

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.		D Employer identification number 56-1223384	
	Doing business as		E Telephone number 828-254-4960	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4 VANDERBILT PARK DRIVE, SUITE 300	City or town, state or province, country, and ZIP or foreign postal code ASHEVILLE, NC 28803	G Gross receipts \$ 131,183,187.	
	F Name and address of principal officer: GRAHAM KEEVER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.CFWNC.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1978	
M State of legal domicile: NC				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S MISSION STATEMENT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	150
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	128,392.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	127,381.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,420,256.	70,733,461.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	688,101.	746,052.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,748,840.	16,131,557.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,835.	56,778.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,935,032.	87,667,848.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	19,685,376.	61,908,745.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,861,008.	3,095,540.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	689,783.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,228,247.	2,266,052.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	24,774,631.	67,270,337.
	20 Total assets (Part X, line 16)	1,160,401.	20,397,511.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	434,889,192.	481,026,894.
		111,680,954.	118,577,564.
		323,208,238.	362,449,330.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 3/4/26			
	Type or print name and title GRAHAM KEEVER, CHIEF FINANCIAL OFFICER				
Paid Preparer Use Only	Preparer's name KAREN S. GRAY, CPA	Preparer's signature KAREN S. GRAY, CPA	Date 02/12/26	Check if self-employed <input type="checkbox"/>	PTIN P00322371
	Firm's name DMJPS PLLC	Firm's EIN 56-0570567	Firm's address 79 WOODFIN PLACE, SUITE 300 ASHEVILLE, NC 28801		
			Phone no. 828-254-2374		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24 Form **990** (2024)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Form 990 (2024)

56-1223384 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA PROMOTES AND EXPANDS REGIONAL PHILANTHROPY AND DEVELOPS LOCAL FUNDS THAT ADDRESS CHANGING NEEDS AND OPPORTUNITIES IN THE 18 COUNTIES OF WESTERN NORTH CAROLINA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 64,359,669. including grants of \$ 61,908,745.) (Revenue \$ 802,830.)
THE FOUNDATION MADE NUMEROUS CONTRIBUTIONS TO TAX EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND TO INDIVIDUALS FOR SCHOLARSHIPS.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **64,359,669.**

Form 990 (2024)

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

Part IV Checklist of Required Schedules

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

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

Form 990 (2024)

56-1223384 Page 4

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	45
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	24	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	1a	21		
b Enter the number of voting members included on line 1a, above, who are independent	1b	20		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
GRAHAM KEEVER - 828-254-4960
4 VANDERBILT PARK DRIVE, SUITE 300, ASHEVILLE, NC 28803

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

Form 990 (2024)

56-1223384 Page 7

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH K. BRAZAS PRESIDENT	40.00	X		X				343,901.	0.	50,901.
(2) GRAHAM KEEVER ASSISTANT TREASURER	40.00			X				230,997.	0.	63,059.
(3) JULIE D. KLIPP ASSISTANT SECRETARY	40.00			X				163,611.	0.	36,363.
(4) PHILIP P. BELCHER VICE PRESIDENT PROGRAMS	40.00					X		157,601.	0.	38,471.
(5) LAURA HERNDON VICE PRESIDENT, DEVELOPMEN	40.00					X		130,116.	0.	31,294.
(6) JANET SHARP ASSISTANT TREASURER	40.00			X				94,426.	0.	30,578.
(7) NAOMI DAVIS ASSISTANT TREASURER	40.00			X				97,537.	0.	19,733.
(8) MELISSA CROUSE ASSISTANT TREASURER	40.00			X				54,489.	0.	11,495.
(9) JUANITA WILSON DIRECTOR	1.00	X						0.	0.	0.
(10) HARRIS M. LIVINGSTAIN DIRECTOR	1.00	X						0.	0.	0.
(11) SHARON FOUTS TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(12) MICHAEL FIELDS DIRECTOR	1.00	X						0.	0.	0.
(13) NATALIE N. BAILEY DIRECTOR	1.00	X						0.	0.	0.
(14) SCOTT PETERSON DIRECTOR	1.00	X						0.	0.	0.
(15) ELLEN O. CARR DIRECTOR	1.00	X						0.	0.	0.
(16) MILTON BUTTERWORTH DIRECTOR	1.00	X						0.	0.	0.
(17) J. CHRIS SMITH DIRECTOR	1.00	X						0.	0.	0.

