3					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_X_					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			لـيـا					
	sponsoring organization have excess business holdings at any time during the year?	8		X					
9	Sponsoring organizations maintaining donor advised funds.			لبيه					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u>X</u>					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X					
10	Section 501(c)(7) organizations. Enter								
a	Initiation fees and capital contributions included on Part VIII, line 12			` [					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			, ,					
11	Section 501(c)(12) organizations. Enter								
a	Gross income from members or shareholders  Gross income from other sources (Do not not amounts due or paid to other sources against								
IJ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			[					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	,,		Ī					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O			• 1					
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	-	l	1					
c	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		<u> X</u>					
	if "Yes," see instructions and file Form 4720, Schedule N			لــِـا					
16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>					
	If "Yes," complete Form 4720, Schedule O	<b>-</b>	000	(00.10)					
		Form	<b>330</b>	(2019)					

Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI						X		
Sec	tion A. Governing Body and Management								
						Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a_	l	20			,		
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						: .		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20								
2									
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?		4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?			5		Х		
6	Did the organization have members or stockholders?				6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	ooint	one or						
	more members of the governing body?				7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ckho	lders, or						
	persons other than the governing body?				7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by th	following:		<u>`</u>				
а	The governing body?				8a	Х			
b	Each committee with authority to act on behalf of the governing body?				8b	X	<u> </u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed a	t the				l		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u></u>		9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)						
				ſ		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			}	10a	Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	pters	, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			ŀ	10b	X	<u> </u>		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	<b>ˈ</b>	11a	Х	ļ.,		
b									
12a	• · · · · · · · · · · · · · · · · · · ·								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			ŀ	12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," d	escnbe			v			
	in Schedule O how this was done			- 1	12c	X			
13	Did the organization have a written whistleblower policy?			ŀ	13	X			
14	Did the organization have a written document retention and destruction policy?			-	14	Λ	3 3.00		
15	Did the process for determining compensation of the following persons include a review and approval	by in	aepenaent	- 1			, ,		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l	45.	X	لنتسم		
	The organization's CEO, Executive Director, or top management official			ł	15a	X			
a	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ł	15b	27	١,٠		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ont	th a	Ì		•	`		
iba	taxable entity during the year?	ent w	ur a	i	160		X		
<b>L</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ıte n	articipation	ŀ	16a		1		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	-	•	i			1		
	exempt status with respect to such arrangements?	Lation	3	ŀ	16b				
Sec	tion C. Disclosure		-		100				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE		· · · <u>-</u>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (Section 501(c	1(3)s	only)	availal	ble		
	for public inspection. Indicate how you made these available. Check all that apply	_ 000	. (000	,(0,0	J,				
	X Own website X Another's website X Upon request Other (explain)	on Sc	hedule (1)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		•	and	financ	cial			
	statements available to the public during the tax year			a, 10					
20	State the name, address, and telephone number of the person who possesses the organization's book	s and	records ►						
	GRAHAM KEEVER - 828-254-4960								
		880	3						
932006	01-20-20				Form	990	(2019)		

### Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) A. C. HONEYCUTT	1.00								_	
DIRECTOR	1 00	Х			_	<u> </u>		0.	0.	0.
(2) CAROLINE AVERY	1.00	,,					ŀ		0.	•
DIRECTOR TRANSPORTER	1.00	X				-	_	0.	0.	0.
(3) CHARLES FREDERICK	1.00	v		v				٥.	0.	^
TREASURER (4) CONNIE HAIRE	1.00	X		X	-	-	_	0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(5) ELIZABETH K. BRAZAS	40.00	₽				-	_	•	0.	0.
PRESIDENT	40.00	х		х				254,873.	0.	35,584.
(6) FRANK CASTELBLANCO	1.00	<u> </u>	_	<u> </u>		-		234,073.	0.	33,304.
DIRECTOR	1.00	х						0.	0.	0.
(7) GRAHAM KEEVER	40.00	<u> </u>			$\vdash$	$\vdash$			· ·	<u> </u>
CHIEF FINANCIAL OFFICER	40.00	х		х				159,927.	0.	40,197.
(8) GUADALUPE CHAVARRIA, II	1.00				-	-		133,327		10,1376
DIRECTOR	1,00	х						٥.	0.	0.
(9) J. CHRIS SMTIH	1.00	<del></del>								
DIRECTOR		x						0.	0.	0.
(10) JANET SHARP	40.00								7 .	
STAFF ACCOUNTANT AND ASST.		х		х				64,618.	0.	24,905.
(11) JEAN MCLAUGHLIN	1.00									•
DIRECTOR		х						0.	0.	0.
(12) JOANNE BADR MORGAN	1.00									
DIRECTOR		X						0.	0.	0.
(13) JUANITA WILSON	1.00									:
DIRECTOR		X						0.	0.	0.
(14) JULIE D. KLIPP-NICOLSON	40.00									
ASSISTANT SECRETARY		X						122,589.	0.	25,790.
(15) LOWELL R. PEARLMAN	1.00									
DIRECTOR		X						0.	0.	0.
(16) MAUREAN B. ADAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(17) MICHAEL FIELDS	1.00									
SECRETARY		Х		Х				0.	0.	0. Form <b>990</b> (2019)

932007 01-20-20

Form 990 (2019)

(18) NAOMI DAVIS

VICE-CHAIRPERSON

(21) SCOTT SHEALY

(24) STEPHEN WATSON

(25) SUSAN JENKINS

ASSISTANT SECRETARY

1b Subtotal

DIRECTOR

DIRECTOR

CHAIRPERSON

DIRECTOR

DIRECTOR

(19) NATALIE BAILEY

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC. 56-1223384 Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per box, unless person is both an officer and a director/trustee) compensation compensation amount of week from from related other (list any the organizations compensation hours for organization (W-2/1099-MISC) from the Irustee related (W-2/1099-MISC) organization organizations and related (ey employee Istitutional below organizations line) 40.00 X 64,947. 0 29,404. ACCOUNTING ASSOC. AND ASST 1.00 0. 0. 0. 1.00 (20) SARAH SPARBOE THORNBURG Х 0. 0. 0. 1.00 0. 0. 0. (22) SHERYL L. AIKMAN 40.00 X 132,562 0. 35,678. VP OF DEVELOPMENT, ASSISTA (23) STEPHANIE NORRIS KISER 1.00 X 0. 0. 0. 1.00 0. 0 . 0 . 1.00 0 , 0. 0. (26) VIRGINA L. DOLLAR 40.00 16,978. X 68,702. 0 868,218. 0. 208,536. 137,784. 42,824. 0. c Total from continuation sheets to Part VII, Section A 1,006,002. 251,360. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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

### Section B. Independent Contractors

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

Name and business address Description of services Compensation NONE

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2019)

\$100,000 of compensation from the organization

56-1223384

Form 990 OF WESTER	RN NORTH	<u> C</u>	'AR	OL	IN	Α,	I	NC.	5 <u>6-122</u>	3384		
	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				<b>C)</b>			(D)	(E)	(F)		
Name and title	Average	Position						Reportable	Reportable	Estimated		
	hours	(cl	(check all that appl					compensation	compensation	amount of		
	per week					a		from the	from related organizations	other compensation		
	(list any	5				ploye		organization	(W-2/1099-MISC)	from the		
	hours for	direc				ma pa		(W-2/1099-MISC)	(,	organization		
	related	tee o	ustee			ensat				and related		
	organizations	al trus	ag =		doyee	comp				organizations		
	below	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former					
(0.7)	line)	르	=	8	×	£	e.					
(27) WILLIAM CLARKE DIRECTOR	1.00	х						0.	0.	0.		
(28) PHILIP P. BELCHER	40.00	^	-	$\vdash$	$\vdash$		$\vdash$	0.				
VP PROGRAMS	10.00					х		126,104.	0.	35,728.		
(29) JENNIFER A. SADLER	40.00			Γ			П					
FORMER ASSISTANT TREASURER							Х	11,680.	0.	7,096.		
	ļ. <u>.                                   </u>	$\vdash$				<u> </u>						
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42,824.

Total to Part VII, Section A, line 1c

137,784.

Page 9

OF WESTERN NORTH CAROLINA. INC.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under business revenue function revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 65,500. e Government grants (contributions) f All other contributions, gifts, grants, and 17,212,327 similar amounts not included above 6,835,021. g Noncash contributions included in lines 1a-1f 17,277,827. h Total. Add lines 1a-1f **Business Code** 2 a MGMT FEE INCOME (NET-SEE SCH O) 513,104. 513,104. Program Service Revenue f All other program service revenue 513,104. Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,541,063. 164,807 3,376,256. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 63,256,461 assets other than inventory b Less cost or other basis 59,876,508. and sales expenses Other Revenue 3,379,953. c Gain or (loss) 3,379,953. 3,379,953. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a b Less direct expenses 9ъ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10b **b** Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a MISCELLANEOUS REVENUE 900099 169,476 169,476. d All other revenue 169,476 Total. Add lines 11a-11d Total revenue. See instructions 24,881,423. ٥. 164,807. 7,438,789. Form 990 (2019)

932009 01-20-20

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII expenses Grants and other assistance to domestic organizations 18,035,629. 18,035,629 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 528,088. 528,088. individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 1,274,237. 601,584. 466,604. 206,049. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 692,061. 429,884. 179,468. 82,709. Other salaries and wages 8 Pension plan accruals and contributions (include 49,423. 25,926. 16,239. 7,258. section 401(k) and 403(b) employer contributions) 157,266. 82,498. 51,673. 23,095. 9 Other employee benefits 120,716. 63,324. 17,728. 39,664. 10 Payroll taxes 11 Fees for services (nonemployees) 150,307. 78,911. 49,451. 21,945. a Management 5,626. 2,497. 17,101. 8,978. b Legal 18,945. 30.232. 8.407. 57,584. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 542,424. 542,424. f Investment management fees q Other (If line 11g amount exceeds 10% of line 25, 77,826. 48,711. 22,004. 148,541. column (A) amount, list line 11g expenses on Sch O) 12 Advertising and promotion 4.828. 32,873. 17,244. 10,801. Office expenses 13 14 Information technology Royalties 15 60,085. 31,519. 19,742. 8,824. Occupancy 16 18,425. 9,665. 6,054. 2,706. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9,606. 5,039 3,156. 1,411. 19 Conferences, conventions, and meetings 3,382. 2,119. 947. 6.448. 20 Interest 21 Payments to affiliates 92,549. 13,591. 48,549. 30,409. 22 Depreciation, depletion, and amortization 17,107. 8.974. 5,621. 2,512. Insurance 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 64,922. 123,762. 40,665. 18,175. CONTRACT SERVICES **b** EOUIPMENT MAINTENANCE 92,178. 48,354. 30,287. 13,537. 45,948.c TRAINING/STAFF DEVELOPM 87.591. 28,780. 12,863. d OTHER EXPENSE 74,565. 41,692. 21,202. 11,671. 51,749. 147,880. 37,325. 58,806. e All other expenses 22,536,446. 20,339,917. 1,654,966. 541,563. 25 Total functional expenses. Add lines 1 through 24e Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

932010 01-20-20

Form 990 (2019)

	t X	Balance Sheet  Check if Schedule O contains a response or note	to an	v line in this Part X			
		Check if Contadio C Contains a response of the	, to an	y mile in a new case x	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,554,317.	1	1,087,776.
	2	Savings and temporary cash investments			2,674,832.	2	5,821,985.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		183,582.	4	157,789	
	5	Loans and other receivables from any current or	officer, director,				
ı		trustee, key employee, creator or founder, substa	antial o	contributor, or 35%			·
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifi			'		
		under section 4958(f)(1)), and persons described	ın sec	tion 4958(c)(3)(B)		6	
ا يو	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
۴	9	Prepaid expenses and deferred charges			56,033.	9	43,962
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	3,012,071. 839,228.			· · · · · · · · · · · · · · · · · · ·
	b	Less accumulated depreciation	10b	839,228.	2,234,849.	10c	2,172,843
	11	Investments - publicly traded securities			165,512,647.	11	184,038,521
	12	Investments - other securities See Part IV, line 1	157,978,373.	12	137,813,092		
	13	Investments - program-related See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11				15	
Ц	16	Total assets. Add lines 1 through 15 (must equa	I line 3	3)	331,194,633.	16	331,135,968
	17	Accounts payable and accrued expenses		8,856.	17	20,887	
	18	Grants payable	515,955.	18	552,293		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20	<u> </u>	
	21	Escrow or custodial account liability Complete F				21	
Sa	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
de		controlled entity or family member of any of these			200 221	22	254 600
_	23	Secured mortgages and notes payable to unrelate		· ·	309,321.	23	354,600
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24	Complete Part X	81,291,967.	0.5	81,775,794
		of Schedule D			82,126,099.	25	82,703,574
-	26	Total liabilities. Add lines 17 through 25		e <b>X</b>	02,120,033.	26	02,703,374
ņ		Organizations that follow FASB ASC 958, chec	ck ner	e P A			
ac		and complete lines 27, 28, 32, and 33.			3,773,243.	27	4,098,864
ala	27	Net assets with depar restrictions			245,295,291.	28	244,333,530
d B	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC 95	9 ah	ock hore	243,233,231.		244,333,330
۳.		_	, CIII	ck liefe		•	
ŏ	20	and complete lines 29 through 33.  Capital stock or trust principal, or current funds				<del></del>	
ets	29	Paid-in or capital surplus, or land, building, or equ	unma	at fund		30	
188	30	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	31 32	Total net assets or fund balances	one,	or other lunus	249,068,534.	32	248,432,394.
<b>ラ</b>	32	Total liabilities and net assets/fund balances			331,194,633.	33	331,135,968.

<u>F</u> orm	990 (2019) OF WESTERN NORTH CAROLINA, INC.	56-	1223	384	Pa	ge 12
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
						•
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 88		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 53		
3	Revenue less expenses Subtract line 2 from line 1	3		, 34		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,06		
5	Net unrealized gains (losses) on investments	5	<u>-2</u>	,85	2,0	<u>05.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-12	<u>9,1</u>	<u>12.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	248	,43	<u>2,3</u>	<u>94.</u>
Pa	t XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> X</u>
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				الــــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
	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					
	X Separate basis Consolidated basis Both consolidated and separate basis					, ) ,
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule C				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	ıt			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		L
				Form	990	(2019)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

THE COMMUNITY FOUNDATION

organization(s) You must complete Part IV, Sections A and C.

2019

Open to Public Inspection

Employer identification number

56-1223384 OF WESTERN NORTH CAROLINA, INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported

f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (n) EIN n your governing document (described on lines 1 10 support (see instructions) organization support (see instructions) Nο above (see instructions)) Total

c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

d \_\_\_\_\_ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III,

its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.

requirement (see instructions) You must complete Part IV. Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 OF WESTERN NORTH CAROLINA, INC. 56-1223
| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support		·	· · · · · · · · · · · · · · · · · · ·			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	!					
	include any "unusual grants ")	18482943.	17852272.	28924285.	18993511.	17341964.	101594975
2	Tax revenues levied for the organ-	!			[		
	ızatıon's benefit and either paid to	!					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					ł	
	the organization without charge						
4	Total. Add lines 1 through 3	18482943.	17852272.	28924285.	18993511.	17341964.	101594975
5	The portion of total contributions					<b>'</b>	
	by each person (other than a						
	governmental unit or publicly	ļ '				ľ ,	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						15645094.
6	Public support. Subtract line 5 from line 4						85949881.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	( <b>b</b> ) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	18482943.	17852272.	28924285.	18993511.	17341964.	101594975
8	Gross income from interest,						
	dividends, payments received on	]					
	securities loans, rents, royalties,	1		i			
	and income from similar sources	2231938.	2308558.	2594104.	2879787.	2998639.	13013026.
9	Net income from unrelated business						
	activities, whether or not the	]					
	business is regularly carried on	34,934.	108,005.	303,651.	34,162.	164,807.	645,559.
10	Other income Do not include gain	•					
	or loss from the sale of capital						
	assets (Explain in Part VI)	668,137.	723,053.	581,749.	691,559.	555,829.	
11	Total support. Add lines 7 through 10				4	· ·	118473887
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization s	first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	
	organization, check this box and stop	p here					▶□
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	72.55 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	<u>71.97 %</u>
16a	33 1/3% support test - 2019. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			ightharpoons X
b	33 1/3% support test - 2018. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orgai	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a j	publicly supported	organization		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported organ	nization	▶ □
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	5 <b>)</b>
					Sche	edule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 OF WESTERN NORTH CAROLINA, INC.

56-1223384 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (e) 2019 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 16 16 Public support percentage from 2018 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage % Investment income percentage for 2019 (In 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. If the oganization 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 - 2018. 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 A (Form 990 or 990-EZ) 2019

932023 09-25-19

# Schedule A (Form 990 or 990-EZ) 2019 OF WESTERN NORTH CAROLINA, INC.

Part IV Supporting Organizations

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

sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		<u>.</u>	
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination		*,*	- "
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	,		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		_ <u></u> -	
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? // "Yes,"	•		
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		-	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		تتسكد	
	was accomplished (such as by amendment to the organizing document)	5a		-
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	6		
-	Part VI.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<del>'</del>		
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
Qa	Was the organization controlled directly or indirectly at any time during the tax year by one or more		,	
-	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			٠.,
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

		44330	4 Pa	age 5
Pai	t IV   Supporting Organizations (continued)		Yes	Na
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		L
Sec	tion C. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed	1	ر	
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			'
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	-	<del></del>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		i
		1		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions  The organization satisfied the Activities Test Complete line 2 below	·)·		
b	The organization statistics the Activities rest Complete line 2 below  Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	taictions		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	-		1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		L
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		,	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			لـــــا
	activities but for the organization's involvement	2b		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		<del>                                     </del>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			d
000000	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	0.53	2040
932025	5 09-25-19 Schedule A (Form 9	aan ot aa	<b>∪-⊏</b> ∠)	ZU 19

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Sche	dule A (Form 990 or 990-EZ) 2019 OF WESTERN NORTH CAROLI	NA, II		5-1223384 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	Nov 20, 1970 (explain in Pa	rt VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		, ,	`
	instructions for short tax year or assets held for part of year)	,		, + 1,
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	•		
	factors (explain in detail in Part VI)	- I		10. " "
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7	<u> </u>	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		,	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	<u>%</u>	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		-	
	emergency temporary reduction (see instructions)	6	<u> </u>	
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting organi	zation (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990 EZ) 2019 OF WESTERN NO	RTH CAROLINA,	INC.	6-1223384 Page 7
Par		(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	
_4_	Amounts paid to acquire exempt-use assets			<u> </u>
_5_	Qualified set-aside amounts (prior IRS approval required)			
_6_	Other distributions (describe in Part VI) See instructions			
_7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			1
	able cause required- explain in Part VI) See instructions			
_3_	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			<u> </u>
<u> </u>	From 2015			<u> </u>
<u> </u>	From 2016	<u> </u>		* 1
<u>d</u>	From 2017			1
<u>        e                            </u>	From 2018			
f_	Total of lines 3a through e		<u> </u>	<u> </u>
	Applied to underdistributions of prior years			<del>                                     </del>
	Applied to 2019 distributable amount			<u> </u>
	Carryover from 2014 not applied (see instructions)			
<u> </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	<u>'</u>		
4	Distributions for 2019 from Section D,			
	line 7 \$			1
	Applied to underdistributions of prior years	<u> </u>		<u> </u>
	Applied to 2019 distributable amount			<del> </del>
	Remaining underdistributions for years prior to 2019, if			<u> </u>
5	any Subtract lines 3g and 4a from line 2. For result greater			1
	than zero, explain in <b>Part VI.</b> See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			'
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
	Excess distributions carryover to 2020. Add lines 3			•
′	and 4c			1
8	Breakdown of line 7		-	i
	Excess from 2015			
	Excess from 2016			i
	Excess from 2017			
	Excess from 2018			i
	Excess from 2019			1

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-E	Z) 2019 <b>OF</b>	WESTERN	NORTH	CAROLINA.	INC.	56-1223384 Page 8
Part VI	Supplemental	Information	n. Provide the	explanation	s required by Part II	, line 10, Part II, line	e 17a or 17b, Part III, line 12, , lines 1 and 2, Part IV, Section C,
	line 1. Part IV. Sec	tion D, lines 2 6, and 8, and	and 3. Part IV.	Section E. Iir	ies 1c. 2a. 2b. 3a. a	nd 3b, Part V, line 1	I, Part V, Section B, line 1e, Part V, additional information
	(See instructions)						
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### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of organization

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

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

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

THE COMMUNITY FOUNDATION

- 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

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

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

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

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

	OF WEST	ERN NORTH CAROLI	NA, INC.		56-1223384	
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 org	anization.	
2 Political c	description of the organiz ampaign activity expendit hours for political campai		cal campaign activities	_		<u>0.</u>
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(	3).		
1 Enter the	·	incurred by the organization un-		▶\$		0.
2 Enter the	amount of any excise tax	incurred by organization manag	ers under section 4955	▶\$		0.
3 If the orga	anization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes	No
4a Was a co	rrection made?				Yes	No
	lescribe in Part IV				76	
	<u>·</u>	anization is exempt und				
	• '	I by the filing organization for se	·			
	• •	ization's funds contributed to o	ther organizations for se			
•	inction activities	A 111 4 10 Feb 15 -				
	mpt function expenditures	Add lines 1 and 2 Enter here a	and on Form 1120-POL	, • • •		
line 17b	ing organization file Form	1120 BOL for this year?		ΨΨ	Yes	Νo
	ing organization file Form	nployer identification number (El	IN) of all section 527 no	ulitical organizations to which		110
		tion listed, enter the amount par				
		omptly and directly delivered to				
political a	ction committee (PAC) If	additional space is needed, pro	vide 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 a promptly and directly delivered to a separate political organization. If none, enter -0-	and / e
			-			
For Paperwor	k Reduction Act Notice.	see the Instructions for Form	990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2	019

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Schedule C (Form 990 or 990-EZ) 2019	OF WESTERN	NORTH CAROL	INA, INC.	56-1	223384 Page 2
Part II-A Complete if the org section 501(h)).	anization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
A Check ► if the filing organiza expenses, and shar	e of excess lobbying e			group member's name	e, address, EIN,
Limit	ts on Lobbying Exper	nd "limited control" pro nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion (g	grassroots lobbying)		95.	
<b>b</b> Total lobbying expenditures to influ	ience a legislative bod	ly (direct lobbying)		25,161.	
c Total lobbying expenditures (add lii	nes 1a and 1b)			25,256.	
d Other exempt purpose expenditure	es .			20,314,785.	
e Total exempt purpose expenditure:	s (add lines 1c and 1d	)		20,340,041.	
f Lobbying nontaxable amount Ente	er the amount from the	following table in both	columns	1,000,000.	
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		~ A
Not over \$500,000	20% of 1	the amount on line 1e			,
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000	'	п
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exce			4,
Over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000		
Over \$17,000,000	\$1,000,	000			
g Grassroots nontaxable amount (en	ter 25% of line 1ft			250,000.	
h Subtract line 1g from line 1a If zero				0.	
Subtract line 1f from line 1c If zero				0.	
i If there is an amount other than zer		line 1i. did the organiza	ition file Form 4720		
reporting section 4911 tax for this				[	Yes No
(Some organizations th	nat made a section 56 See the separa	ate instructions for lin	nave to complete all des 2a through 2f.)	of the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period	T	
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	942,425.	1,000,000.	1,000,000.	1,000,000.	3,942,425.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,913,638.
c Total lobbying expenditures	900.	6,980.	15,803.	25,256.	48,939.
d Grassroots nontaxable amount	235,606.	250,000.	250,000.	250,000.	985,606.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,478,409.

Schedule C (Form 990 or 990-EZ) 2019

6,980.

900.

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019 OF WESTERN NORTH CAROLINA, INC. 56-1223384 Page 3

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

For eac	h "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(1	o)
	bbying activity	Yes	No	Amo	ount
lo o	uring the year, did the filing organization attempt to influence foreign, national, state, or cal legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of	, ,	-		• •
	olunteers? aid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c M	edia advertisements?				
d M	ailings to members, legislators, or the public?				
e P	ublications, or published or broadcast statements?		ļ		
	rants to other organizations for lobbying purposes?				
g D	rect contact with legislators, their staffs, government officials, or a legislative body?				
h R	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		ļ		
iΟ	ther activities?			ļ <u></u>	
j To	otal Add lines 1c through 1i			ļ	
<b>2a</b> D	d the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ	ļ	ļ	, •
b If	"Yes," enter the amount of any tax incurred under section 4912		,		
c If	"Yes," enter the amount of any tax incurred by organization managers under section 4912		•		
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>			٠.
Part I		on 501(c)(	5), or sec	ction	
	501(c)(6).			,	•
			_	Yes	No
1 V	ere substantially all (90% or more) dues received nondeductible by members?		_1_		
<b>2</b> D	d the organization make only in-house lobbying expenditures of \$2,000 or less?		2	ļ	
3 D Part I	the organization agree to carry over lobbying and political campaign activity expenditures from to the Discount of the Organization is exempt under section 501(c)(4), section 501(c)(4)	he prior year	<u>γ 3</u>	<u> </u>	
. 5	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"NO" OR	1	III-A, IINE	3, IS
	ues, assessments and similar amounts from members		1		
	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	icai	.	1	
	xpenses for which the section 527(f) tax was paid).		<del></del>		
	urrent year		2a		
	arryover from last year		2b		
	otal		2c		
	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3_		
	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc			İ	
	oes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	Julicai		1	
	spenditure next year?  axable amount of lobbying and political expenditures (see instructions)		5		
Part I				<u> </u>	
		a lint\ Dart !!	A lines 1 -	nd 2 (ccc	
	the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group ions), and Part II-B, line 1. Also, complete this part for any additional information	o listy, mart li	-А, шез га	110 2 (566	
	I-A, LINE 1:				
- WV I	I-A, DINE I.				
mur	COMMUNITY FOUNDATION PREPARED FOR OUTREACH TO LEG	T QT. A TIO	ס דאזר	LUDING	<u>.</u>
тпь	COMMONITY FOUNDATION FREFARED FOR OUTREACH TO DEG	TOTATOR	VD TIVE	портис	
SENA	TOR BURR AND TILLIS REGARDING HOUSE BILL 882, HEAD	D START	r fund	ING.	
ALSO	IN PARTNERSHIP WITH BLUE RIDGE PARTNERSHIP FOR	CHILDRE	EN, LE	TTERS	
WERE	SENT TO THE HOUSE HEALTH COMMITTEE ON THE IMPACT	OF COV	VID ON	CHILE	)
CARE	•				
		Schedu	ile C (Form	990 or 990	1-FZ1 20

Schedule C (Form 990 or 990-EZ) 2019 OF WESTERN NORTH CAROLINA, INC. 56  Part IV   Supplemental Information (continued)	5-1223384	Page 4
Part IV Supplemental information (continued)		
	<del> ,</del> .	· · · · · · · ·
THE COMMUNITY FOUNDATION SENT THREE EMAIL ACTION ALERTS CALLING	3 ON	
PEOPLE TO CONTACT STATE AND FEDERAL LEGISLATORS TO SUPPORT EARI	.Y	<del></del>
CHILDHOOD EDUCATION FUNDING IN COVID RELIEF PACKAGES.		
ELIZABETH BRAZAS SIGNED ONTO MANNA FOODBANK'S LETTER REQUESTING	FOOD	
ASSISTANCE TO HELP WITH COVID-19 NEEDS.		
ELIZABETH BRAZAS SIGNED ONTO LETTER FROM NC CHILD TO NCGA FOR E	EXPANDING	
MEDICAID. SHE ALSO PUT FEEDBACK ON THE NC GENERAL ASSEMBLY COV	/ID-19	
FEEDBACK PORTAL REGARDING EXPANSION OF MEDICAID.		
THE COMMUNITY FOUNDATION DRAFTED A LETTER TO GOVERNOR COOPER, S	SPEAKER	
MOORE AND SENATE PRESIDENT PRO TEMPORE BERGER REGARDING FOOD IN	SECURITY	
AND NEED FOR FUNDING AND OTHER SUPPORT. ELIZABETH BRAZAS WORKEI	ON	
LETTER, COMMUNICATED WITH ANTI-HUNGER REPRESENTATIVES, COMMUNICATED	CATED	
WITH FUNDERS REGARDING SIGNING LETTER FOR ANITI-HUNGER COALITIC	ON OF	
WNC.		
ALSO, FINALIZED LETTER AND SUBMITTED VIA EMAIL AND VIA THE NC O	SENERAL	
ASSEMBLY ONLINE COVID PORTAL REGARDING ANTI-HUNGER COALITION OF	WNC.	
ELIZABETH BRAZAS SENT A LETTER OF SUPPORT FOR SB705(THE BUNCOME	BE COUNTY	
JOBS RECOVERY ACT) TO SPEAKER MOORE AND SENATE PRESIDENT PRO TE	MPORE	
FOR \$500,000 APPROPRIATION OF TDA FUNDS.		
ELIZABETH BRAZAS SENT A LETTER SUPPORTING FEDERAL RELIEF FUNDIN	IG FOR	
THE INDEPENDENT RESTAURANT COALITION TO SENATORS BURR AND TILLI	S AND	
REPRESENTATIVE MCHENRY.		
	Form 990 or 990-E	EZ) 2019

31

Schedule C (Form 990 or 990-EZ) 2019 OF WESTERN NORTH CAROLINA, INC.	56-1223384	Page 4
Part IV Supplemental Information (continued)		
ELITADEMU DONGA CENIM A LEMMED MA CENIMAMADO MILLIO AND DUDD	DECADITAC	
ELIZABETH BRAZAS SENT A LETTER TO SENTATORS TILLIS AND BURR	KEGARDING	
INCREASING SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM ALLOCAT	TON	
INCREASING SOFF DEMENTAL NOTRITION ADSIDIANCE INCOMM ADDIOCAL	10111	
ELIZABETH BRAZAS SENT AN EMAIL IN SUPPORT FOR H1068, S738 AN	D ARTS	
FUNDING DURING COVID-19.		
	<del>.</del>	
THE THE PROPERTY OF THE PARTY O	arr non m	
ELIZABETH BRAZAS SIGNED ONTO A NC CHILD'S LETTTER REQUESTING	SUPPORT	
BOD BOD BUNDING IN MUR NEVE COULD 10 DELICE FUNDING		
FOR ECD FUNDING IN THE NEXT COVID-19 RELIEF FUNDING.		
ELIZABETH BRAZAS SIGNED ONTO A LETTER URGING CONGRESS AND TH	E WHITE	
HOUSE TO IMMEDIATELY BOOST SUPPLEMENTAL NUTRITION ASSISTANCE	PROGRAM	
BENEFITS AND MAKE INVESTMENTS IN OTHER CRITICAL NUTRITION PR	OGRAMS WITH	
PROVEN HEALTH AND ECONOMIC IMPACTS.		
<u> </u>		
•	<del></del>	
·		
		•

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION

OF WESTERN MORTH CAROLINA TNC Employer identification number 56-1223384

Pai	t I Organizations Maintaining Donor Advise		Accoun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, , , ,	(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at end of year	407		
2	Aggregate value of contributions to (during year)	10,944,543.		
3	Aggregate value of grants from (during year)	11,715,506.		
4	Aggregate value at end of year	95,586,003.		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ınds	
	are the organization's property, subject to the organization's	exclusive legal control?		X Yes No
6	Did the organization inform all grantees, donors, and donor a		only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	erring	
	impermissible private benefit?			X Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a his	storically i	mportant land area
	Protection of natural habitat	Preservation of a ce	ertified his	toric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservat	on easement on the last
	day of the tax year		ļ	Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	·
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization o	during the tax
	year >			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, $ \\$	handling of violations, and enforcing conserva-	tion easer	ments during the year
	<b>—</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easement	s during the year
_	<b>)</b> \$		(D) (1)	
8	Does each conservation easement reported on line 2(d) abov	e 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			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	ınaı desci	ibes tile
Dai	organization's accounting for conservation easements t III   Organizations Maintaining Collections of	Art Historical Treasures or Other	Similar	Assets
	Complete if the organization answered "Yes" on Form		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10	If the organization elected, as permitted under FASB ASC 95		alance sh	eet works
ıa	of art, historical treasures, or other similar assets held for put			
	service, provide in Part XIII the text of the footnote to its finar		ance or p	aono
h	If the organization elected, as permitted under FASB ASC 95		ce sheet	works of
J	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items	CAMBRION, COCCERT, OF TOCCERT IN TARRISTAN		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ 9	s
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> 9	
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial dain		·
-	the following amounts required to be reported under FASB A		., p. 57.40	
а	Revenue included on Form 990, Part VIII, line 1		▶ 9	s
	Assets included in Form 990, Part X			}

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

932051 10-02-19

Schedule D (Form 990) 2019

	edule D (Form 990) 2019 OF WEST rt III Organizations Maintaining C	ERN NORTH C			Other S				Page 2
3	Using the organization's acquisition, accessi							- (COITIII)	<u> (eu)</u>
	collection items (check all that apply)	,	,	ŭ	J				
а	Public exhibition	d	Loan or exc	hange progra	ım				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exemp	t purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations o	f art, historical treas	sures, or othe	r sımılar as	ssets		_	
	to be sold to raise funds rather than to be ma							Yes	No_
Pa	rt IV Escrow and Custodial Arran		te if the organizatio	n answered "	Yes" on Fo	orm 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	·							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other ass	ets not inc	cluded	_	_	[TE]
	on Form 990, Part X?						<u> </u>	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table						
						<b>-</b>		Amount	
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f On	Ending balance	orm 000 Bort V line	21 for accrow or cu	etodial acco	int linbilitie	1f		Yes	□ No
	Did the organization include an amount on Fi if "Yes," explain the arrangement in Part XIII					•	L	_ 162	<b>—</b> "
	rt V Endowment Funds. Complete								
	The state of the s	(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	years back
1a	Beginning of year balance	162,390,311.	155,514,737.	146,923			12,404.		391,750.
b	Contributions	4,778,098.	8,339,531.		,500.		67,619.	1	243,507.
c	Net investment earnings, gains, and losses	1,877,895.	5,686,543.	<del> </del>	,172.		27,785.	<del>                                     </del>	272,231.
d	Grants or scholarships	6,976,167.	6,098,007.	6,405	,793.	4,3	58,422.	4,	185,144.
e	Other expenditures for facilities								
_	and programs	1,043,350.	726,944.	1,300	,202.	726,326.		2,	865,478.
f	Administrative expenses	331,894.	325,549.						
g	End of year balance	160,694,893.	162,390,311.	155,514	,737.	146,9	23,060.	128,	312,404.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as					
а	Board designated or quasi-endowment	.00	_%						
b	Permanent endowment ► 88.09	%							
С	Term endowment ▶ 11.91	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administer	ed for the	organiza	ation	_	
	by								Yes No
	(i) Unrelated organizations							3a(ı)	X
	(ii) Related organizations							3a(II)	X
	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment funds						
Га	Complete if the organization answere		Part IV June 11a S	oo Form 990	Part Y lin	ω 10			
		(a) Cost or of		or other			nd T	(d) Book	value
	Description of property	basis (investm		(other)		umulate eciation		(u) DOOK	· aiue
10	Land	223.0 ( 304)	, , , , ,	,,					
	Buildings		2.59	4,273.	4.8	31,0	21.	2,113	,252.
	Leasehold improvements		1 2,33			,		_,	<u> </u>
d	Equipment		20	7,080.	17	78,5	54.	28	,526.
	Other			0,718.		79,6			,065.
									,843.

Schedule D (Form 990) 2019

edule D (Form 990) 2019	OF	WESTERN	NORTH	CAROLIN

							1 40			
Complete if the organization answered "Yes	on Form	990, Par	t IV, line							
(a) Description of security or category (including name of security)	(b)	Book va	lue	(-	c) Method	of valuation	n Cost	or end	-of-year ma	rket value
(1) Financial derivatives										
(2) Closely held equity interests										
(3) Other		•								
(A) INVESTMENT FUNDS										
(B) (RESTRICTED CASH)		,855,		E	ND-OF	-YEAR	MAR	KET	VALUE	
(C) OTHER HEDGE FUNDS	14	,427,	047.	E	ND-OF	-YEAR	MAR	KET	VALUE	
(D) REAL ESTATE ASSET FUNDS	12	,522,	478.	E	ND-OF	-YEAR	MAR	KET	VALUE	
(E) PRIVATE EQUITY FUNDS	2	,157,	558.	E	ND-OF	-YEAR	MAR	KET	VALUE	
(F) FORRESTER DIVERSIFIED,	l									
(G) LTD (HEDGE FUND)	4	,924,	502.	E	ND-OF	-YEAR	MAR	KET	VALUE	
(H)										
Total. (Col (b) must equal Form 990, Part X, col. (B) line 12)	137	,813,	092.							
Part VIII Investments - Program Related.										
Complete if the organization answered "Yes	on Form	990, Par	t IV, line	11c_S	ee Form 9	90, Part X,	line 13			
(a) Description of investment	(b)	Book va	lue	(	c) Method	of valuation	n Cost	or end	-of-year ma	rket value
(1)	1						-		·	
(2)										
(3)										
(4)										
(5)			•							
(6)										
	1			1						
(7)										
(7)										
(8)										
(8) (9)										
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		990, Par	t IV, line	11d S	See Form 9	990, Part X	line 15			
(8)  (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes			t IV, line	11d S	See Form S	90, Part X	line 15		<b>(b)</b> Bo	ook value
(8)  (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes	on Form		t IV, line	11d S	See Form S	90, Part X	line 15		(b) 8d	ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes (a	on Form		t IV, line	11d S	See Form 9	90, Part X	line 15		<b>(b)</b> Bo	ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes (a)  (1) (2)	on Form		t IV, line	11d S	See Form 9	990, Part X	line 15		<b>(b)</b> Bo	ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes (a)  (1) (2) (3)	on Form		t IV, line	11d S	See Form S	990, Part X	line 15		( <b>b</b> ) Bo	ook value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes (a) (1) (2) (3) (4)	on Form		t IV, line	11d S	See Form S	990, Part X	line 15		( <b>b</b> ) Bo	ook value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes (a (1) (2) (3) (4) (5)	on Form		t IV, line	11d S	See Form 9	90, Part X	line 15		<b>(b)</b> Bo	ook value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes (a) (1) (2) (3) (4)	on Form		t IV, line	11d S	See Form 9	90, Part X	line 15		<b>(b)</b> Bo	ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes  (a (1) (2) (3) (4) (5) (6) (7)	on Form		t IV, line	11d S	See Form 9	90, Part X	line 15		<b>(b)</b> Bo	ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes  (a  (1) (2) (3) (4) (5) (6) (7) (8)	on Form		t IV, line	11d S	See Form 9	90, Part X	line 15		<b>(b)</b> Bo	ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes  (a (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colymn (b) must equal Form 990, Part X, col. (B) line	on Form Descripti		t IV, line	111d S	See Form 9	90, Part X	line 15	<b>P</b>	<b>(b)</b> Bo	ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes  (a  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X Other Liabilities.	on Form Descripti	on						<b>▶</b>	( <b>b</b> ) 80	ook value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes  (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"	on Form Descripti	on						▶ ine 25		
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability	on Form Descripti	on						<b>▶</b> ine 25		ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes  1. (a) Description of liability (1) Federal income taxes	on Form Descripti	990, Par						<b>▶</b> ine 25	(b) Bo	ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes  (a  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes  1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD AS AGENCY ENDO	on Form Descripti	990, Par						<b>▶</b> ne 25	(b) Bo	ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes  1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD AS AGENCY ENDO (3) LIABILITY UNDER TRUST AGR	on Form Descripti	990, Par						▶ ine 25	(b) Bo	ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes  1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD AS AGENCY ENDO (3) LIABILITY UNDER TRUST AGR (4)	on Form Descripti	990, Par						<b>▶</b> ine 25	(b) Bo	ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD AS AGENCY ENDO (3) LIABILITY UNDER TRUST AGR (4) (5)	on Form Descripti	990, Par						▶ ne 25	(b) Bo	ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes  1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD AS AGENCY ENDO (3) LIABILITY UNDER TRUST AGR (4) (5) (6)	on Form Descripti	990, Par						▶ ine 25	(b) Bo	ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes  (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD AS AGENCY ENDO (3) LIABILITY UNDER TRUST AGR (4) (5) (6) (7)	on Form Descripti	990, Par						▶ ine 25	(b) Bo	ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes  1. (a) Description of liability (1) Federal income taxes (2) FUNDS HELD AS AGENCY ENDO (3) LIABILITY UNDER TRUST AGR (4) (5) (6) (7) (8)	on Form Descripti	990, Par						▶ ine 25	(b) Bo	ook value
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes (a)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line (B) (B) (B) (B) (B) (B) (B) (B) (B) (B)	e 15.) on Form WMENT	990, Par						▶ ine 25	(b) Bo	ook value

SEE PART XIII FOR CONTINUATIONS

Schedule D (Form 990) 2019

OF WESTERN NORTH CAROLINA, INC.