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

Form 990 (2024)

56-1223384 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MATTHEW T. LEE DIRECTOR	1.00	X					0.	0.	0.	
(19) JEAN MCLAUGHLIN DIRECTOR	1.00	X					0.	0.	0.	
(20) CARLA BARNARD DIRECTOR	1.00	X					0.	0.	0.	
(21) LYNN M. WILSON DIRECTOR	1.00	X					0.	0.	0.	
(22) CARTER B. WEBB DIRECTOR	1.00	X					0.	0.	0.	
(23) HIMANSHU KARVIR DIRECTOR	1.00	X					0.	0.	0.	
(24) JOANNE BADR CHAIR	1.00	X		X			0.	0.	0.	
(25) FRANCISCO CASTELBLANCO VICE CHAIR & SECRETARY	1.00	X		X			0.	0.	0.	
(26) YOLANDA FAIR DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							1,272,678.	0.	281,894.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,272,678.	0.	281,894.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2024)

**THE COMMUNITY FOUNDATION
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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	69,648.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	70,663,813.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 15,203,249.				
	h Total. Add lines 1a-1f			70,733,461.			
Program Service Revenue	2 a MGMT FEE INCOME (NET-SEE SCH O)	Business Code					
			523940	692,932.		692,932.	
	b WFW FUND INCOME		900099	39,200.		39,200.	
	c EVENT REGISTRATIONS		900099	13,920.		13,920.	
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			746,052.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,205,767.		128,392.	7077375.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	52,441,129.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	43,515,339.				
	c Gain or (loss)	7c	8,925,790.				
d Net gain or (loss)			8,925,790.		8925790.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code	900099	56,778.		56,778.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			56,778.			
12 Total revenue. See instructions			87,667,848.	0.	128,392.	16805995.	

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

Form 990 (2024)

56-1223384 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	61,369,745.	61,369,745.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	539,000.	539,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,585,703.	714,159.	648,348.	223,196.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,046,102.	646,472.	273,530.	126,100.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,395.	38,979.	26,410.	10,006.
9 Other employee benefits	223,513.	115,555.	78,293.	29,665.
10 Payroll taxes	164,827.	85,215.	57,736.	21,876.
11 Fees for services (nonemployees):				
a Management	599,855.	310,122.	210,119.	79,614.
b Legal	13,504.	6,982.	4,730.	1,792.
c Accounting	139,342.	72,039.	48,809.	18,494.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	560,294.		560,294.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	156,453.	80,885.	54,803.	20,765.
12 Advertising and promotion				
13 Office expenses	117,330.	60,659.	41,099.	15,572.
14 Information technology				
15 Royalties				
16 Occupancy	90,775.	46,930.	31,797.	12,048.
17 Travel	11,167.	5,773.	3,912.	1,482.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,234.	8,910.	6,037.	2,287.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	74,911.	38,729.	26,240.	9,942.
23 Insurance	28,061.	14,508.	9,829.	3,724.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT MAINTENANCE	128,986.	66,685.	45,181.	17,120.
b CONTRACT SERVICES	111,340.	57,562.	39,001.	14,777.
c DUES AND SUBSCRIPTIONS	97,502.	50,408.	34,153.	12,941.
d PUBLIC RELATIONS	60,589.			60,589.
e All other expenses	58,709.	30,352.	20,564.	7,793.
25 Total functional expenses. Add lines 1 through 24e	67,270,337.	64,359,669.	2,220,885.	689,783.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

Form 990 (2024)