Schedule D (Form 930) 2013 OT WEDTER WORTH			TEEDSSOT Fage
Part XI Reconciliation of Revenue per Audited Financial Stater		turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a	1	21,357,882.
<ul> <li>Total revenue, gains, and other support per audited financial statements</li> <li>Amounts included on line 1 but not on Form 990, Part VIII, line 12</li> </ul>		<del></del>	21,337,002.
	2a -2,852,005.		
<ul><li>a Net unrealized gains (losses) on investments</li><li>b Donated services and use of facilities</li></ul>	2b	1	
c Recoveries of prior year grants	2c	1	
d Other (Describe in Part XIII )	2d	1	
e Add lines 2a through 2d		2e	-2,852,005.
3 Subtract line 2e from line 1		3	24,209,887.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 542,424.	]	
b Other (Describe in Part XIII )	4b 129,112.		
c Add lines 4a and 4b		4c	671,536.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	24,881,423.
Part XII Reconciliation of Expenses per Audited Financial State		Retur	n.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a	г —	04 004 000
Total expenses and losses per audited financial statements		1	21,994,022.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
a Donated services and use of facilities	2a	1	
b Prior year adjustments	2b	1	
c Other losses	2c	1	
d Other (Describe in Part XIII )		20	0.
e Add lines 2a through 2d  3 Subtract line 2e from line 1		2e 3	21,994,022.
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1</li></ul>		٦	21,331,022.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 542,424.		
b Other (Describe in Part XIII )	4b	1	
c Add lines 4a and 4b		4c	542,424.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	22,536,446.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	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 a	additional information		
	,		
DADM V IING 2.			
PART X, LINE 2:	<del>-,-</del> :		
THE FOUNDATION HAS BEEN CLASSIFIED AS A PUB	LICLY-SUPPORTED CH	ARI	TABLE
THE LOCALIZATION THE PERMITTER THE IT IS			
FOUNDATION UNDER THE INTERNAL REVENUE CODE	SECTION 501(C)(3).	AS	A
	·		
PUBLICLY-SUPPORTED CHARITY, THE FOUNDATION	IS EXEMPT FROM FED	ERA.	L AND
STATE INCOME TAXES AND FEDERAL EXCISE TAXES	UNDER SECTION 509	(A)	(1) OF THE
OTTITU THEOTIC TIMES THE TRANSPORTED THE TOP	OHDER DECITOR 303	(/	(1) 01 11111
INTERNAL REVENUE CODE. IT IS THE FOUNDATION	'S POLICY TO EVALU	ATE	ALL TAX
POSITIONS TO IDENTIFY ANY THAT MAY BE CONSI	הבסבה ווארבפתאוא א	т.т.	TORNATELED
FOSTITONS TO IDENTIFY AND THAT HAT BE CONST	DERED ONCERTAIN. A	<u></u>	IDBNIII IBD
MATERIAL TAX POSITIONS ARE ASSESSED AND MEA	SURED BY A		
"MORE-LIKELY-THAN-NOT" THRESHOLD TO DETERMI	NE IF THE TAX POSI	TIO	N IS
			·
UNCERTAIN, AND WHAT, IF ANY, EFFECT THE UN	CERTAIN TAX POSITI	ON ]	MAY HAVE
ON THE FINANCIAL STATEMENTS. NO MATERIAL UN	CERTAIN		
TAX POSITIONS WERE IDENTIFIED FOR 2019 AND	2018. CURRENTLY, T	HE :	STATUTE OF

Schedule D (Form 990) 2019

932054 10-02-19

Schedule D (Form 990) 2019 OF WESTERN NORTH CAROLINA, INC. 56  Part XIII Supplemental Information (continued)	5-1223384 Page 5
Part Alli Supplemental Information (continued)	
LIMITATIONS REMAINS OPEN	
SUBSEQUENT TO AND INCLUDING 2016; HOWEVER, NO EXAMINATIONS ARE	IN PROCESS
OR ANTICIPATED. ANY	
CHANGES IN THE AMOUNT OF A TAX POSITION WILL BE RECOGNIZED IN T	HE PERIOD
THE CHANGE OCCURS.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	<del></del>
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-222,292.
ANNUITY DISTRIBUTIONS	351,404.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	129,112.

Schedule D (Form 990) OF WESTERN NO [Part/XIII] Supplemental Information (continued)

[1243 XIII] Cappionicital information (continued)	· · · · · · · · · · · · · · · · · · ·	
PartyVII   Investments - Other Securities. See Form 990, Part X, line 12	<del> </del>	<del></del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
LONE JUNIPER, LP (HEDGE FUND)	5,300,505.	FMV
WEATHERLOW OFFSHORE FUND I, LTD (HEDGE FUND)	12,358,828.	FMV
INDIVIDUAL FIXED INCOME SECURITIES	23,638,380.	FMV
FIXED INCOME MUTUAL FUNDS	43,990,553.	FMV
POOLED FIXED INCOME FUNDS	4,638,101.	FMV
	:	
•	<u> </u>	
932421 04-01-19		Schedule D (Form 990

# SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	e of the organization					Employer identifi	cation number
	E COMMUNITY F					E	
	WESTERN NORT	H CAROLII	NA, INC.	side the United Ctates		56-122338	
Pa			ctivities Out	side the United States. Complete	e if the organ	ization answered "Y	es" on
1	Form 990, Part IV		maintain recor	ds to substantiate the amount of its grant	te and other s	ecietance	
•	=	-		he selection criteria used to award the gi			Yes No
	the grantees enginency to	or the grants of e		ine colocitori cineria acca to award the gi	rarrio or assis		
2	For grantmakers, Desc	ribe in Part V the	organization's	procedures for monitoring the use of its g	grants and otl	ner assistance outsi	de the
	United States						
_3_	Activities per Region (TI		l, line 3 table ca	in be duplicated if additional space is nee	eded)		
	(a) Region	(b) Number of offices in the region	contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
		-	in the region				in and region
	, <u></u>						
3 a	Subtotal	0	0	FT 6 74 127 7,78 1 %	Carried State of Control	He was from the con-	0.
b	Total from continuation sheets to Part I	0	0		1% 4		0.
c	Totals (add lines 3a and 3b)	0	0		, , , , , , , , , , , , , , , , , , ,	· · ·	0.

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

Schedule F (Form 990) 2019

and 3b)

OF WESTERN NORTH CAROLINA, INC.

Schedule F (Form 990) 2019

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

1 (a) Name of organization		,			2 Enter total number by the IRS, or for v
(b) IRS code section and EIN (if applicable)			1	,	Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has penter total number of other organizations or entities.
(c) Region					ns listed above that are inselved has provided a secondenties
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities
(e) Amount of cash grant					foreign country, r ir
(f) Manner of cash disbursement					ecognized as tax-exe
(g) Amount of noncash assistance					empt
(h) Description of noncash assistance					
(i) Method of valuation (book, FMV appraisal, other)					

40

Schedule F (Form 990) 2019

Enter total number of other organizations or entities

Schedule F (Form 990) 2019 OF WESTERN NORTH CAROLINA, INC. 56–1223384

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

Part III can be duplicated if additional space is needed

Page 3

	(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2019
	(g) Description of noncash assistance					Schedu
	(f) Amount of noncash assistance					
	(e) Manner of cash disbursement					
	(d) Amount of cash grant					
	(c) Number of recipients					
ditional space is needed	(b) Region					
Part III can be duplicated if additional space is needed	(a) Type of grant or assistance					

56-1223384 OF WESTERN NORTH CAROLINA, INC. Page 4 Schedule F (Form 990) 2019 Part IV | Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign X Yes No Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Yes X No Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) Did the organization have an ownership interest in a foreign corporation during the tax year? /f "Yes." the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Yes X No Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Yes X No (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes." the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Yes X No Foreign Partnerships (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2019

Yes X No

Instructions for Form 5713, don't file with Form 990)

chedule F	(Form 990) 2019 OF WESTERN NORTH CAROLINA, INC.	56-1223384 Pag
Part V	Supplemental Information	
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, co	olumn (f) (accounting method, amounts of
	investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (a	ccounting method), and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any	
	(00000000000000000000000000000000000000	
	<del></del>	
		<del></del>
		<u></u>
	<u>,</u>	
<del> </del>		
		<del> </del>
· <u> </u>		

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

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

Schedule I (Form 990) (2019)					ons for Form 990.	see the Instruct	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
0.					1 table	listed in the line	3 Enter total number of other organizations listed in the line 1 table
▶ 541.				line 1 table	ganizations listed in the	nd government or	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
SEE SCHEDULE I, PART II ATTACHMENT FOR DETAILS.			0.	16,838,702.			SEE SCHEDULE I, PART II ATTACHMENT FOR DETAILS.
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government
IV, line 21, for any	and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any licated if additional space is needed	ınızatıon answered "Y	omplete if the orga	Governments. Conal space is neede		Nomestic Organii 5,000 Part II can	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000 Part II can be duplicated if additional space is needed
X Yes No			States	unds in the United	oring the use of grant	tance? cedures for monit	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
	nt of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	for the grants or assis	grantees' eligibility	or assistance, the	amount of the grants	o substantiate the	1 Does the organization maintain records to substantiate the amou
							Part I General Information on Grants and Assistance
Employer identification number 56-1223384				· •	NDATION CAROLINA, INC.	NITY FOUN N NORTH C	Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLIN

Page 2

56-1223384

Schedule I (Form 990) (2019) OF WESTERN NORTH CAROLINA, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SEE SCHEDULE I, PART III ATTACHMENT FOR DETAILS.	152	528,088.	.0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	luired in Part I, lin	e 2, Part III, column	(b), and any other ac	Iditional information	
PART I, LINE 2:					
THE COMMUNITY FOUNDATION OF WESTERN	ľ	AROLINA CC	NFIRMS THE	NORTH CAROLINA CONFIRMS THE ELIGIBILITY	
STATUS OF EACH GRANT RECIPIENT ON A	- 1	MONTHLY BASIS. F	FOR GRANTS	GRANTS THAT HAVE	
RESTRICTIONS FOR THE USE OF FUNDS,	THE REST	RESTRICTIONS A	ARE COMMUNICATED	CATED TO THE	:
RESPECTIVE GRANTEES. CERTAIN GRANTS	TS REQUIRE	E THE GRANTEE	일	PROVIDE	
DOCUMENTATION FOR THE ULTIMATE USE	OF THE F	FUNDS AND C	OTHER FORMS	OF	
EVALUATION DATA. ALL REQUESTED GRA	GRANTEE INF	INFORMATION A	AND EVALUAT	EVALUATION DATA IS	
KEPT ON FILE.					

Schedule I (Form 990) (2019)

Schedule I-1 (Form 990)					2019
Continuation Sheet for Schedule I, Part Three - Individuals		L .			
Name of Organization: The Community Foundation of Western N Employer Identification Number: 56-1223384	lorth Carolina	a, Inc.			
Employer Identification Number: 56-1225364					
(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 a student attending Agnes Scott College	1	2,500	0	Book	
Financial Assistance for students attending Appalachian State University	10	23,000	0	Book	
Financial Assistance for students attending Asheville-Buncombe Technical Community College	3	4,000	0	Book	
Financial Assistance for a student attending Brevard College	11	1,000	0	Book	
Financial Assistance for students attending Brigham Young University	2	2,000	0	Book	
Financial Assistance for a student attending Catawba College	1	1,000	0	Book	
Financial Assistance for a student attending Cedarville University	11	1,000	0	Book	
Financial Assistance for students attending Clemson University	4	13,500	0	Book	
Financial Assistance for students attending Colorado College	2	5,000	0	Book	
Financial Assistance for a student attending Cornell University	1	5,000	0	Book	
Financial Assistance for a student attending Covenant College	1	1,000	0	Book	
Financial Assistance for a student attending Davidson College	1	2,000	0	Book	
Financial Assistance for a student attending Duke University	1	10,000	0	Book	
Financial Assistance for students attending East Carolina University	2	5,000	0	Book	
Financial Assistance for students attending East Tennessee University	3	15,500	0	Book	
Financial Assistance for a student attending Emory University	11	2,500	0	Book	
Financial Assistance for students attending Gardner-Webb University	3	5,500	0	Book	
Financial Assistance for a student attending Guilford Technical Community College	1	2,000	0	Book	
Financial Assistance for a student attending Howard University	11	1,000	0	Book	
Financial Assistance for a student attending Johns Hopkins University	1	5,000	0	Book	

Schedule I-1 (Form 990)					2019
Continuation Sheet for Schedule I, Part Three - Individuals				-	
Name of Organization: The Community Foundation of Western N	orth Carolina	a, Inc.			
Employer Identification Number: 56-1223384				<u> </u>	
(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,	(f) Description of non-cash assistance
				other)	
Financial Assistance for a student attending Lenoir-Rhyne University	1	2,000	0	Book	
Financial Assistance for a student attending Lincoln Memorial University	1	4,000	0	Book	
Financial Assistance for students attending Mars Hill University	2	2,000	0	Book	
Financial Assistance for a student attending Maryville College	1	1,000	0	Book	
Financial Assistance for students attending Mayland Community College	2	4,500	0	Book	
Financial Assistance for a student attending NC A&T State University	1	5,000	00	Book	
Financial Assistance for a student attending NC Central University	1	1,000	0	Book	
Financial Assistance for students attending North Carolina State University	28	110,750	0	Book	
Financial Assistance for a student attending Queens University	11	1,000	0	Book	
Financial Assistance for a student attending Southwestern Community College	1	2,000	0	Book	
Financial Assistance for students attending Tri County Community College	3	3,000	0	Book	
Financial Assistance for a student attending Tusculum College	11	4,000	0	Book	
Financial Assistance for students attending the University of North Carolina - Asheville	8	27,000	0	Book	
Financial Assistance for students attending the University of North Carolina - Chapel Hill	29	142,338	0	Book	
Financial Assistance for students attending the University of North Carolina - Charlotte	3	12,500	0	Book	
Financial Assistance for a student attending the University of North Carolina - Greensboro	11	1,000	0	Book	
Financial Assistance for a student attending the UNC School of the Arts	1	6,000	0	Book	
Financial Assistance for a student attending the University of North Carolina - Wilmington	11	1,000	0	Book	
Financial Assistance for a student attending the University of California San Diego	1	4,000	00	Book	
Financial Assistance for a student attending the University of Georgia	11	5,000	0	Book	

Schedule I-1 (Form 990)					2019
Continuation Sheet for Schedule I, Part Three - Individuals					
Name of Organization: The Community Foundation of Western N	North Carolina	a, Inc.			
Employer Identification Number: 56-1223384					
(a) Type of grant or assistance	(b) Number of recipients		(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Financial Assistance for a student attending the University of South Carolina	1	1,000	0	Book	
Financial Assistance for students attending Wake Forest University	2	12,000	0	Book	
Financial Assistance for students attending Western Carolina University	16	50,500	0	Book	
Financial Assistance for a student attending Wheaton College	1	7,500	0	Book	
Financial Assistance for a student attending Wingate University	1	1,000	0	Book	
Financial Assistance for a student attending Worcester Polytechnic Institute	1	7,500	0	Book	
Financial Assistance for a student attending Yale University	1	2,000	0	Book	

Schedule I-1 (Form 990)						T	2019
Continuation Sheet for Schedule I Part Two - Org	anizations					Open to	Public Inspection
Name of Organization: The Community Foundation	of Western	North Carol	ina, Inc.		Emp	oloyer Identifica	tion 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
A Better Life Animal Rescue,P O Box 8311 Morganton, NC 28680	27-2346103	501(c)(3)	23,866	0	воок		Anımal Welfare
A Gift For Teaching,6501 Magic Way, Bldg 400C	27 20 10 100	001(0)(0)	20,000		BOOK		Improving Educational
Orlando, FL 32809 ABCCM Doctors' Medical Clinic, Inc ,dba ABCCM	59-3515162	501(c)(3)	6,000	0	воок		Opportunities
Medical Ministry 155 Livingston Street Asheville, NC 28801	56-1987021	501(c)(3)	6,830	0	воок	:	Bromoting Quality Hoolth
ABCCM,20 Twentieth Street Asheville, NC 28806	56-0945001	501(c)(3)	190,258	0	BOOK		Promoting Quality Health Assisting People in Need
Abounding Grace Ministry,P O Box 361				_			
Rutherfordton, NC 28139 ACLU of North Carolina Legal Foundation,P O Box	26-2340478	501(c)(3)	6,000	0	воок		Assisting People in Need Building Community &
28004 Raleigh, NC 27611-8004	56-1019644	501(c)(3)	39,500	0	воок		Economic Vitality
Adults Working and Advocating for Kids Empowerment (AWAKE),P O Box 755 Sylva, NC 28779	56-1796889	501(c)(3)	22,250	0	воок		Assisting People in Need
All Souls Counseling Center,35 Arlington Street Asheville, NC 28801	56-2200862	501(c)(3)	20,500	0	воок		Promoting Quality Health
Alzheimer's Association - Western North Carolina Chapter,4600 Park Road Suite 250 Charlotte, NC 28209							
Amalgamated Charitable Foundation,1825 K Street,	13-3039601	501(c)(3)	149,113	0	BOOK		Promoting Quality Health Building Community &
NW Washington, DC 20006	82-1517696	501(c)(3)	5,000	0	воок		Economic Vitality
American National Red Cross,P O Box 37839 Boone, IA 50037-0839	53-0196605	501(c)(3)	7,250	0	воок		Assisting People in Need
American Red Cross, WNC Chapter,100 Edgewood Road Asheville, NC 28804	53-0196605	501(c)(3)	152,563	0	воок		Assisting People in Need
American Rivers,1101 14th Street NW Suite 1400 Washington, DC 20005	23-7305963	501(c)(3)	56,500	0	воок		Enhancing the Environment
Anchor Baptist Church and Ministries,3232 Hendersonville Hwy Pisgah Forest, NC 28768	56-1419926	501(c)(3)	10,000	0	воок		Religion
Appalachian State University Foundation Inc ,Advancement Services Box 32014 Boone, NC 28608-2014					` ,		Improving Educational
Appalachian Sustainable Agriculture Project,306	23-7099379	501(c)(3)	37,500	0	воок	1	Opportunities
West Haywood Street Suite 200 Asheville, NC 28801-	06-1642769	501(c)(3)	146,450	0	воок		Building Community & Economic Vitality
Appalachian Therapeutic Riding Center, 176 Chimney	56-1530138	501(c)(3)	13,160	0	воок		Anımal Welfare
Appalachian Wildlife Refuge,P O Box 824 Candler, NC 28715	47-2214085	501(c)(3)	6,540	0	воок		Anımal Welfare
Arden Presbyterian Church,2215 Hendersonville Road Arden, NC 28704	56-1273600	501(c)(3)	7,000	0	воок		Religion
Art21, Inc ,Attn Development 231 West 29th Street, Suite 706 New York, NY 10001	13-3920288	501(c)(3)	31,000	0	воок		Advancing the Arts
Arthur Morgan School,60 AMS Circle Burnsville, NC 28714	56-2257100	501(c)(3)	11,500	0	воок		Improving Educational Opportunities
Arts For Life,50 South French Broad Avenue Suite 258 Asheville, NC 28801	56-2250962	501(c)(3)	41,670	0	воок		Promoting Quality Health
Asheville Area Arts Council,P O Box 507 Asheville, NC 28802	58-1371546	501(c)(3)	12,500		воок		·
Asheville Area Chamber of Commerce Community Betterment Foundation,P O Box 1010 Asheville, NC 28802	56-1762978	501(c)(3)	38,200	0			Advancing the Arts  Building Community &
Asheville Area Habitat for Humanity, Inc ,33 Meadow Road Asheville, NC 28803	56-1363464	501(c)(3)	82,909	0	воок воок		Economic Vitality Building Community & Economic Vitality
Asheville Art Museum Association, Inc ,P O Box 1717 Asheville, NC 28802-1717	56-6060776	501(c)(3)	158,878	0	воок		Advancing the Arts
Asheville Catholic School,12 Culvern Street Asheville, NC 28804	53-0196617	501(c)(3)	144,118	0	воок		Improving Educational Opportunities

Schedule I-1 (Form 990)					<u> </u>		2019
Continuation Sheet for Schedule I Part Two - Org	anizations			_		Open to	Public Inspection
Name of Organization: The Community Foundation	of Western	North Carol	ina, Inc.		Emp	loyer Identifica	tion 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
Asheville Christian Academy,P O Box 1089 Swannanoa, NC 28778	56-0889168	501(c)(3)	10,000	0	воок		Improving Educational Opportunities
Asheville City Schools Foundation,P O Box 3196							Improving Educational
Asheville, NC 28802 Asheville Community Theatre Inc ,P O Box 100	58-1836982	501(c)(3)	53,250	0	воок		Opportunities
Swannanoa, NC 28778 Asheville Contemporary Dance Theatre -ACDT,20	56-6002669	501(c)(3)	30,500	0	воок		Advancing the Arts
Commerce Street Asheville, NC 28801	56-1287954	501(c)(3)	5,300	0	воок		Advancing the Arts
Asheville GreenWorks,2 Sulphur Springs Road Asheville, NC 28806	56-1672870	501(c)(3)	77.058	0	воок		Enhancing the Environment
Asheville Housing Development Services,P O Box							Building Community &
1898 Asheville, NC 28802 Asheville Humane Society, Inc ,14 Forever Friend	82-3814201	501(c)(3)	35,150	0	воок	 	Economic Vitality
Lane Asheville, NC 28806 Asheville Museum of Science,43 Patton Avenue	56-1444098	501(c)(3)	49,429	0	воок		Anımal Welfare
Asheville, NC 28801-3314	56-1342340	501(c)(3)	12,000	0	воок		Advancing the Arts
Asheville Poverty Initiative,60 Haywood Road Asheville, NC 28806	81-0757744		24.000	0	BOOK		Building Community &
Asheville Symphony Society,27 College Place Suite		(-)(-)	34,000	0	воок		Economic Vitality
100 Asheville, NC 28801-2406 Asheville-Buncombe Institute of Parity	56-6060772	501(c)(3)	57,389	0	воок		Advancing the Arts
Achievement,P O Box 448 Asheville, NC 28802	20-0937410	501(c)(3)	11,000	0	воок		Promoting Quality Health
Asheville-Buncombe Technical Community College Foundation,340 Victoria Road Asheville, NC 28801	56-1993458	501(c)(3)	120,826	0	воок		Improving Educational Opportunities
Auburn University Foundation,317 South College							Improving Educational
Street Auburn, AL 36849 Augustine Literacy Project-Brevard,P O Box 305	63-6022422	501(c)(3)	16,000	0	BOOK		Opportunities Improving Educational
Brevard, NC 28712 Autism Society of North Carolina Inc ,5121 Kingdom	82-2928529	501(c)(3)	8,000	0	воок		Opportunities
Way #100 Raleigh, NC 27607	23-7087887	501(c)(3)	9,500	0	воок		Assisting People in Need
Avery County Habitat for Humanity,P O Box 1016 Newland, NC 28657	56-1826422		17 500	0	BOOK		Building Community &
Avery County Schools Education Foundation,775	30-1020422	501(0)(3)	17,500		BOOK		Economic Vitality Improving Educational
Cranberry Street Newland, NC 28657 Babies Need Bottoms, Inc., P.O. Box 5171 Asheville,	03-0435137	501(c)(3)	5,000	0	воок		Opportunities
NC 28813	82-3574436	501(c)(3)	16,000	0	воок		Assisting People in Need
Baptist Children's Homes of NC,P O Box 338 Thomasville, NC 27360	56-0547499	501(c)(3)	26,430	0	воок		Assisting People in Need
Basics Christian Ministries,P O Box 207 Cliffside, NC 28024							
Basilica of St Lawrence,P O Box 1850 Asheville,	47-3642387	501(c)(3)	8,000	0	воок		Assisting People in Need
NC 28802 Basilica Preservation Fund Inc.,P O Box 8995	56-0707930	501(c)(3)	12,660	0	воок		Religion
Asheville, NC 28814	80-0167706	501(c)(3)	6,441	0	воок		Advancing the Arts
Beacon of Hope Services,P O Box 877 Marshall, NC 28753	56-2241353	501(c)(3)	40,000	0	воок		Assisting People in Need
BeLoved Asheville, PO Box 6386 Asheville, NC							Building Community &
28816 Bernhardt Furniture Foundation, P O Box 740 Lenoir,	84-3381632	501(c)(3)	15,250	0	воок		Economic Vitality Building Community &
l	51-0202755	501(c)(3)	5,000	0	воок		Economic Vitality
Marion, NC 28752	56-1390766	501(c)(3)	10,000	o	воок		Religion
Big Brothers Big Sisters of WNC, Inc ,50 South			······································				<u>-</u>
French Broad Avenue Suite 213 Asheville, NC 28801	58-1505917	501(c)(3)	48,330	0	воок		Assisting People in Need
Biltmore Church,35 Clayton Road Arden, NC 28704 Black Mountain Center for the Arts,225 West State	56-6090142	501(c)(3)	11,500	0	воок		Religion
	56-1913046	501(c)(3)	5,500	0	воок		Advancing the Arts

Schedule I-1 (Form 990)							2019
Continuation Sheet for Schedule I Part Two - Org	anizations					Open to	Public Inspection
Name of Organization: The Community Foundation	of Western	North Carol	ına, Inc.		Emp	oloyer Identifica	tion 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
Black Mountain College Museum & Arts Center,P O Box 18912 Asheville, NC 28814	58-2105570	501(c)(3)	42,150	o	воок		Advancing the Arts
Black Mountain Counseling Center,201 North							
Ridgeway Avenue Black Mountain, NC 28711 Black Mountain Home For Children, Youth &	20-8136167	501(c)(3)	34,500	0	воок		Promoting Quality Health
Families,80 Lake Eden Road Black Mountain, NC 28711	56-0538018	501(c)(3)	7,121	0	воок		Assisting People in Need
Blue Ridge Community Action Inc ,800 North Green				_			Building Community &
Street Morganton, NC 28655 Blue Ridge Community College Educational	56-0855390	501(c)(3)	20,000	0	воок		Economic Vitality
Foundation, Inc ,180 West Campus Drive Flat Rock, NC 28731-4728	51-0175113	501(c)(3)	6,570	0	воок		Improving Educational Opportunities
Blue Ridge Community Health Services, Inc ,P O					2001		D
Box 5151 Hendersonville, NC 28792 Blue Ridge Hope, 185 North Main Street Suite A	56-0794933	501(c)(3)	60,066	0	воок		Promoting Quality Health
Rutherfordton, NC 28139	83-0804789	501(c)(3)	5,000	0	воок		Promoting Quality Health
Blue Ridge Humane Society, 1214 Greenville Highway Hendersonville, NC 28792	56-6048726	501(c)(3)	8,250	0	воок		Animal Welfare
Blue Ridge Literacy Council,P O Box 1728 Hendersonville, NC 28793	56-1691110	501(c)(3)	20,000	0	воок		Improving Educational Opportunities
Blue Ridge Mountains Health Project, Inc.,P O Box 451 Cashiers, NC 28717	51-0509517		67,782	0	воок		Promoting Quality Health
Blue Ridge National Heritage Area,195 Hemphill Knob Road Asheville, NC 28803	20-4714123		5,000	0	воок		Advancing the Arts
Blue Ridge Orchestra,P O Box 256 Asheville, NC 28802-0256	20-2900637	501(c)(3)	7,479	0	воок		Advancing the Arts
Blue Ridge Parkway Foundation,717 South Marshall Street Suite 105B Winston-Salem, NC 27101	31-1512730	1	6,240	0	воок		Enhancing the Environment
Blue Ridge Partnership For Children, PO Box 1387 Burnsville, NC 28714	56-1921260	501(c)(3)	51,450	0	воок		Assisting People in Need
Blue Ridge School,95 Bobcat Drive Cashiers, NC 28717	56-6001054	501(c)(3)	16,500	0	воок		Improving Educational Opportunities
Boat Rock Legacy Garden/EcoAddendum,c/o Debra Pearson 5915 Tortosa Place Atlanta, GA 30349	26-2492827	, , , ,	10,000	0	воок		Enhancing the Environment
Bounty & Soul,999 Old US Hwy 70 West Black	46 4750262	E01(a)(2)	40.200		воок		Assisting People in Need
Mountain, NC 28711 Bowman Middle School,410 South Mitchell Avenue	46-4759362	,,,,	40,300	0			Improving Educational
Bakersville, NC 28705 Boy Scouts of America Piedmont Council,1222 East	56-6001075	501(c)(3)	12,800	0	воок		Opportunities Building Community &
Franklin Blvd Gastonia, NC 28054	56-0529991	501(c)(3)	5,000	0	воок		Economic Vitality
Boys & Girls Club of the Plateau,P O Box 1812 Cashiers, NC 28717	46-5336895	501(c)(3)	73,500	0	воок		Building Community & Economic Vitality
Boys and Girls Club of Henderson County,P O Box 1460 Hendersonville, NC 28793	56-1803125	501(c)(3)	450,500	0	воок		Building Community & Economic Vitality
Boys and Girls Clubs of America, 1275 Peachtree Street NE Atlanta, GA 30309	13-5562976		100,000	0	воок		Building Community & Economic Vitality
Brevard College,Attn Office of Philanthropic Development One Brevard College Drive Brevard, NC 28712	56-0532297	501(c)(3)	5,400	_0	воок		Improving Educational Opportunities
Brevard Music Center,P O Box 312 Brevard, NC 28712-0312	56-0729350	501(c)(3)	621,172	0	воок		Advancing the Arts
Brevard Wesleyan Church,583 North Broad Street Brevard, NC 28712	56-1120329	501(c)(3)	7,200	0	воок		Religion
Broad River Volunteer Fire and Rescue Department,44 Broad River VFD Road Black Mountain, NC 28711-9612	50-1790570	501/6\/2\	E 000	0	BOOK		Acciding Boosle in Need
Brother Wolf Animal Rescue,P O Box 8195	59-1780579	501(c)(3)	5,000	0	воок		Assisting People in Need
Asheville, NC 28814	20-8787719	501(c)(3)	46,900	0	воок	1	Anımal Welfare

Schedule I-1 (Form 990)							2019
Continuation Sheet for Schedule I Part Two - Org	anizations					Open to	Public Inspection
Name of Organization: The Community Foundation	of Western	North Carol	ina, Inc.		Emp	oloyer Identifica	tion Number: 56-1223384
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Buncombe County Schools,175 Bingham Road Asheville, NC 28806	56-6000994	501(c)(3)	26,500	0	воок		Improving Educational Opportunities
Buncombe County Service Foundation,200 College Street Suite 300 Asheville, NC 28801	45-3323540	,	253,250	0	воок		Promoting Quality Health
Buncombe Partnership for Children,2229 Riverside Drive Asheville, NC 28804	56-1942178	501(c)(3)	59,018	0	воок		Assisting People in Need
Burke Arts Council,115 East Meeting Street Morganton, NC 28655	51-0194912	501(c)(3)	7,500	0	воок		Advancing the Arts
Burke United Christian Ministries,305-B West Union Street Morganton, NC 28655	59-1771449	501(c)(3)	9,500	0	воок		Assisting People in Need
Cadet Thomas Michael Surdyke Memorial Foundation,740 Weaver Road Festus, MO 63028	81-4742483	501(c)(3)	10,000	0	воок		Building Community & Economic Vitality
Caldwell Halfway House,951 Kenham Place SW Lenoir, NC 28645	58-1535259	501(c)(3)	6,000	0	воок		Promoting Quality Health
Calvary Episcopal Church Food Pantry, Inc ,P O Box 187 Fletcher, NC 28732	61-1657546	501(c)(3)	40,106	0	воок		Assisting People in Need
Canine Companions for Independence,P O Box 446 Santa Rosa, CA 95402	94-2494324	501(c)(3)	10,000	0	воок		Assisting People in Need
Care Ring, Inc ,601 E 5th Street Suite 140 Charlotte, NC 28202	56-0621073	501(c)(3)	5,000	0	воок		Promoting Quality Health
CARE,Gift Center P O Box 1870 Merrifield, VA 22116-8070	13-1685039	501(c)(3)	39,973	0	воок		Assisting People in Need
CareNet Counseling of Marion,79 Academy Street Marion, NC 28752	81-4539573	501(c)(3)	25,979	0	воок		Promoting Quality Health
CareReach, Inc ,900 Hendersonville Road Suite 301 Asheville, NC 28803	56-2097503	501(c)(3)	15,000	0	воок		Promoting Quality Health
Caring For Children,P O Box 19113 Asheville, NC 28815	56-1182686	501(c)(3)	11,510	0	воок		Assisting People in Need
Carolina Day School - Advancement Office,1345 Hendersonville Road Asheville, NC 28803	56-0125490	501(c)(3)	37,414	0	воок		Improving Educational Opportunities
Carolina Mountains Literary Festival, PO Box 355 Burnsville, NC 28714	47-4576279	501(c)(3)	5,000	0	воок		Advancing the Arts
Carolina Public Press,P O Box 17595 Asheville, NC 28816	46-0801080	501(c)(3)	10,000	0	воок		Advancing the Arts
Cashiers Glenville Volunteer Fire Department,P O Box 886 Cashiers, NC 28717	56-1270324	501(c)(3)	8,000	0	воок		Assisting People in Need
Cashiers Historical Society,P O Box 104 Cashiers, NC 28717-0104	11-3840349	501(c)(3)	5,140	0	воок		Advancing the Arts
Cashiers Valley Preschool, P.O. Box 3081 Cashiers, NC 28717	20-5116840	501(c)(3)	27,500	0	воок		Improving Educational Opportunities
Cashiers-Highlands Humane Society,P O Box 638 Cashiers, NC 28717	58-1798769	501(c)(3)	35,500	0	воок		Anımal Welfare
Catholic Charities Diocese of Charlotte,50 Orange Street Asheville, NC 28801	56-1058954	501(c)(3)	10,130	0	воок		Assisting People in Need
Catholic Diocese of Nakuru Mission Office,406 Spencer Street Canastota, NY 13032-1127	16-1599729	501(c)(3)	5,000	0	воок		Religion
Center for Agricultural and Food Entrepreneurship (CAFE),1461 Sand Hill Road Candler, NC 28715	81-4593322	501(c)(3)	25,000	0	воок		Building Community & Economic Vitality
Center for Community Self-Help,301 West Main Street Durham, NC 27701	56-1271685	501(c)(3)	20,000	0	воок		Building Community & Economic Vitality
Center for Cultural Preservation,P O Box 1066 Flat Rock, NC 28731-1066	27-1043702	501(c)(3)	5,000	0	воок		Advancing the Arts
Center for Domestic Peace,26 Ridgeway Street Sylva, NC 28779	81-1121023	501(c)(3)	5,000	0	воок		Assisting People in Need
Center for Food Safety,303 Sacramento Street 2nd Floor San Francisco, CA 94111	52-2165893	501(c)(3)	10,000	0	воок		Enhancing the Environment
Center for Participatory Change,610 Haywood Road Asheville, NC 28806	56-2126417	501(c)(3)	13,000	0	воок		Building Community & Economic Vitality

Schedule I-1 (Form 990)							2019
Continuation Sheet for Schedule I Part Two - Org	anizations					Open to	Public Inspection
Name of Organization: The Community Foundation	of Western	North Carol	ına, İnc.	_	Emp	oloyer Identifica	tion 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
Central United Methodist Church,27 Church Street Asheville, NC 28801	20-5446516	501(c)(3)	48,159	0	воок		Religion
	56-2678411	501(c)(3)	16,000	0	воок		Building Community & Economic Vitality
Cherokee Boys Club,P O Box 507 Cherokee, NC 28719	56-0819154	501(c)(3)	8,500	0	воок		Assisting People in Need
Cherokee County Food Bank, PO Box 843 Andrews, NC 28901 Children & Family Resource Center, PO Box 1105	20-1216234	501(c)(3)	5,000	0	воок		Assisting People in Need
Hendersonville, NC 28793	56-2113878	501(c)(3)	10,000	0	воок		Assisting People in Need
	59-1721943	501(c)(3)	109,450	0	воок		Assisting People in Need
Children's Cancer Partners of the Carolinas,900 South Pine Street Suite F Spartanburg, SC 29302	20-2511033	501(c)(3)	10,969	0	воок		Promoting Quality Health
Children's Hope Alliance,P O Box 1 Barium Springs, NC 28010-0001	38-3672492	501(c)(3)	22,000	0	воок		Assisting People in Need
Clark County Public Education Foundation,4350 South Maryland Parkway Las Vegas, NV 89119 Clay County Food Pantry,P O Box 853 Hayesville,	88-0275767	501(c)(3)	8,000	0	воок		Improving Educational Opportunities
NC 28904-0677	56-1915169	501(c)(3)	10,000	0	воок		Assisting People in Need
Clean Water for N C ,1070 Tunnel Road Bidg 4, Suite 1 Asheville, NC 28805	  58-1592902	501(c)(3)	6,300	0	воок		Enhancing the Environment
Coastal Community Foundation of South Carolina, 1691 Turnbull Avenue North Charleston, SC 29405		, , , , , ,	6,250	0	воок		Building Community & Economic Vitality
Columbia University,Attn Gift Systems, MC 4524 622 West 113th Street New York, NY 10025	13-5598093	501(c)(3)	11,800	0	воок		Improving Educational Opportunities
Community Care Clinic of Highlands-Cashiers,P O Box 43 Highlands, NC 28741	65-1251915	501(c)(3)	52,740	0	воок		Promoting Quality Health
Community Foundation of Henderson County,P O Box 1108 Hendersonville, NC 28793	56-1330792		7,079	0	воок		Building Community & Economic Vitality
	62-1471789	501(c)(3)	63,000	0	воок		Building Community & Economic Vitality
Community Housing Coalition of Madison County,P O Box 1166 Marshall, NC 28753	11-3660564	501(c)(3)	58,500	0	воок		Building Community & Economic Vitality
Community of the Beloved, 10 North Market Street Suite 200 Asheville, NC 28801	80-0334140	501(c)(3)	24,250	0	воок		Religion
Companeros Inmigrantes De Las Montanas En Accion,528 Emma Road Asheville, NC 28806	20-8303608	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30,250	0	воок		Building Community & Economic Vitality
Compassion International,12290 Voyager Parkway Colorado Springs, CO 80921	36-2423707		5,450	0	воок		Religion
Congregation Beth HaTephila,43 North Liberty Street Asheville, NC 28801	56-0611573	501(c)(3)	10,092	0	воок		Religion
Conservation Trust for North Carolina,1028 Washington Street Raleigh, NC 27605	58-1552188		11,600	0	воок		Enhancing the Environment
Conserving Carolina,847 Case Street Hendersonville, NC 28792	56-6449365	501(c)(3)	6,500	0	воок		Enhancing the Environment
Corinth Reformed United Church of Christ, 150 16th Avenue NW Hickory, NC 28601	56-0615195		10,000	0	воок		Religion
Cornell University, Attn Development 130 E Seneca Street, Suite 400 Ithaca, NY 14850	15-0532082		5,000	0	воок		Improving Educational Opportunities
Corporate Accountability, 10 Milk Street Suite 610 Boston, MA 02108	41-1322686	501(c)(3)	10,000	0	воок		Building Community & Economic Vitality
Council on Aging for Henderson County,105 King Creek Blvd Hendersonville, NC 28792	56-0936674		5,000	0	воок		Assisting People in Need