56-1223384 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	507,507.	1	999,487.		
	2 Savings and temporary cash investments	18,158,217.	2	26,099,952.		
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net	138,100.	4	131,958.		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7 Notes and loans receivable, net	3,000,000.	7	3,000,000.		
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges	14,049.	9	14,161.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,023,915.				
	b Less: accumulated depreciation	10b 1,199,423.	1,892,172.	10c	1,824,492.	
	11 Investments - publicly traded securities	226,275,012.	11	257,031,268.		
	12 Investments - other securities. See Part IV, line 11	184,904,135.	12	191,925,576.		
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11		15			
16 Total assets. Add lines 1 through 15 (must equal line 33)	434,889,192.	16	481,026,894.			
Liabilities	17 Accounts payable and accrued expenses	37,557.	17	106,118.		
	18 Grants payable	660,303.	18	741,420.		
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	110,983,094.	25	117,730,026.		
	26 Total liabilities. Add lines 17 through 25	111,680,954.	26	118,577,564.		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	7,269,177.	27	7,908,915.		
	28 Net assets with donor restrictions	315,939,061.	28	354,540,415.		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
	32 Total net assets or fund balances	323,208,238.	32	362,449,330.		
	33 Total liabilities and net assets/fund balances	434,889,192.	33	481,026,894.		

Form 990 (2024)

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

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	87,667,848.
2 Total expenses (must equal Part IX, column (A), line 25)	2	67,270,337.
3 Revenue less expenses. Subtract line 2 from line 1	3	20,397,511.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	323,208,238.
5 Net unrealized gains (losses) on investments	5	19,246,649.
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	-403,068.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	362,449,330.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26842724.	30818063.	12856445.	14420256.	59487351.	144424839
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	26842724.	30818063.	12856445.	14420256.	59487351.	144424839
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9301587.
6 Public support. Subtract line 5 from line 4.						135123252

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	26842724.	30818063.	12856445.	14420256.	59487351.	144424839
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3124776.	3483434.	4442369.	5946654.	7205767.	24203000.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	410,667.	335,848.	191,937.	98,309.	122,849.	1159610.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	766,981.	819,770.	733,175.	765,936.	802,830.	3888692.
11 Total support. Add lines 7 through 10						173676141
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	77.80 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	73.24 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

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

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

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

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

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

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	31,018.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	26,252.													
c	Total lobbying expenditures (add lines 1a and 1b)	57,270.													
d	Other exempt purpose expenditures	64,349,954.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	64,407,224.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	9,035.	7,500.	14,475.	57,270.	88,280.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures			673.	31,018.	31,691.

Schedule C (Form 990) 2024

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

JULIE KLIPP AND ELIZABETH BRAZAS SIGNED LETTER OF SUPPORT THANKING THE GENERAL ASSEMBLY FOR FUNDING CHILD CARE TEACHER COMPENSATION GRANTS, AND ADDITIONAL FUTURE FUNDING.

JULIE KLIPP AND ALANA NOTTAGE DRAFTED EMAIL FOR NC SENATORS AND REPRESENTATIVES REQUESTING FUNDING FOR CHILD CARE BE INCLUDED IN HURRICANE HELENE DISASTER RELIEF FUNDING.

ALANA NOTTAGE SENT EMAILS TO NC SENATORS AND REPRESENTATIVES REQUESTING THAT FUNDING FOR ARTS BE INCLUDED IN HURRICANE HELENE DISASTER RELIEF FUNDING.

Part IV Supplemental Information (continued)

JULIE KLIPP SENT EMAILS TO US SENATORS AND CONGRESS REQUESTING FUNDING FOR EMERGENCY FOOD PROGRAM SUPPLEMENTAL FOODS AND ADMINSTRATIVE FUNDING TO PROVIDE TO FOOD BANKS.

JULIE KLIPP SIGNED LETTER TO CHUCK EDWARDS OF SUPPORT FOR INVITATION FOR BID SOLUTIONS FOR CONGRESSIONALLY DIRECTED SPENDING TO RENOVATE INVITATION FOR BID ASHEVILLE FACILITY

JULIE KLIPP SENT EMAILS TO US SENATORS REQUESTING FUNDING FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM IN FEDERAL BUDGET RESOLUTION.

JULIE KLIPP SENT EMAIL REQUESTING FEDERAL FUNDING FOR HURRICANE HELENE DEBRIS CLEANUP, STREAMBANK STABILIZATION, FLOOD PLAIN PROTECTIONS, AND STORM WATER MITIGATION.

ALSO SHE POSTED VIDEO TO SOCIAL MEDIA ABOUT THE NEED FOR FEDERAL FUNDING FOR HURRICANE HELENE CLEAN UP.