Schedule I-1 (Form 990)		_ <del></del> .			<u> </u>		2019	
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Continuation Sheet for Schedule I Part Two - Org	anızations					Open to	Public Inspection	
Name of Organization: The Community Foundation	of Western	North Carol	ına, Inc.		Employer Identification Number: 56-12233			
(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	
Counseling and Psychotherapy Center of Highlands,348 South 5th Street Suite 204 Highlands, NC 28741	45-4997760	501(c)(3)	13,750	0	воок		Promoting Quality Health	
Cowee Pottery School,51 Cowee School Drive Franklin, NC 28734	46-5200237	501(c)(3)	10,000	0	воок		Advancing the Arts	
Crossnore School & Children's Home,P O Box 249 Crossnore, NC 28616	56-0567980		28,800	0	воок		Assisting People in Need	
Cullowhee Valley Baptist Church,P O Box 958 Dillsboro, NC 28725	56-1523676		7,500	0	воок		Religion	
Davidson College,P O Box 7170 Davidson, NC 28035-7170	56-0529961	501(c)(3)	12,250	0	воок		Improving Educational Opportunities	
Davidson River School,970 Ecusta Road Brevard, NC 28712	56-6001121		5,933	0	воок		Improving Educational Opportunities	
Dawson-Boyd High School,848 Chestnut Street		` ' ' ' ' '		-			Improving Educational	
Dawson, MN 56232  Delta House Life Development of Asheville,P O Box	41-6001874		6,000	0	BOOK		Opportunities Building Community &	
1672 Asheville, NC 28802 Democracy North Carolina,3000 Aerial Center	58-1562716	\\.	41,250	0	BOOK		Economic Vitality Building Community &	
Parkway Suite 160 Morrisville, NC 27560 Demos,Attn Development 80 Broad Street, Suite 400	56-2271150		30,500	0	BOOK		Building Community &	
New York, NY 10004 Dig In! Yancey Community Garden,P O Box 1095	13-4105066	501(c)(3)	10,000	0	воок		Economic Vitality	
Burnsville, NC 28714 Discovery Land Company Foundation,257 North	27-3078971	501(c)(3)	9,500	0	воок		Assisting People in Need	
Canon Drive 3rd Floor Beverly Hills, CA 90210 Doctors Without Borders USA,P O Box 5030	20-4420241	501(c)(3)	25,000	0	воок		Assisting People in Need	
Hagerstown, MD 21741-5030  Duke University - PAGE, ATTN Colleen Fitzpatrick	13-3433452	501(c)(3)	32,850	0	воок		Promoting Quality Health Improving Educational	
Box 90429 Durham, NC 27708-0429  Duke University-Gifts Records,P O Box 90581	56-0532129	501(c)(3)	11,000	0	воок		Opportunities Improving Educational	
Durham, NC 27708-0581	56-0532129	501(c)(3)	16,004	0	воок		Opportunities	
East Carolina University Foundation, Attn University Advancement 2200 South Charles Blvd , Mail Stop 301 Greenville, NC 27858-4353	56-6093187	501(c)(3)	5,000	0	воок		Improving Educational Opportunities	
EcoForesters,P O Box 16007 Asheville, NC 28816	47-3365113	501(c)(3)	8,500	0	BOOK		Enhancing the	
Eliada Homes, Inc.,P O Box 16708 Asheville, NC 28816	56-0611587	501(c)(3)	66,468	0	воок		Assisting People in Need	
Emmanuel Lutheran Church,51 Wilburn Place Asheville, NC 28806	56-6022463	501(c)(3)	12,000	0	воок		Religion	
Enka High School,475 Enka Lake Road Candler, NC 28715	56-6000994	501(c)(3)	6,500	0	воок		Improving Educational Opportunities	
Episcopal Diocese of Western North Carolina,900-B Centre Park Drive Asheville, NC 28805	56-0552779	501(c)(3)	10,750	0	воок		Religion	
Esther Neonatal Kitten Alliance,P O Box 2161 Asheville, NC 28802	84-2645132	501(c)(3)	5,000	0	воок		Anımal Welfare	
Evergreen Community Charter School,50 Bell Road Asheville, NC 28805	56-2094405	501(c)(3)	10,500	0	воок		Improving Educational Opportunities	
FIRST,PO Box 802 Asheville, NC 28802 Family Resources of Rutherford County Inc.,PO Box	56-2278402		20,000	0	воок		Assisting People in Need	
1619 Forest City, NC 28043 FCNL Education Fund,245 Second Street, NE	56-1330781	501(c)(3)	5,000	0	воок		Assisting People in Need Improving Educational	
Washington, DC 20002-5795 Feed-A-Child WNC, Inc ,151 Laurel Heights Drive	52-1254489	501(c)(3)	5,000	0	воок		Opportunities	
Burnsville, NC 28714 Feeding Avery Families,P O Box 1075 Banner Elk,	81-2416820	501(c)(3)	12,000	0	воок		Assisting People in Need	
NC 28604 Fidelity Chantable Gift Fund,P O Box 770001	45-2302126	501(c)(3)	10,000	0	воок		Assisting People in Need Building Community &	
Cincinnati, OH 45277-1253	11-0303001	501(c)(3)	16,303	0	воок		Economic Vitality	

Schedule I-1 (Form 990)	<u> </u>						2019	
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Continuation Sheet for Schedule I Part Two - Org	anizations					Open to	Public Inspection	
Name of Organization: The Community Foundation	of Western	North Carol	ina, Inc.		Employer Identification Number: 56-12233			
(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	
Fines Creek Community Association,P O Box 992 Lake Junaluska, NC 28745	56-1965399	501(c)(3)	9,100	0 _	воок		Assisting People in Need	
First Baptist Church of Asheville,5 Oak Street Asheville, NC 28801	56-0554211	501(c)(3)	6,505	0	ВООК		Religion	
First Congregational United Church of Christ,P O Box 3211 Asheville, NC 28802	56-6045945	501(c)(3)	12,000	0	воок		Religion	
First Presbyterian Church of Bellevue, Attn Finance 1717 Bellevue Way, NE Bellevue, WA 98004	91-0690267		18,000	0	воок		Religion	
First Presbyterian Church of Lenoir,620 West Avenue		<u> </u>	10,000				, tongion	
NW Lenoir, NC 28645 First Presbytenan Church, 100 Silver Creek Road	81-3810278	501(c)(3)	5,000	0	воок		Religion	
Morganton, NC 28655	56-0623927	501(c)(3)	18,000	0	воок		Religion	
First Presbyterian Church,40 Church Street Asheville, NC 28801-3390	56-0529968	501(c)(3)	36,760	0	воок		Religion	
First Step Farm of WNC,P O Box 1450 Candler, NC 28715	56-1161072	501(c)(3)	10,000	0 _	воок		Promoting Quality Health	
First United Methodist Church of Waynesville,566 South Haywood Street Waynesville, NC 28786	56-0728628	501(c)(3)	73,706	0	воок		Religion	
First United Methodist Church, Attention Treasurer					воок		Religion	
200 N   King Street Morganton, NC 28655   Fishes and Loaves Food Pantry,P O Box 865	56-0554225	501(c)(3)	7,000	0	BOOK			
Cashiers, NC 28717 Food Connection, Inc., P.O. Box 8324 Asheville, NC	26-3516849	501(c)(3)	26,500	0	воок		Assisting People in Need	
28814	81-4190128	501(c)(3)	21,200	0	воок		Assisting People in Need	
Foothills Conservancy of North Carolina, Inc ,P O Box 3023 Morganton, NC 28680	56-1947390	501(c)(3)	129,797	0	воок		Enhancing the Environment	
Foothills Industries of McDowell County,300 Rockwell Drive Marion, NC 28752	58-1309309	501(c)(3)	20,000	0	воок		Building Community & Economic Vitality	
ForeBatten Foundation,7433 E Journey Lane Scottsdale, AZ 85255	82-2661656	, ,, ,	5,000	0	воок		Promoting Quality Health	
Four Seasons - Compassion for Life,571 South Allen							<u> </u>	
Road Flat Rock, NC 28731 Four Seasons Compassion for Life Foundation, 221	56-1252665	501(c)(3)	25,000	0	воок		Promoting Quality Health	
North Main Street Hendersonville, NC 28792 Francis Asbury United Methodist Church, PO Box 67	47-5508988	501(c)(3)	72,936	0	воок		Promoting Quality Health	
Candler, NC 28715	56-1072651	501(c)(3)	5,000	0	воок		Religion	
French Broad River Academy, 1990 Riverside Drive Asheville, NC 28804	27-0349536	501(c)(3)	61,500	0	воок		Improving Educational Opportunities	
Friends of Buncombe Libraries, Inc,67 Haywood Street Asheville, NC 28801	56-1933173	501(c)(3)	7,068	0	воок		Improving Educational Opportunities	
Friends of Panthertown,P O Box 51 Cashiers, NC							Enhancing the	
28717   Friends of the Albert Carlton - Cashiers Community	27-3758868	501(c)(3)	25,000	0	воок		Environment   Improving Educational	
Library,P O Box 2628 Cashiers, NC 28717 Friends of the Earth,1101 15th Street NW 11th Floor	58-2190405	501(c)(3)	10,000	0	воок		Opportunities Enhancing the	
Washington, DC 20005	23-7420660	501(c)(3)	10,000	0	воок		Environment	
Friends of the Haywood County Public Library, Inc ,678 South Haywood Street Waynesville, NC							Improving Educational	
28786 Friends of the WNC Nature Center, Inc. P O Box	23-7124324	501(c)(3)	33,487	0	воок		Opportunities Enhancing the	
19151 Asheville, NC 28815	23-7412910	501(c)(3)	43,215	0	воок		Environment	
Furman University,3300 Poinsett Highway Greenville, SC 29613-6480	57-0314395	501(c)(3)	5,000	0	воок		Improving Educational Opportunities	
Gardner-Webb University,P O Box 997 Boiling Springs, NC 28017	56-0529972		7,440	0	воок		Improving Educational Opportunities	
Georgia Museums, dba Tellus Science Museum P O								
Box 3663 Cartersville, GA 30120 Getting Back to the Basics,P O Box 15298	20-1234015	501(c)(3)	5,000	0	воок		Advancing the Arts Improving Educational	
Asheville, NC 28813	33-1197792	501(c)(3)	20,000	0	воок		Opportunities	

Schedule I-1 (Form 990)						r ——	2019	
Schedule I-1 (Form 990)	·						2015	
Continuation Sheet for Schedule I Part Two - Org	anizations					Open to	Public Inspection	
Name of Organization: The Community Foundation	of Western	North Carol	ına, Inc.		Employer Identification Number: 56-122338			
(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	
Girls on the Run of WNC,50 South French Broad Avenue Suite 204 Asheville, NC 28801	35-2177794	501(c)(3)	5,000	0	воок		Promoting Quality Health	
Givens Estates, Inc ,2360 Sweeten Creek Road Asheville, NC 28803	51-0199312	E01(a)(3)	22.077	0	воок		Assisting People in Need	
Glenville-Cashiers Rescue Squad,P O Box 919			32,077					
Cashiers, NC 28717 Global Exchange,1446 Market Street San Francisco,	56-1371972	501(c)(3)	13,500	0	воок		Assisting People in Need Building Community &	
CA 94102	94-3066686	501(c)(3)	6,000	0	воок		Economic Vitality	
Global Fund for Women, Attn Contributions Office P O Box 97309 Washington, DC 20090-7309 Go Global NC Box 13628 68 T W Alexander Drive	77-0155782	501(c)(3)	10,000	0	воок		Assisting People in Need	
Research Triangle Park, NC 27709	56-1751280	501(c)(3)	52,500	0	воок		Building Community & Economic Vitality	
God's Way Fellowship,P O Box 330 Balsam Grove, NC 28708	44-0577787	501(c)(3)	5,000	0	воок		Religion	
Goldman Sachs Philanthropy Fund,P O Box 15203							Building Community &	
Albany, NY 12212-5203 Good Samaritan Clinic (Burke County),305 West	31-1774905	501(c)(3)	17,906	0	воок		Economic Vitality	
Union Street Morganton, NC 28655 Grace Community Church of McDowell County,5182	56-1939030	501(c)(3)	15,150	0	воок		Promoting Quality Health	
US 70 West Marion, NC 28752	95-4896863	501(c)(3)	10,000	0	воок		Religion	
Grace Covenant Presbyterian Church,789 Merrimon Avenue Asheville, NC 28804	56-0588479	501(c)(3)	83,252	0	воок		Religion	
Grace Extended Ministries,P O Box 832 Robbinsville, NC 28771	82-4208418	501(c)(3)	5,000	0	воок		Assisting People in Need	
Grassroots International,179 Boylston Street 4th							Building Community &	
Floor Boston, MA 02130 Great Tree Zen Women's Temple,679 Lower Flat	04-2791159	501(c)(3)	15,500	0	воок		Economic Vitality	
Creek Road Alexander, NC 28701 Green Built Alliance, P O Box 17026 Asheville, NC	41-2029886	501(c)(3)	15,000	0	воок		Religion Enhancing the	
28816	56-2225428	501(c)(3)	46,500	0	воок		Environment	
Green Opportunities, P.O. Box 7235 Asheville, NC 28802	26-4230288	501(c)(3)	12,750	0	воок		Building Community & Economic Vitality	
Green River Preserve,301 Green River Road Cedar	50 4554500	504( )(0)	40.000		5001		Enhancing the	
Mountain, NC 28718 Guardian ad Litem Association of Buncombe	56-1554526	501(c)(3)	10,000	0	воок		Environment	
County,43 College Place Suite D204 Asheville, NC 28801-2698	56-1754255	501(c)(3)	25.750		воок		Assisting People in Need	
Guide Dogs of the Desert,P O Box 1692 Palm			25,750	0				
Springs, CA 92263 Harris Middle School,121 Harris Street Spruce Pine,	23-7296531	501(c)(3)	6,000	0	воок		Assisting People in Need Improving Educational	
NC 28777	56-6001075	501(c)(3)	10,390	0	воок		Opportunities	
Haven of Transylvania County,P O Box 25 Brevard, NC 28712	27-1124164	501(c)(3)	8,824	0	воок		Assisting People in Need	
Haywood Christian Ministry Inc ,150 Branner Avenue Waynesville, NC 28786	56-1389676	501(c)(3)	6,000	0	воок		Assisting People in Need	
Haywood Community College Foundation, 185 Freedlander Drive Clyde, NC 28721	51-0172736		10,010	0	воок		Improving Educational Opportunities	
Haywood County Schools Foundation,1230 North							Improving Educational	
Main Street Waynesville, NC 28786 Haywood Pathways Center,179 Hemlock Street	56-1529355	501(c)(3)	61,000	0	ВООК		Opportunities	
Waynesville, NC 28786 Haywood Street Congregation, P O Box 2982	47-2608669	501(c)(3)	53,239	0	воок		Assisting People in Need	
Asheville, NC 28802	45-5301549	501(c)(3)	17,340	0	воок		Assisting People in Need	
Haywood Waterways Association, Inc ,P O Box 389 Waynesville, NC 28786	56-2108874	501(c)(3)	67,655	0	воок		Enhancing the Environment	
Heart of Horse Sense,7041 Meadows Town Road Marshall, NC 28753	46-4984188		7,000	0	воок		Assisting People in Need	
Helping Hand Developmental Center,P O Box 222								
East Flat Rock, NC 28726	51-0138781	501(c)(3)	30,000	0	ВООК	<u> </u>	Assisting People in Need	

Schedule I-1 (Form 990)						<u> </u>	2019	
Continuation Sheet for Schedule I Part Two - Org	anizations					Open to	Public Inspection	
Name of Organization: The Community Foundation	of Western	North Carol	ina, Inc.		Employer Identification Number: 56-			
(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	
Helping Hands Clinic,810 Harper Avenue NW Lenoir, NC 28645	56-2076541	501(c)(3)	11,000	0	воок		Assisting People in Need	
Helpmate,P O Box 2263 Asheville, NC 28802	56-1276293		254,795	0	воок		Assisting People in Need	
Henderson County Habitat for Humanity,1111 Keith Street Hendersonville, NC 28792	EG 1642262	E01/a\/2\	25 500	0	воок		Building Community & Economic Vitality	
Hendersonville Rescue Mission,P O Box 1512	56-1642263	501(c)(3)	25,500		BOOK		LCOHOINIC VITAILY	
Hendersonville, NC 28793-1512	58-1480173	501(c)(3)	20,000	0	воок		Assisting People in Need	
Henry's Fork Foundation,P O Box 550 Ashton, ID 83420	82-0391884	501(c)(3)	5,000	0	воок		Enhancing the Environment	
HERE in Jackson County,P O Box 403 Sylva, NC 28779	83-1549623	501(c)(3)	25,000	0	воок		Building Community & Economic Vitality	
Hickory Nut Gorge Foundation, Inc ,P O Box 783 Lake Lure, NC 28746	26-2633589	501(c)(3)	7,870	0	воок	}	Assisting People in Need	
Hickory Nut Gorge Outreach,P O Box 634 Lake		100	7,070	<del>                                     </del>	BOOK		7 tooloting 1 copie iii 11cou	
Lure, NC 28746	20-1240771	501(c)(3)	19,150	0	воок		Assisting People in Need Enhancing the	
Highlands Biological Foundation,P O Box 580 Highlands, NC 28741	56-0634513	501(c)(3)	24,000	0	воок		Environment	
Highlands Cashiers Players,P O Box 1416								
Highlands, NC 28741 Highlands Community Child Development	56-1934576	501(c)(3)	10,000	0	ВООК	<del> </del>	Advancing the Arts Improving Educational	
Center,P O Box 648 Highlands, NC 28741	47-0891422	501(c)(3)	33,800	0	воок		Opportunities	
Highlands Community Theatre, dba Highlands Playhouse P O Box 896 Highlands, NC 28741	56-6060841		6,000	0	воок		Advancing the Arts	
Highlands Emergency Council,P O Box 974	EC 1206460	F04(-\(2\)	40.000		BOOK		Aggisting Rosels in Nood	
Highlands, NC 28741 Highlands Hurricanes Swim Team, Inc.,PO Box	56-1396460		19,000	0	BOOK		Assisting People in Need	
1651 Highlands, NC 28741 Highlands-Cashiers Center for Life Enrichment,P O	81-1183884		8,000	0	BOOK	<del>                                     </del>	Promoting Quality Health Improving Educational	
Box 2046 Highlands, NC 28741 Highlands-Cashiers Chamber Music Festival,P O	56-1894761	501(c)(3)	5,000	0	воок		Opportunities	
Box 1702 Highlands, NC 28741	56-1376891	501(c)(3)	7,250	0	воок		Advancing the Arts	
Highlands-Cashiers Land Trust, Inc ,P O Box 1703 Highlands, NC 28741	56-1216642	501(c)(3)	28,000	0	воок		Enhancing the Environment	
HIGHTS, Incorporated,PO Box 865 Cullowhee, NC 28723	26-1566023	501(c)(3)	36,102	0	воок		Improving Educational Opportunities	
Hinton Rural Life Center, PO Box 27 Hayesville, NC 28904	56-0842073	501(c)(3)	14,000	0	ВООК		Religion	
Historic Flat Rock Incorporated,P O Box 295 Flat	30-00-2013	301(0)(3)	14,000	-	BOOK		Tongion	
Rock, NC 28731 Homeward Bound of WNC,P O Box 1166 Asheville,	23-7003502	501(c)(3)	5,000	0	ВООК	ļ	Advancing the Arts	
NC 28802	56-1568917	501(c)(3)	539,972	0	воок		Assisting People in Need	
Hope for Abuse Victims through Education and Nurturing (HAVEN),4297 East US 64 Alternate Murphy, NC 28906	20-3751252	501(c)(3)	23,500	0	воок		Assisting People in Need	
Hope for Horses,P O Box 1449 Leicester, NC 28748	56-2160232	501(c)(3)	26,800	0	воок		Animal Welfare	
Horizons National, 120 Post Road West Suite 202 Westport, CT 06880	06-1468129		20,000	0	воок		Improving Educational Opportunities	
Hospice and Palliative Care of the Blue Ridge,236 Hospital Drive Spruce Pine, NC 28777	58-1665803	, , , , , , , , , , , , ,	14,510	0	воок		Promoting Quality Health	
Hospice of Yancey County,dba Compassionate Care Western North Carolina 856 Georges Fork Road Burnsville, NC 28714	56-1388030		73,936	0	воок		Promoting Quality Health	
Hot Springs Health Program, Inc.,P O Box 69 Marshall, NC 28753-0069								
Housing Authority of the City of Asheville, P.O. Box 1898 Asheville, NC 28802	56-0986537		10,000	0	BOOK		Promoting Quality Health Building Community &	
Hub City Writers Project,186 West Main Street	56-6003041	501(c)(3)	5,000	0	ВООК	<u> </u>	Economic Vitality	
Spartanburg, SC 29306	57-1059259	501(c)(3)	10,000	0	воок	<u></u>	Advancing the Arts	

Schedule I-1 (Form 990)	·		<del></del>	<u> </u>	T	Γ	2019	
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Continuation Sheet for Schedule I Part Two - Org	anizations					Open to	Public Inspection	
Name of Organization: The Community Foundation	of Western	North Carol	ına, Inc.		Employer Identification Number: 56-122			
(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	
IFB Solutions, Asheville division,240 Sardis Road Asheville, NC 28806	56-6001467	501(c)(3)	10,750	0	воок		Assisting People in Need	
Imagine North Carolina First,P O Box 428 Raleigh,	00 0001407	001(0)(0)	10,700		BOOK	<u> </u>	Building Community &	
NC 27602 Immaculate Conception Catholic Church,611 North	46-4006055	501(c)(3)	87,500	0	воок		Economic Vitality	
Church Street Suite 101 Hendersonville, NC 28792	56-0619353	501(c)(3)	50,000	0	воок		Religion	
Independence Road Corporation,266 Independence Blvd Asheville, NC 28805	84-3262575	F04(=\(2\)	5.000	0	BOOK		December 2 Overlife 11 - 11h	
Institute for Southern Studies,P O Box 531 Durham,	04-3202373	501(c)(3)	5,000	0	воок		Promoting Quality Health	
NC 27702	58-1090440	501(c)(3)	12,750	0	воок		Advancing the Arts	
Interfaith Assistance Ministry, P O Box 2562 Hendersonville, NC 28793	58-1556963	501(c)(3)	80,000	0	воок		Assisting People in Need	
International Friendship Center,348 South 5th Street		00.(0)(0)	00,000		50011		Building Community &	
Highlands, NC 28741 International Rescue Committee,P O Box 6068	56-2303345	501(c)(3)	35,500	0	воок		Economic Vitality	
Albert Lea, MN 56007-9847	13-5660870	501(c)(3)	11,200	0	воок		Building Community & Economic Vitality	
Irene Wortham Center,916 West Chapel Road	50.0700450		44.000		2001			
Asheville, NC 28803 Isaac Homes Youth Shelter,P O Box 265 Pisgah	56-0733452	501(c)(3)	11,000	0	воок		Assisting People in Need	
Forest, NC 28768	82-1909926	501(c)(3)	5,000	0	воок		Assisting People in Need	
Jewish Community Center of Asheville, Inc ,236 Charlotte Street Asheville, NC 28801	56-0529951	501(c)(3)	30,800	0	воок		Building Community & Economic Vitality	
Jewish Education Network,1033 Swansea Apt B	30-0329931	301(0)(3)	30,000		BOOK		Economic Vitality	
Deerfield Beach, FL 33442  Jewish Family Services of WNC,2 Doctors Park,	46-4226678	501(c)(3)	10,000	0	воок		Religion	
Suite E 417 Biltmore Avenue Asheville, NC 28801	45-2497063	501(c)(3)	11,302	0	воок	}	Assisting People in Need	
Jewish Federation of Greater Atlanta,1440 Spring								
Street NW Atlanta, GA 30309  Jewish National Fund, 78 Randall Avenue Rockville	58-1021791	501(c)(3)	6,125	0	воок	-	Religion	
Centre, NY 11570	13-1659627	501(c)(3)	10,000	0	воок		Religion	
John C Campbell Folk School, One Folk School Road Brasstown, NC 28902	56-0552780	501(c)(3)	5,000	0	воок		Advancing the Arts	
Jupiter Medical Center Foundation,1210 South Old	30-0332780	301(0)(3)	5,000	0	BOOK	<u> </u>	Advancing the Arts	
Dixie Highway Jupiter, FL 33458	65-0132406	501(c)(3)	25,000	0	воок		Promoting Quality Health	
KARE (Kids Advocacy Resource Effort),P O Box 1392 Waynesville, NC 28786-1392	58-1983449	501(c)(3)	7,000	0	воок		Assisting People in Need	
Kenya Help,P O Box 516 Menlo Park, CA 94026	35-2314350	501(c)(3)	5,000	0	воок		Improving Educational	
KL Training Solutions, dba My Daddy Taught Me That 27 King Arthur Place Asheville, NC 28806	46-1815662	501(c)(3)	112,000	0	воок		Assisting People in Need	
Kolping Kicks Soccer Club,3013 Woodbridge Estates			112,000		BOOK		rosisting r copie in Need	
Drive Saint Louis, MO 63129 Lake Toxaway Charities, Inc ,P O Box 163 Lake	43-1563265	501(c)(3)	5,000	0,	воок		Promoting Quality Health	
Toxaway, NC 28747	56-1882460	501(c)(3)	27,550	0	воок		Assisting People in Need	
LEAF Global Arts, 19 Eagle Street Suite 120								
Asheville, NC 28801 Ledford's Chapel UMC-Matt's Ministry,P O Box 205	54-2123478	501(c)(3)	40,130	0	воок		Advancing the Arts	
Hayesville, NC 28904	61-1642769	501(c)(3)	10,000	0	воок		Religion	
Lees-McRae College/New Opportunity School for Women,P O Box 128 Banner Elk, NC 28604	E6 0E200E2	E04/=\/2\	47.500		BOOK		Improving Educational	
Leukemia & Lymphoma Society, Donor Services P O	56-0529953	501(c)(3)	17,500	0	воок		Opportunities	
Box 98018 Washington, DC 20090-8018	13-5644916	501(c)(3)	8,000	0	воок		Promoting Quality Health	
Liberty Corner Enterprises Inc ,119 Tunnel Road Suite 120 Asheville, NC 28805	56-1562650	501(c)(3)	5,500	0	воок		Assisting People in Need	
Liberty Missionary Baptist Church,P O Box 2363			0,000				recogning recipie in Meed	
Robbinsville, NC 28771 Library Foundation of Burke County, 204 South King	56-2092598	501(c)(3)	6,000	0	воок		Religion	
Street Morganton, NC 28655	56-2258235	501(c)(3)	5,000	0	воок		Improving Educational Opportunities	
Light A Path, 186 Cisco Road Asheville, NC 28805	47-4956712	501(c)(3)	10,000	0	воок		Promoting Quality Health	

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Schedule I-1 (Form 990)							2019	
Continuation Sheet for Schedule I Part Two - Org	anızations					Open to	Public Inspection	
Name of Organization: The Community Foundation	of Western	North Carol	ina, Inc.		Employer Identification Number: 56-1223			
(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)	41,994	0	воок		Improving Educational Opportunities	
Literacy Council of Highlands, Inc ,P O Box 2320 Highlands, NC 28741	56-1883637	501(c)(3)	38,500	0	воок		Improving Educational Opportunities	
Long's Chapel United Methodist Church,175 Old Clyde Road Waynesville, NC 28785	56-0732998		10,250	0	воок		Religion	
Lost Tree Village Charitable Foundation,8 Church Lane North Palm Beach, FL 33408	59-2104920						Building Community &	
Loving Food Resources,P O Box 25142 Asheville,	39-2104920	501(c)(3)	5,000	0	воок		Economic Vitality	
NC 28813-1142 Macon County Care Network (CareNet),130 Bidwell	56-1823591	501(c)(3)	5,000	0	воок		Assisting People in Need	
Street Franklin, NC 28734 Macon County Public Health Center, 1830 Lakeside	58-1813122	501(c)(3)	17,000	0	воок		Assisting People in Need	
Drive Franklin, NC 28734	56-6000930	501(c)(3)	50,000	0	воок		Promoting Quality Health	
Macon Program for Progress,P O Box 700 Franklin, NC 28744	56-6065297	501(c)(3)	10,000	0	воок		Building Community & Economic Vitality	
Madison County Commission, P O Box 579 Marshall, NC 28753	56-6000316	501(c)(3)	11,970	0	воок		Building Community & Economic Vitality	
Madison County Partnership for Children and Families,P O Box 1657 Mars Hill, NC 28754	56-2040118		10,000	0	воок		Assisting People in Need	
Maggie Valley Sanitary District,P O Box 1029 Maggie Valley, NC 28751							Enhancing the	
Maggie Valley United Methodist Church,4192 Soco	56-1132710		30,000	0	BOOK		Environment	
Road Maggie Valley, NC 28751 MANAUS,520 South 3rd Street Suite 22A	56-1809410	501(c)(3)	10,000	0	воок		Religion Building Community &	
Carbondale, CO 81623 MANNA FoodBank,627 Swannanoa River Road	20-2710588	501(c)(3)	50,000	0	воок		Economic Vitality	
Asheville, NC 28805-2445 Marketplace Ministries, Inc ,2001 West Plano	58-1514800	501(c)(3)	259,392	0	воок		Assisting People in Need	
Parkway Suite 3200 Plano, TX 75075	75-1977793	501(c)(3)	27,000	0	воок		Religion	
Mars Hill University, Advancement Office P O Box 6792 Mars Hill, NC 28754	56-0554207	501(c)(3)	7,986	0	воок		Improving Educational Opportunities	
Mayland Community College Foundation Inc ,P O	50 4400405						Improving Educational	
Box 547 Spruce Pine, NC 28777-0547 Mayo Clinic Jacksonville,4500 San Pablo Road South			6,000	0	BOOK		Opportunities	
Jacksonville, FL 32224 McDowell LFAC,P O Box 851 Nebo, NC 28761	59-3337028 83-2141213		106,158 54,770	0	BOOK BOOK		Promoting Quality Health Assisting People in Need	
McDowell Mission Ministries,P O Box 297 Marion,	-	, ,, ,						
NC 28752 Meals On Wheels of Asheville & Buncombe	56-1872125		10,000	0	воок		Assisting People in Need	
County,146 Victoria Road Asheville, NC 28801 MemoryCare,100 Far Horizons Lane Asheville, NC	56-1115597	501(c)(3)	35,548	0	воок		Assisting People in Need	
28803 Middle East Children's Alliance,1101 8th Street Suite	56-2178294	501(c)(3)	108,649	0	воок		Promoting Quality Health	
100 Berkeley, CA 94710	94-3074600	501(c)(3)	10,000	0	воок		Assisting People in Need	
Mitchell Community Health Partnership,P O Box 176 Bakersville, NC 28705	31-1765453	501(c)(3)	10,000	o	воок		Promoting Quality Health	
Montford Park Players, PO Box 2663 Asheville, NC 28802-2663	23-7427417	501(c)(3)	8,400	0	воок		Advancing the Arts	
Montmorenci United Methodist Church,P O Box 610 Candler, NC 28715	56-0854024	501(c)(3)	20,000	0	воок		Religion	
Montreat College,P O Box 1267 Montreat, NC 28757	56-0543261	501(c)(3)	91,995	0	воок		Improving Educational Opportunities	
							Enhancing the	
Mountain Alliance,P O Box 2854 Boone, NC 28607  Mountain Area Health Education Center, Inc ,121	58-1894620	501(c)(3)	20,000	0	воок		Environment	
Hendersonville Road Asheville, NC 28803  Mountain BizWorks, Inc ,153 South Lexington	56-1071426	501(c)(3)	51,590	0	воок		Promoting Quality Health Building Community &	
Avenue Asheville, NC 28801	14-1864873	501(c)(3)	43,750	0	воок		Economic Vitality	

Schedule I-1 (Form 990)							2019		
Continuation Sheet for Schedule I Part Two - Org	janizations					Open to	Public Inspection		
Name of Organization: The Community Foundation	of Western	North Carol	ina, Inc.		Employer Identification Num				
(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		
Mountain Child Advocacy Center,11 Vanderbilt Park Drive Suite A Asheville, NC 28803	58-1828408	501(c)(3)	6,250	0	воок		Assisting People in Need		
Mountain Heritage High School,P O Drawer 70 Burnsville, NC 28714	EC C001120	501/0//2\	10.000	_	BOOK		Improving Educational		
Mountain Housing Opportunities,64 Clingman Avenue Suite 101 Asheville, NC 28801	56-6001138 58-1816998		10,000 27,250	0	BOOK BOOK		Opportunities Building Community & Economic Vitality		
Mountain Projects, Inc ,2177 Asheville Road Waynesville, NC 28786	56-0849092		10,717	0	воок		Assisting People in Need		
Mountain Valleys RC&D Council, Inc ,4388 US Hwy				_			Enhancing the		
25/70 Suite 3 Marshall, NC 28753  Mountain Youth Charities,P O Box 1603 Cashiers,	58-1767802		90,525	0	BOOK		Environment		
NC 28717  MountainCare, Inc ,P O Box 5956 Asheville, NC 28813	46-2412018 56-2005198		15,000 5,000	0	BOOK		Assisting People in Need Promoting Quality Health		
MountainTrue,29 North Market Street Suite 610 Asheville, NC 28801	56-1422691	501(c)(3)	60,200	0	BOOK		Enhancing Quality Health Environment		
Ms Foundation for Women,12 MetroTech Center							Building Community &		
26th Floor Brooklyn, NY 11201 Muddy Sneakers,P O Box 146 Brevard, NC 28712	23-7252609 26-0338084		10,000 173,198	0	BOOK BOOK	1	Economic Vitality Enhancing the		
Murphy First Baptist Church,517 Hiwassee Street Murphy, NC 28906	20-2007347	501(c)(3)	10,000	0	BOOK		Religion		
MusicWorks, Inc ,c/o Asheville Symphony Society 27 College Place, Suite 100 Asheville, NC 28801-2406 My Father's Storehouse,dba The Storehouse P O	81-5308559	501(c)(3)	174,900	0	воок		Improving Educational Opportunities		
Box 6146 Hendersonville, NC 28793	01-0787966	501(c)(3)	25,000	0	воок		Assisting People in Need		
NAACP Legal Defense and Educational Fund,40 Rector Street 5th Floor New York, NY 10006	13-1655255	501(c)(3)	5,800	0	воок		Building Community & Economic Vitality		
National Church Residences Foundation,2335 North Bank Drive Columbus, OH 43220	20-2308665	501(c)(3)	5,000	0	воок		Assisting People in Need		
National Trust for Historic Preservation in the US,2600 Virginia Avenue NW Suite 1100 Washington, DC 20037  NC Agricultural Foundation, NC 4-H Development	53-0210807	501(c)(3)	35,250	0	воок		Advancing the Arts		
Fund NC State Box 7645 Raleigh, NC 27695-7645	56-6049304	501(c)(3)	7,270	0	воок		Improving Educational Opportunities		
NC Congress of Latino Organizations,4907 Garrett Road Durham, NC 27707	51-0526332	501(c)(3)	5,000	0	воок		Building Community & Economic Vitality		
NC Justice Center,P O Box 28068 Raleigh, NC 27611-8068	56-1348186		13,500	0	воок		Building Community & Economic Vitality		
NC MedAssist,4428 Taggart Creek Road Suite 101 Charlotte, NC 28208	56-2018957	501(c)(3)	20,500	0	воок		Promoting Quality Health		
NC Museum of Art Foundation,4630 Mail Service Center Raleigh, NC 27699-4630	23-7071511		12,500	0	воок		Advancing the Arts		
NC Outward Bound School,2582 Riceville Road Asheville, NC 28805	56-0857708	501(c)(3)	15,000	0	воок		Building Community & Economic Vitality		
NC State University Foundation,Gift Processing NCSU Box 7474 Raleigh, NC 27695	56-6049503	501(c)(3)	25,477	0	воок		Improving Educational Opportunities		
NC State University Student Aid Association,P O Box 37100 Raleigh, NC 27627-7100	56-0650623	501(c)(3)	53,000	0	воок		Improving Educational Opportunities		
NC State University, Campus Box 7511 Raleigh, NC 27695-7302	56-6000756	501(c)(3)	7,600	0	воок		Improving Educational Opportunities		
NC Writers' Network,122 Hawthorne Lane Boone, NC 28907-5417	56-1472203	501(c)(3)	10,000	0	воок		Improving Educational Opportunities		
Nebo Elementary School,254 Nebo School Road Nebo, NC 28761	56-6001073	501(c)(3)	20,180	0	воок		Improving Educational Opportunities		
Neighbors Feeding Neighbors Food Ministry,P O Box 322 Spruce Pine, NC 28777	83-0928892	501(c)(3)	7,500	0	воок		Assisting People in Need		
Neighbors in Ministry,P O Box 1036 Brevard, NC 28712	56-2032133	501(c)(3)	20,000	0	воок		Improving Educational Opportunities		

Schedule I-1 (Form 990)						T	2019	
Continuation Sheet for Schedule I Part Two - Org	anizations					Open to	Public Inspection	
Name of Organization: The Community Foundation	of Western	North Carol	ina, Inc.		Employer Identification Number: 56-12			
(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	
Neighbors In Need,P O Box 64 Marshall, NC 28753	58-1492053	501(c)(3)	20,000	0	воок		Building Community & Economic Vitality	
New HOPE of McDowell,P O Box 1572 Marion, NC 28752	56-1379760		13,000	0	ВООК		Assisting People in Need	
Newland Presbyterian Church,P O Box 579 Newland, NC 28657-0579	56-1326726		6,200	0	воок		Religion	
Next Step Recovery, Inc ,900 Hendersonville Road	30-1320720	301(0)(3)	0,200	0	BOOK	<del></del>	Religion	
Suite 203 Asheville, NC 28803	20-4570082		5,000	0	_воок		Promoting Quality Health	
NIYO Kids, 1215 Casa Loma Drive Reno, NV 89503	81-3049410	501(c)(3)	15,000	0	BOOK		Assisting People in Need	
North Carolina Arboretum Society,100 Frederick Law Olmsted Way Asheville, NC 28806	56-1712373	501(c)(3)	79,920	0	воок		Enhancing the Environment	
North Carolina Harm Reduction Coalition,4024	36-17 12373	301(0)(3)	79,920	<u> </u>	BOOK		Building Community &	
Barrett Drive Suite 101 Raleigh, NC 27609	20-3452075	501(c)(3)	10,000	о	воок		Economic Vitality	
North Carolina Stage Company,15 Stage Lane								
Asheville, NC 28801	56-2266836		5,100	0	ВООК		Advancing the Arts	
OASIS, Inc.,P O Box 1591 Boone, NC 28607	58-1354169	501(c)(3)	26,000	0	воок		Assisting People in Need Improving Educational	
Oglala Lakota College,P O Box 537 Kyle, SD 57752	23-7135915	501(c)(3)	5,000	0	воок		Opportunities	
Ohr Chadash, Davidovich Law Firm, LLC 501 S Cherry Creek North Drive, Suite 1100 Denver, CO 80246-1325	84-1572763	501(c)(3)	15,000	0	воок		Religion	
Only Hope WNC,P O Box 394 Hendersonville, NC								
28793	45-3751833	501(c)(3)	9,000	0	воок		Assisting People in Need	
OnTrack Financial Education & Counseling, 50 South French Broad Avenue Suite 227 Asheville, NC 28801-							Building Community &	
3217	56-1056077	501(c)(3)	262,850	0	воок		Economic Vitality	
OpenDoors of Asheville,P O Box 8726 Asheville, NC 28814	27-1543937	501(c)(3)	43,500	0	воок		Assisting People in Need	
Optimist Santa Pal Club of Asheville, NC,P O Box 1912 Asheville, NC 28802	56-6055643	E04/a\/2\	0.705		BOOK		Assisting Deaple in Need	
Options, Inc.,P O Box 2512 Morganton, NC 28680	58-1599166	* * * * * * * * * * * * * * * * * * * *	8,705 22,494	0	BOOK BOOK	<u> </u>	Assisting People in Need Assisting People in Need	
Organic Farming Research Foundation, PO Box 440	30-1339100	301(0)(3)	22,434		BOOK	<del> </del>	Enhancing the	
Santa Cruz, CA 95061-0440	77-0252545	501(c)(3)	5,000	0	воок		Environment	
Organic Growers School,P O Box 17804 Asheville, NC 28816	75-3166329	501(c)(3)	31,200	0	воок		Enhancing the Environment	
Organize Tennessee,437 Tusculum Road Nashville,				1			Building Community &	
TN 37211	84-1732329	501(c)(3)	10,000	0	воок		Economic Vitality	
Organizers Institute South and West IAF,1106 Clayton Lane Suite 120W Austin, TX 78723	81-1555941	501(c)(3)	100,000	0	воок		Building Community & Economic Vitality	
Our VOICE, Inc.,P O Box 1114 Asheville, NC 28802	58-1491531	501(c)(3)	22,350	0	воок		Assisting People in Need	
Out of the Ashes,250 Old Ross Road Forest City, NC 28043	82-1319391		5,000	0	воок		Assisting People in Need	
Oxfam America,226 Causeway Street 5th Floor	02-1319391	301(0)(3)	3,000		BOOK	-	masisting i copie in Need	
Boston, MA 02114-2206 P E F Israel Endowment Funds,630 Third Avenue	23-7069110	501(c)(3)	5,250	0	воок		Assisting People in Need	
Suite 1501 New York, NY 10017	13-6104086	501(c)(3)	21,190	0	воок		Assisting People in Need	
Pack Place Performing Arts, Inc.,dba Wortham								
Center for the Performing Arts 18 Biltmore Avenue Asheville, NC 28801	31-1524883	501(c)(3)	52,106	0	воок		Advancing the Arts	
Pardee Hospital Foundation,561 Fleming Street Hendersonville, NC 28739	56-1930028		20,000		воок		Promoting Quality Health	
Parkinson's Foundation,200 SE 1st Street Suite 800	30-1330028	301(0)(3)	20,000	0	BOOK	+	Tomoting Quality Fleatth	
Miami, FL 33131 Partners Aligned Toward Health (PATH),202 Medical	13-1866796	501(c)(3)	10,000	0	воок		Promoting Quality Health	
Campus Drive Burnsville, NC 28714 Partners in Health, PO Box 996 Frederick, MD	56-2063898	501(c)(3)	20,000	0	воок		Promoting Quality Health	
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Schedule I-1 (Form 990)						<u> </u>	2019
Continuation Sheet for Schedule I Part Two - Org	janizations					Open to	Public Inspection
Name of Organization: The Community Foundation	of Western	North Carol	ina, Inc.		Employer Identification Number: 56-1223		
(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
Partners Unlimited, Inc ,133 Livingston Street Asheville, NC 28801	31-1669634	501(c)(3)	15,000	0	воок		Assisting People in Need
Peggy Crosby Community Service Center,348 South Fifth Street Highlands, NC 28741	56-1940997	501(c)(3)	7,500	0	воок		Building Community & Economic Vitality
Performing Arts Center, Inc ,P O Box 296 Highlands, NC 28741	56-2155282	501(c)(3)	24,700	0	воок		Advancing the Arts
Pigeon Community Multicultural Development Center,P O Box 1494 Waynesville, NC 28786	32-0131282	501(c)(3)	20,000	0	воок		Building Community & Economic Vitality
Pisgah Astronomical Research Institute,1 Pari Drive Rosman, NC 28772	56-2108640	501(c)(3)	8,500	0	воок		Improving Educational Opportunities
Pisgah Legal Services, P.O. Box 2276 Asheville, NC 28802	56-1191115	501(c)(3)	312,487	0	воок		Assisting People in Need
Planned Parenthood Federation of America, 123 William Street 10th Floor New York, NY 10038	13-1644147	501(c)(3)	6,575	0	воок		Promoting Quality Health
Planned Parenthood South Atlantic, Gift Processing Center (for Asheville/WNC) 100 South Boylan							
Avenue Raleigh, NC 27603 Plants and Healers International, P O Box 6362	56-1282557	501(c)(3)	103,124	0	воок		Promoting Quality Health Enhancing the
Asheville, NC 28816 Preservation Hall Foundation,726 Saint Peter Street	27-2003455		20,000	0	воок		Environment
New Orleans, LA 70116 Preservation Society of Asheville & Buncombe	27-2910626	<u>, , , , , , , , , , , , , , , , , , , </u>	12,000	0	ВООК		Advancing the Arts
County,P O Box 2806 Asheville, NC 28802 Providence United Methodist Church,c/o Sandra	59-1768097	501(c)(3)	24,021	0	воок		Advancing the Arts
Walker 128 E S W Drive Forest City, NC 28043 PubCorps,117-C Cherry Street Black Mountain, NC	56-1325897	501(c)(3)	6,420	0	воок		Religion Building Community &
28711 Rainbow Community School,574 Haywood Road	83-1505924	501(c)(3)	5,000	0	воок		Economic Vitality Improving Educational
Asheville, NC 28806 REACH of Cherokee County,P O Box 977 Murphy,	56-1217861	501(c)(3)	33,366	0	воок		Opportunities
NC 28906 REACH of Clay County,P O Box 1485 Hayesville,	56-1332817	501(c)(3)	10,000	0	воок		Assisting People in Need
REACH of Macon County,P O Box 228 1895 Old	54-2120710		5,000	0	воок		Assisting People in Need
Murphy Road Franklin, NC 28744 Read to Succeed Asheville,P O Box 18652	56-1689264	501(c)(3)	32,500	0	воок		Assisting People in Need Improving Educational
Asheville, NC 28814 Regents of the University of California, Davis,Attn	27-2581580	501(c)(3)	11,250	0	воок		Opportunities
Development One Shields Avenue, 2nd Floor Davis, CA 95616	94-6036494	501(c)(3)	5,000	0	воок		Improving Educational Opportunities
Region A Partnership for Children,116 Jackson Street Sylva, NC 28779	56-1869575	501(c)(3)	10,000	0	воок		Assisting People in Need
Renewed Hope Ministries,P O Box 1340 Murphy, NC 28906	56-1581911	501(c)(3)	5,000	0	воок		Promoting Quality Health
Repairers of the Breach, Inc.,P O Box 1638 Goldsboro, NC 27533-1638	46-3332424	501(c)(3)	5,000	0	воок		Building Community & Economic Vitality
Residents Council of Asheville Housing Authority, P.O. Box 2198 Asheville, NC 28802	56-1466870	501(c)(3)	12,875	0	воок		Building Community & Economic Vitality
Restoration House WNC,P O Box 154 Bryson City, NC 28713 River Valley Technical Center,307 South Street	47-4539555	501(c)(3)	7,000	0	воок		Assisting People in Need
Springfield, VT 05156	56-2649139	501(c)(3)	15,000	0	воок		Improving Educational Opportunities
RiverLink, Inc ,170 Lyman Street Asheville, NC 28801 Rotary Club of Asheville Foundation,P O Box 1954	58-1867958	501(c)(3)	66,278	0	воок		Enhancing the Environment
Asheville, NC 28802 Rutherford County Habitat for Humanity, P O Box	26-2666203	501(c)(3)	11,506	0	воок		Building Community & Economic Vitality
1534 Rutherfordton, NC 28139	56-1581336	501(c)(3)	18,000	0	воок		Building Community & Economic Vitality

Schedule I-1 (Form 990)							2019
Continuation Sheet for Schedule I Part Two - Org	anızatıons					Open to	Public Inspection
Name of Organization: The Community Foundation	of Western	North Carol	ına, Inc.		tion 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
Rutherford County Senior Center 193 Callahan-Koon Road Suite 132 Spindale, NC 28160	56-6000337	501(c)(3)	10,000	0	воок		Assisting People in Need
SAFE Inc of Transylvania Co ,P O Box 2013 Brevard, NC 28712	58-1640904	501(c)(3)	5,000	0	воок		Assisting People in Need
Safelight, Inc ,133 Fifth Avenue West Hendersonville, NC 28792	56-1469847	501(c)(3)	30,000	0	воок		Assisting People in Need
Safety Net Recovery Foundation,6624 Fishers Farm							
Lane Unit F2 Charlotte, NC 28277 Salem United Methodist Church,P O Box 220	83-2741294	501(c)(3)	5,500	0	воок		Promoting Quality Health
Bostic, NC 28018	56-6131754	501(c)(3)	9,150	0	воок		Religion
Salvation Army of Hendersonville,239 3rd Avenue East Hendersonville, NC 28792	58-0660607	501(c)(3)	5,000	0	воок		Assisting People in Need
Salvation Army-Asheville Corps,P O Box 1778 Asheville, NC 28802	58-0660607	501(c)(3)	41,976	0	воок		Assisting People in Need
Salvation Army-Waynesville,P O Box 358 Waynesville, NC 28786	58-0660607	501(c)(3)	5,000	0	воок		Assisting People in Need
Samaritan's Purse,P O Box 3000 Boone, NC 28607- 3000	58-1437002	501(c)(3)	16,975	0	воок		Assisting People in Need
Sandy Mush Community Center,P O Box 1686 Leicester, NC 28748	84-1722906	501(c)(3)	11,250	0	воок		Building Community & Economic Vitality
Save Valley Conservancy Fund,5037 SW 28th Avenue Fort Lauderdale, FL 33312	45-4287628		26,365	0	воок		Enhancing the Environment
Second Harvest Food Bank of Metrolina,500-B Spratt Street Charlotte, NC 28206	56-1352593		17,500	0	воок		Assisting People in Need
SeekHealing,50 South French Broad Avenue Suite 300 Asheville, NC 28801	81-4832857	1	5,800	0	воок		Promoting Quality Health
Serenity Family Services, P.O. Box 805 Andrews, NC 28901	46-5216847		5,000	0	воок		Promoting Quality Health
Service Center for Latinos,155 English Street Spruce Pine, NC 28777				0	воок		Building Community & Economic Vitality
Shriners Hospitals for Children, Processing Center	56-2269813	501(c)(3)	15,000		BOOK	<del>                                     </del>	Economic Vitality
P O Box 863765 Orlando, FL 32886	36-2193608	501(c)(3)	10,550	0	воок		Promoting Quality Health
Sioux YMCA,P O Box 218 Dupree, SD 57623-0218	46-0336514	501(c)(3)	20,000	0	воок		Promoting Quality Health
Sixth Avenue Psychiatric Rehabilitation Partners Inc ,dba Thrive 110-C Chadwick Square Court Hendersonville, NC 28739	20-5599815	501(c)(3)	53,000	0	воок		Promoting Quality Health
Skyland United Methodist Church,P O Box 697 Skyland, NC 28776	56-0713060	501(c)(3)	24,750	0	воок		Religion
Smart Start of Transylvania County,P O Box 1676 Brevard, NC 28712	31-1489864	501(c)(3)	30,000	0	воок		Assisting People in Need
Southern Appalachian Highlands Conservancy,372 Merrimon Avenue Asheville, NC 28801-1222	62-1098890	501(c)(3)	198,968	0	воок		Enhancing the Environment
Southern Environmental Law Center,201 W Main Street Suite 14 Charlottesville, VA 22902-5065	52-1436778	501(c)(3)	70,100	0	воок		Enhancing the Environment
Southern Poverty Law Center, Inc ,400 Washington Avenue Montgomery, AL 36104	63-0598743	501(c)(3)	10,325	0	воок		Building Community & Economic Vitality
Southern Reconciliation Ministries, dba Reconciliation House P O Box 1147 Burnsville, NC 28714	56-1373255	501(c)(3)	21,000	0	воок		Assisting People in Need
Southwestern Child Development Commission,P O Box 250 Webster, NC 28788	23-7181553		50,000		воок		Assisting People in Need
Southwestern Community College Foundation,447 College Drive Sylva, NC 28779	23-7322352		5,510		воок		Improving Educational Opportunities
St Barnabas Catholic Church,P O Box 39 Arden, NC 28704-0038	53-0196617		9,000	0	воок		Religion
St Eugene Catholic Church,72 Culvern Street Asheville, NC 28804	56-0694202		93,500		воок		Religion
(ASTISTING, 110 20007	100-0094202	1 301(0)(3)	33,500	1 0	I BOOK	L	Ivendiou

Schedule I-1 (Form 990)			<u> </u>			<del></del>	2019	
Continuation Sheet for Schedule I Part Two - Org						Onen te		
Continuation Sheet for Schedule 1 Fart 1 wo - Org	anizations					Open to	Public Inspection	
Name of Organization: The Community Foundation	of Western	North Carol	ına, Inc.		Employer Identification Number: 56-1223			
(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 Francis Episcopal Church,395 North Main Street Rutherfordton, NC 28139	56-0690391	501(c)(3)	6,020	o	воок		Religion	
St Gerard House,620 Oakland Street Hendersonville, NC 28791	45-0948760		60,520	0	воок		Assisting People in Need	
St Mark's Lutheran Church,P O Box 8608 Asheville, NC 28814	16-1647426		10,500	0	воок		Religion	
St Mary's Episcopal Church,337 Charlotte Street Asheville, NC 28801	56-1002246		10,000	0	воок		Religion	
St Philip's Church,142 Church Street Charleston, SC 29401	57-0327892	501(c)(3)	7,500	0	воок		Religion	
St Vincent de Paul Society - ihm Conference,429								
Dogwood Drive Hayesville, NC 28904	57-1176262	501(c)(3)	5,000	0	воок		Assisting People in Need	
Steps to HOPE,P O Box 518 Columbus, NC 28722 Summit Charter School 370 Mitten Lane Cashiers	56-1484890	501(c)(3)	6,000	0	воок		Assisting People in Need	
NC 28717	56-1993257	501(c)(3)	44,100	0	воок		Improving Educational Opportunities	
Sunrise Community for Recovery and Wellness,P O Box 845 Asheville, NC 28802	20-5775122	501(c)(3)	21,500	0	воок		Promoting Quality Health	
Swain/Qualla SAFE, Inc.,PO Box 1416 Bryson City, NC 28713	56-1454335	. , , ,						
Swannanoa First Baptist Church,503 Park Street			11,000	0	воок		Assisting People in Need	
Swannanoa, NC 28778 Swannanoa Valley Child Care Council/Donald S	56-6017685	501(c)(3)	5,000	0	воок		Religion	
Collins Early Learning Center, 120 West Street Black				_			Improving Educational	
Mountain, NC 28711 Swannanoa Valley Christian Ministry,P O Box 235	56-1257811	501(c)(3)	9,000	0	воок		Opportunities	
Black Mountain, NC 28711 Tanzanian Children's Fund,2 Garden Street	56-1132257	501(c)(3)	16,300	0	воок		Assisting People in Need	
Cambridge, MA 02138 The Arc of Buncombe County,P O Box 1365	74-3087284	501(c)(3)	10,000	0	воок		Assisting People in Need	
Asheville, NC 28802	56-0856544	501(c)(3)	21,250	0	воок		Assisting People in Need	
The Bascom,323 Franklin Road Highlands, NC 28741	56-2093546	501(c)(3)	48,500	0	воок		Advancing the Arts	
The Cathedral of All Souls,9 Swan Street Asheville, NC 28803	56-0547505		7,250	0	воок		Religion	
The Center for Craft,67 Broadway Street Asheville, NC 28801	56-2096677	501(c)(3)	24,250	0	воок		Advancing the Arts	
The Center for Ecological Teaching and Learning,50							Improving Educational	
Cutler Road East Machias, ME 04630 The Church of the Advocate,60 Church Street	84-3232950	501(c)(3)	5,000	0	BOOK		Opportunities	
Asheville, NC 28801 The Church of the Good Shepherd,P O Box 32	26-3307854	501(c)(3)	10,000	0	воок		Religion	
Cashiers, NC 28717 The Church of the Incarnation, P O Box 729	56-1142774	501(c)(3)	38,000	0	воок		Religion	
Highlands, NC 28741	56-1151464	501(c)(3)	50,000	0	воок		Religion	
The Cindy Platt Boys and Girls Club of Transylvania County,P O Box 1360 Brevard, NC 28712	56-2142829	501(c)(3)	9,500	0	воок		Building Community & Economic Vitality	
The Community Kitchen,P O Box 513 Canton, NC 28716	51-0605733	501(c)(3)	21,243	0	воок		Assisting People in Need	
The Community Table, P O Box 62 Dillsboro, NC 28725	56-2264894	501(c)(3)	27,662	0	воок		Assisting People in Need	
The Council On Aging of Buncombe County, Inc ,46 Sheffield Circle Asheville, NC 28803	23-7410586	501(c)(3)	72,000	0	воок		Assisting People in Need	
The Eco-Institute at Pickards Mountain,8519 Pickards Meadow Road Chapel Hill, NC 27516	82-2032530				-		Enhancing the	
The Environmental Quality Institute,29 N Market		501(c)(3)	15,000	0	BOOK		Environment Enhancing the	
Suite 610 Asheville, NC 28801 The Episcopal Church of the Holy Spirit,P O Box 956	27-1487941	501(c)(3)	40,000	0	воок		Environment	
Mars Hill, NC 28754	56-1682351	501(c)(3)	8,550	0	воок		Religion	

Schedule I-1 (Form 990)	Τ				<del></del>	<u> </u>	2019	
	L						2013	
Continuation Sheet for Schedule I Part Two - Org	janizations					Open to	Public Inspection	
Name of Organization: The Community Foundation	n of Western	North Carol	ina, Inc.		Employer Identification Number: 56			
(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 Family Place of Transylvania County,P O Box 838 Brevard, NC 28712	56-2019918	501(c)(3)	19,700	0	воок		Assisting People in Need	
The Free Clinics (of Henderson County),841 Case		00.(0)(0)	10,100		50011		ricolounig r copio in ricod	
Street Hendersonville, NC 28792 The Giving Spoon, P O Box 1783 Bryson City, NC	56-2212024	501(c)(3)	10,000	0	воок	ļ	Promoting Quality Health	
28713	30-1140746	501(c)(3)	9,000	0	воок		Assisting People in Need	
The Gordon Center for Children,P O Box 1959		, , , ,					Improving Educational	
Highlands, NC 28741 The Hampton School,P O Box 569 Cashiers, NC	46-3319461	501(c)(3)	13,500	0	воок		Opportunities	
28717	56-1211826	501(c)(3)	30,000	0	воок		Improving Educational Opportunities	
The Hope Chest for Women,P O Box 5294				_				
Asheville, NC 28813 The Image Project,408 Elmhurst Lane Portsmouth,	33-1033038	501(c)(3)	26,500	0	воок		Promoting Quality Health	
VA 23701	54-0943836	501(c)(3)	5,000	0	воок		Assisting People in Need	
The Lord's Harvest for the Hungry,911 Bailey Street	17 1000100		40.000					
Mars Hill, NC 28754 The Mediation Center, Inc ,40 N French Broad	47-1662400	501(c)(3)	10,000	0	воок		Assisting People in Need Building Community &	
Avenue Suite B Asheville, NC 28801-2602	56-1424025	501(c)(3)	21,350	0	воок		Economic Vitality	
The Meeting Place Mission,P O Box 2861 Morganton, NC 28680	EE 0000000	504(-)(0)	5 000	_	2001			
The Michelle McGann Fund,P O Box 13107 North	55-0863996	501(c)(3)	5,000	0	BOOK		Assisting People in Need	
Palm Beach, FL 33408	45-4350963	501(c)(3)	8,000	0	воок		Promoting Quality Health	
The Nature Conservancy of North Carolina, 334 Blackwell Street Suite 300 Durham, NC 27701	E2 02426E2	E04(=)(2)	50.000		BOOK		Enhancing the	
The Organic Center,444 North Capitol Street, NW	53-0242652	501(c)(3)	59,283	0	воок		Environment Enhancing the	
Suite 445A Washington, DC 20001	02-0626006	501(c)(3)	10,000	0	воок		Environment	
The Rock of Asheville,273 Monte Vista Road Candler, NC 28715	56-1745676	501(c)(3)	40.000		BOOK	ļ	Dekaren	
The Roots Foundation,34 Candler School Road	30-1743070	301(0)(3)	40,000	0	воок		Religion Improving Educational	
Candler, NC 28715	47-4182322	501(c)(3)	10,000	0	воок		Opportunities	
The Rotary Foundation of Rotary International,14280 Collections Center Drive Chicago, IL 60693	36-3245072	501(c)(3)	8,286	0	воок		Building Community & Economic Vitality	
The Shlomo Katz Project, Attn Shimon Detwiler 5400	00 02 100 12	001(0)(0)	0,200		BOOK		LCOHOMIC VICANTY	
Vale Drive Denver, CO 80246 The Village Green of Cashiers,P O Box 2201	82-5385834	501(c)(3)	5,000	0	воок		Religion	
Cashiers, NC 28717	90-0947131	501(c)(3)	20,000	0	воок		Enhancing the Environment	
The Williams YMCA of Avery County,P O Box 707								
Linville, NC 28646 Thirtieth Judicial District Domestic Violence-Sexual	20-4910495	501(c)(3)	10,000	0	воок		Promoting Quality Health	
Assault Alliance,P O Box 554 Waynesville, NC	1			į				
28786	56-2112725	501(c)(3)	10,000	0	воок		Assisting People in Need	
Tides Foundation,P O Box 29903 San Francisco, CA 94129-0903	51-0198509	501(c)(3)	100,000	0	воок		Building Community & Economic Vitality	
Town of Waynesville Parks and Recreation Dept,550	31-0130303	301(0)(3)	100,000		BOOK		Enhancing the	
Vance Street Waynesville, NC 28786	56-6001368	501(c)(3)	10,000	0	воок		Environment	
Town of Waynesville, P O Box 100 Waynesville, NC 28786	56-6001367	501(c)(3)	14,090	0	воок		Building Community & Economic Vitality	
Toxic Free NC,331 West Main Street Suite 411	00 000 1001	00.(0)(0)	14,000		BOOK		Enhancing the	
Durham, NC 27701 TRACTOR (Toe River Aggregation Center Training	59-1715833	501(c)(3)	5,000	0	воок		Environment	
Organization Regional), P O Box 1507 Burnsville, NC 28714	45-5100047	501(c)(3)	67,734	0	воок		Enhancing the Environment	
Transylvania Christian Ministry,aka Sharing House P O Box 958 Brevard, NC 28712	56-1292875	501(c)(3)			-			
Transylvania County,101 South Broad Street			35,000	0	воок		Assisting People in Need Building Community &	
Brevard, NC 28712 Transylvania Habitat for Humanity,692 Ecusta Road	56-6000343	501(c)(3)	33,326	0	воок		Economic Vitality	
Brevard, NC 28712	91-1914868	501(c)(3)	6,539	0	воок		Building Community & Economic Vitality	

Schedule I-1 (Form 990)							2019
Continuation Sheet for Schedule I Part Two - Org	janizations					Open to	Public Inspection
Name of Organization: The Community Foundation	of Western	North Carol	ina, Inc.		Emp	oloyer Identifica	tion 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
Trı-County Early College High School,4650 East US 64 Alternate Murphy, NC 28906	56-6000211		5,600	0	воок		Improving Educational Opportunities
Trinity Episcopal Church,60 Church Street Asheville, NC 28801	11-1646315		72,809	0	воок		Religion
Truett Baptist Association of Churches, Inc ,2235 NC HWY 141 Marble, NC 28905	20-1183600	501(c)(3)	7,500	0	воок		Religion
Umoja Health, Wellness and Justice Collective,441 North Louisiana Avenue Suite E & K Asheville, NC 28806	84-2833924	501(c)(3)	10,000	0	воок		Building Community & Economic Vitality

### **SCHEDULE J** '(Form 990)

## **Compensation Information**

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

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

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

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0047

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	ν		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			34
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	•		-
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
			•	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	<u>.</u>		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				. :
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			-
	X Compensation committee			、數
	Independent compensation consultant  X Compensation survey or study	•		74
	X Form 990 of other organizations X Approval by the board or compensation committee			44.4
				'
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization		<u></u> :	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	, .,	•	1
				,
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		•	, 4.4
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			لبيب
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			1 1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	•	-	
	contingent on the net earnings of			لببا
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			,
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			<u>.</u>
_	not described on lines 5 and 6? If "Yes," describe in Part III	. 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			لسنا
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			لسب.
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2019

## THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA

OF WESTERN NORTH CAROLINA, INC.

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of \	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) ELIZABETH K. BRAZAS	Ξ	254,873.	0	0	0	35,584.	290,457.	0.
PRESIDENT	Ξ		0	0	0	0	·l	0.
(2) GRAHAM KEEVER	Ξ	159,927.	0	0	0	40,197.	200,124.	0.
CHIEF FINANCIAL OFFICER	Ξ		0	0	0			0
(3) SHERYL L. AIKMAN	Ξ	132,562.	0	0	0	35,678.	168,240.	0.
VP OF DEVELOPMENT, ASSISTA	Ξ	0	0	0	0	0	0	0
(4) PHILIP P. BELCHER	Ξ	126,10		0	• 0	35,728.	161,832.	0.
VP PROGRAMS	Ξ	0.		0	• 0	0.	• 0	0.
(5) JENNIFER A. SADLER	Ξ	11,680.	0	0	• 0	7,096.	18,776.	0
FORMER ASSISTANT TREASURER	Ξ	0.	0	0	0	0	0	0
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							Sched	Schedule J (Form 990) 2019

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA,

Page 3 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 56-1223384 INC. Schedule J (Form 990) 2019

Part III | Supplemental Information

										Schedule J (Form 990) 2019
				••						

### **SCHEDULE L**

### **Transactions With Interested Persons**

(Form 990 or 990-EZ)

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.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

Open To Public

Name of the	organization
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THE COMMUNITY FOUNDATION

Employer identification number

OF WES	STERN NORTH CAROLINA, I	NC.	56-1223	384	
Part I Excess Benefit Tran	sactions (section 501(c)(3), section 501(c)	(4), and section 501(c)(29) organ	izations only)		
Complete if the organization	on answered "Yes" on Form 990, Part IV, line	25a or 25b, or Form 990-EZ, Pa	rt V, line 40b		
1,,,,	(b) Relationship between disqualified	( ) D		(d) Cor	rected?
(a) Name of disqualified person	person and organization	(c) Description of trans	saction	Yes_	No
			- · · · -		
		·			
2 Enter the amount of tax incurred b	y the organization managers or disqualified p	ersons during the year under			
section 4958	, g.,	3 ,	<b>▶</b> \$		
3 Enter the amount of tax, if any, on	line 2, above, reimbursed by the organization	1	<b>▶</b> \$		

Part II	Loans to	and/or	From Int	terested	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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Ap by bo comm	proved ard or uttee?	(ı) W agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
		-										
-			1									
			[									
<del></del>												
otal					▶ \$	-	Ĺ,	,			•	

Part III | Grants or Assistance Benefiting Interested Persons.

Complete if the organization	answered "Yes" on Form 990, Pa	rt IV, line 27		_
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
			·	

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 OF WES	TERN I	NORTH C	AROLI	NA,	INC.		56-1223	384	Page 2
Part IV Business Transactions Involv	ing Inter	ested Pers	ons.						
Complete if the organization answered	I					1	<del></del>	(e) Sh	aring of
(a) Name of interested person	, ,	onship between and the org		ted	(c) Amount of transaction		escription of ansaction	organi	zation's
	po.s.				• • • • • • • • • • • • • • • • • • • •			Yes	No
SARAH THORNBURG	BOARD	MEMBER	OF O	RG	12,781.	MRS.	THORNB	103	X
JUANITA WILSON	-	MEMBER		RG			WILSON		Х
	ļ			_		ļ		ļ	
						-			
	+			$\dashv$					<del>                                     </del>
[B-AV]	1					<u> </u>			
Part V Supplemental Information.		4 0-							
Provide additional information for resp	onses to qu	estions on Sc	neaule L (	see ir	structions				
SCH L, PART IV, BUSINESS T	RANSAC	TIONS I	NVOLV	/IN	G INTEREST	ED PE	ERSONS:		
(A) NAME OF PERSON: SARAH	THORNE	URG			<del></del>				
(B) RELATIONSHIP BETWEEN I	NTERES	TED PER	RSON A	ND	ORGANIZATI	ON:			
<u> </u>									
BOARD MEMBER OF ORGANIZATI	ON								
(C) AMOUNT OF TRANSACTION	\$ 12,7	81.							
(D) DESCRIPTION OF TRANSAC	TION:	MRS. TH	IORNBU	JRG	IS AN ATTO	RNE	WITH		
MCGUIRE, WOOD & BISSETTE,	P.A.,	WHICH I	S THE	G O	RGANIZATION	1'S I	LEGAL		
COUNSEL. ALTHOUGH MRS. TH	ORNBUR	G BOTH	SERVE	es (	ON THE ORG	NIZA	ATION'S	BOAR	D
OF DIRECTORS AND IS EMPLOY	ED BY	THE ORG	SANIZA	TI	ON'S LEGAL	COUN	ISEL, TH	E	
ORGANIZATION DOES NOT DEAL	WITH	MRS. TH	IORNBU	ЛRG	IN ITS BUS	SINES	SS WITH	THE	
LAW FIRM. IN ORDER TO PRE	VENT C	ONFLICT	S OF	IN'	TEREST FROM	ARI	ISING, T	HE	
ORGANIZATION WORKS WITH OT	HER, U	NRELATE	TTA CE	OR	NEYS IN THE	FIF	₹M.		
(E) SHARING OF ORGANIZATIO									
(a) billion of one									
-									
(A) NAME OF PERSON: JUANIT	A WILS	ON_							
(B) RELATIONSHIP BETWEEN I	NTERES	TED PER	RSON A	ND	ORGANIZATI	ON:			
BOARD MEMBER OF ORGANIZATI	ON								
(C) AMOUNT OF TRANSACTION	\$ 1,00	0.			·-····				

932132 10-21-19

(D) DESCRIPTION OF TRANSACTION: MS. WILSON TAUGHT A LEADERSHIP

DEVELOPMENT COURSE FOR AN ENTITY IN WHICH COMMUNITY FOUNDATION OF WNC

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) OF WESTERN NORTH CAROLINA, INC.	56-1223384 Page 2
Part V Supplemental Information	
Complete this part to provide additional information for responses to questions on Schedule L (see ins	tructions)
SERVES AS A FISCAL AGENT.	
(E) SHARING OF ORGANIZATION REVENUES? = NO	
(B) SHAKING OF OKCANIZATION REVENUES: - NO	
	<del>-</del> "
	<del></del>
	<del></del>

### SCHEDULE M (Form 990)

### **Noncash Contributions**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Employer identification number 56-1223384

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermın		s
1	Art - Works of art				-			
2	Art - Historical treasures				-			
3	Art · Fractional interests							
4	Books and publications			<del></del>				
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous	Х	141	6,835,021.	AVG MARKET	VAL	UE-C	GIF
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts				<del>,,</del>			
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiza	_	•					
	for which the organization completed Form 828	3, Part IV, D	Donee Acknowledg	ement 29		$\overline{}$	1	
						$\overline{}$	Yes	No
30a	During the year, did the organization receive by							<b>,</b> , ,
	must hold for at least three years from the date	of the initia	I contribution, and	which isn't required to be us	sed for			لــــِـا
	exempt purposes for the entire holding period?					30a		A .
	If "Yes," describe the arrangement in Part II				0		$\overline{\mathbf{x}}$	
31	Does the organization have a gift acceptance po	•	•	•	ions	31	^	
<b>32a</b>	Does the organization hire or use third parties o	r related or	yanizations to solid	ar, process, or sell noncash		20-	x	
	contributions?					32a	Λ	
	If "Yes," describe in Part II  If the organization didn't report an amount in co	lumn (a) far	a tuna of property	for which column (a) is shoo	kad			i,
33	describe in Part II	iumm (c) ior	a type of property	ior winch column (a) is chec	neu,			· {

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

Schedule M (Form 990) 2019

Schedule M	1 (Form 990) 2019	OF WESTERN						56-1223384	
Part II	is reporting in Pa	al Information. Pro irt I, column (b), the num additional information	vide the info nber of con	ormation require tributions, the r	ed by Part I, III number of item	nes 30b, 32b, a ns received, or	and 33, and a combina	d whether the orga tion of both Also o	nization complete
SCHEDU	LE M, LIN	E 32B:							
THE OR	GANIZATIO	N UTILIZES T	HE SE	RVICES O	F A VAR	IETY OF	FINAL	NCIAL	
SERVIC	ES FIRMS	TO LIQUIDATE	GIFT	S OF SEC	URITIES	IN THE	MOST	COST	
EFFICI	ENT MANNE	R POSSIBLE.							
						<del></del> .			
			<del>.</del>						<del></del>
									<u></u>
	<del>``</del>								
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•	., ., ., .								
-				<del></del>					
						·			
									0001 00 10
932142 09-27-	19							Schedule M (Fe	orm 990) 2019

### **SCHEDULE 0**

(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.

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

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

THE COMMUNITY FOUNDATION

**Employer identification number** 

OF WESTERN NORTH CAROLINA, INC. 30-1223304
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 III, LINE 3, CHANGES IN PROGRAM SERVICES:
DUE TO COVID-19, COMMUNITY FOUNDATION OF WNC LAUNCHED ITS EMERGENCY
RELIEF FUND, REALLOCATED FUNDS TO THIS EFFORT AND DID FOCUSED
FUNDRAISING IN THE REGION TO SUPPORT THIS EFFORT.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS DISTRIBUTED TO THE GOVERNING BODY IN ADVANCE OF A BOARD
MEETING FOR REVIEW, AND GIVEN AN EXTENDED OPEN-COMMENT PERIOD, WHICH IS
FOLLOWED BY A DISCUSSION AT THE BOARD MEETING OF KEY SECTIONS AND ANY
QUESTIONS THAT EMERGED DURING THE COMMENT PERIOD.
FORM 990, PART VI, SECTION B, LINE 12C:
STAFF AND BOARD MEMBERS MUST DISCLOSE CONFLICTS OF INTEREST IN WRITTEN FORM
ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15:
THE PROCESS HAS HISTORICALLY INCLUDED A REVIEW OF COMPREHENSIVE DATA
GATHERED FROM THE COMMUNITY FOUNDATION FIELD AND PUBLISHED ANNUALLY. THAT
DATA IS JOB SPECIFIC AND ALLOWS BOTH ASSET SIZE ANALYSIS AND REGIONAL
ANALYSIS.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Schedule O (Form 990 or 990 EZ) (2019)	Page 2
Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	Employer identification number 56-1223384
OF WESTERN NORTH CAROLINA, INC.	
THIS HAS NOT CHANGED SINCE THE PRIOR YEAR.	
FORM 990, PART VI, SECTION B, QUESTION 15B	
	<del>.,</del>
FOR ALL EMPLOYEES OF THE ORGANIZATION, THE EXECUTIVE COMMI	TTEE OF THE
BOARD REVIEWS AND APPROVES A POOL AVAILABLE FOR SALARY INC	CREASES AS A
PART OF THE OPERATING BUDGET PROCESS. MANAGEMENT ALLOCATES	THE POOL
AMONGST STAFFF BASED ON THE PERFORMANCE AND COMPARATIVE SA	ALARY DATA
FROM THE COMMUNITY FOUNDATION FIELD.	
FROM THE COMMONITY POUNDATION PIEGE.	
FORM 990, SCHEDULE D, PART V, ENDOWMENT FUNDS	
THE ORGANIZATION'S PERMANENTLY RESTRICTED NET ASSETS INCLU	JDE CERTAIN
FUNDS NOT CLASSIFIED AS TRADITIONAL ENDOWMENT FUNDS, INCLU	JDING THE
ESTIMATED RESIDUAL INTEREST IN SPLIT-INTEREST GIFT ARRANGE	EMENTS AND THE
MINIMUM FUND BALANCE REQUIREMENTS FOR DONOR ADVISED FUNDS.	
	_

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Open to Public Inspection 2019

OMB No 1545-0547

14

150

► Attach to Form 990.

**Employer identification number** 56-1223384 ► Go to www.irs.gov/Form990 for instructions and the latest information. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 INC. OF WESTERN NORTH CAROLINA, THE COMMUNITY FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service

(f) Direct controlling entity			related tax-exempt
(e) End-of-year assets			se it had one or more
(d) Total income	,		art IV line 34 hecaus
(c) Legal domicile (state or foreign country)			swered "Yes" on Form 990 P
(b) Primary activity			tions. Complete if the organization and
(a) Name, address, and EIN (if applicable) of disregarded entity			remain Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Ves" on Form 990 Part IV line 34 hecause it had one or more related tax-exempt

Part II lentification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year	ations. Complete if the organization a	inswered "Yes" on Form 990	. Part IV, line 34, b	ecause it had one o	r more related tax-exen	īğ.	
(a)	(q)	(၁)	(p)	(e)	(£)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	, c
				501(c)(3))		Yes	2
WESTERN NORTH CAROLINA REAL ESTATE	RECEIVES AND HOLDS						
FOUNDATION - 26-1998057, P.O. BOX 1888,	DONATIONS OF REAL PROPERTY			LINE 11(A)			
ASHEVILLE, NC 28802	THAT ARE MADE TO THE	NORTH CAROLINA	501(C)(3)	TYPE I			×
				, -			

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

932161 09-10-19 LHA

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 OF WESTERN NORTH CAROLINA, INC.

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

Page 2

56-1223384

General or Percentage managing ownership partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year 3 Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets 6 Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
( Direct controlling entity (c)
Legal
domicite
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Part IV

ı			1	ار	1		ı		ı		ı		ı	
	Ξ	512(b)(13)	C/Alle	Yes No						 				
		512	•	Yes					L				L	 
	(F)	Percentage	Owiersin											
	(6)	Share of	assets											
		Shar										-		
	(e)	Type of entity	or trust)	,										
	(p)	Direct controlling	entity											
	(0)	Legal domicite	foreign	country)										
ing the tax year	(q)	Primary activity												
organizations treated as a corporation of trust during the lax year	(a)	Name, address, and EIN	טו ופומופט טוקמווקמווטו											

932162 09-10-19

Schedule R (Form 990) 2019

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC. Schedule R (Form 990) 2019

Page 3

56-1223384

orm 990, Part IV, line 34, 35b, or 36	
"Yes" on Fc	
ations. Complete if the organization answered	
zations. Complete if t	
ıs With Related Organız	
Transaction	
Part V	

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?	is with one or more re	lated organizations listed	in Parts II·1V7		_	_
a Receipt of (ii) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×	ادا
<b>b</b> Giff, grant, or capital contribution to related organization(s)				1b X	_	
c Gift, grant, or capital contribution from related organization(s)				1	×	انا
d Loans or loan guarantees to or for related organization(s)				1d	X	اہا
e Loans or loan guarantees by related organization(s)				1e	X	
					<u> </u>	ا
f Dividends from related organization(s)				=	×	اندا
g Sale of assets to related organization(s)				19	×	اہا
h Purchase of assets from related organization(s)				ŧ	×	اہ
i Exchange of assets with related organization(s)				ï	×	اہ
J Lease of facilities, equipment, or other assets to related organization(s)				;=	*	الد
k Lease of facilities, equipment, or other assets from related organization(s)				+	×	ال
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	ادا
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	×	اہ
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			÷	×	اہ
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	<u>* </u>	۔ ال
<ul> <li>Beimbursement paid to related organization(s) for expenses</li> </ul>				1 6	× 	٦۵
				19	×	ادا
					_	٦
r Other transfer of cash or property to related organization(s)				+	×	ابرا
s Other transfer of cash or property from related organization(s)				15	$\times$	اہ
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and transaction thresholds			١
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
WESTERN NORTH CAROLINA REAL ESTATE (1) FOUNDATION	В	6,000.	CASH VALUE			
[2]						1
(3)						1
(4)						
(5)						
(6)						
932 163 09-10-19	59		Schedul	Schedule R (Form 990) 2019	90) 20	[ <sup>년</sup>

Page 4 56-1223384

THE COMMUNITY FOUNDATION

INC. OF WESTERN NORTH CAROLINA,

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2019

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	tructions regarding exclus	sion for certain inve	stment partnerships						
(a)	(q)	(၁)	(p)		(6)	(h)	(1)	(1)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partiers sec (related, unrelated,	Share of	Share of	Oispropor- tionate	Code V-UBI amount in box 20	General or managing	Percentage
\$1111.0 TO		country)	excluded from tax under orgs? sections 512-514)	_	assets	Yes No	Action of Schedule K-1 pertner? OwnerShip (Form 1065) Yes No	Yes No	dilikalamo
			_						
		-							
			•						
								_	
								I	
								_	
								_	
								]	

Schedule R (Form 990) 2019