JULIE KLIPP SENT EMAILS REQUESTING FUNDING IN STATE BUDGET FOR SAFE PASSAGES FOR WILDLIFE .

ELIZABETH BRAZAS SENT REPRESENTATIVE CHUCK EDWARDS INFORMATION ABOUT IMPACT OF BUDGET RECONCILITATION ACT ON SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM FOR NC.

JULIE KLIPP EMAILED SENATOR TILLIS' STAFF TO REQUEST UPDATED TAX STATUTES TO ALLOW INDIVIDUAL RETIREMENT ACCOUNT QUALIFIED CHARITABLE DISTRIBUTIONS TO BE DONATED TO DONOR ADVISED FUNDS.

SCHEDULE D

(Form 990)

(Rev. December 2024)

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 NORTH CAROLINA, INC. Employer identification number 56-1223384

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year (454), aggregate value of contributions (21,540,730), aggregate value of grants (20,782,927), aggregate value at end of year (146,151,861), and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and reporting requirements (checkboxes for policy, expenses, and section 170(h) compliance).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with 2 main sections: 1a-1b. Reporting requirements for art and historical treasures (footnote text, revenue, assets). 2. Reporting requirements for art and historical treasures for financial gain (revenue, assets).

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)

THE COMMUNITY FOUNDATION

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	201,979,314.	189,211,876.	181,906,685.	198,676,498.	160,694,893.
b Contributions	11,200,388.	4,973,810.	2,990,023.	15,565,333.	5,125,325.
c Net investment earnings, gains, and losses	22,518,026.	17,599,644.	14,104,999.	-24,131,334.	39,759,734.
d Grants or scholarships	9,731,803.	7,306,577.	7,556,901.	7,241,551.	5,466,169.
e Other expenditures for facilities and programs	997,378.	2,021,522.	1,716,624.	526,890.	815,800.
f Administrative expenses	517,349.	477,917.	516,306.	435,371.	621,485.
g End of year balance	224,451,198.	201,979,314.	189,211,876.	181,906,685.	198,676,498.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 79.0000 %
 - c Term endowment 21.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,594,273.	805,306.	1,788,967.
c Leasehold improvements				
d Equipment		195,247.	183,556.	11,691.
e Other		234,395.	210,561.	23,834.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,824,492.

THE COMMUNITY FOUNDATION

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT FUNDS		
(B) (RESTRICTED CASH)	14,859,668.	END-OF-YEAR MARKET VALUE
(C) OTHER HEDGE FUNDS	24,521,797.	END-OF-YEAR MARKET VALUE
(D) REAL ESTATE ASSET FUNDS	19,267,163.	END-OF-YEAR MARKET VALUE
(E) PRIVATE EQUITY FUNDS	10,491,864.	END-OF-YEAR MARKET VALUE
(F) LONE JUNIPER, LP (HEDGE		
(G) FUND)	267,999.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	191,925,576.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	113,723,651.
(3) LIABILITY UNDER TRUST AGREEMENTS	4,006,375.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	117,730,026.

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

THE COMMUNITY FOUNDATION

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

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

1	Total revenue, gains, and other support per audited financial statements	1	105,954,155.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	19,246,649.
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	19,246,649.
3	Subtract line 2e from line 1	3	86,707,506.
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	557,274.
	b Other (Describe in Part XIII.)	4b	403,068.
	c Add lines 4a and 4b	4c	960,342.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	87,667,848.

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

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

1	Total expenses and losses per audited financial statements	1	66,713,063.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	66,713,063.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	557,274.
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	557,274.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	67,270,337.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE FOUNDATION HAS BEEN CLASSIFIED AS A PUBLICLY-SUPPORTED CHARITABLE FOUNDATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3). AS A PUBLICLY-SUPPORTED CHARITY, THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AND FEDERAL EXCISE TAXES UNDER SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE. IT IS THE FOUNDATION'S POLICY TO EVALUATE ALL TAX POSITIONS TO IDENTIFY ANY THAT MAY BE CONSIDERED UNCERTAIN. ALL IDENTIFIED MATERIAL TAX POSITIONS ARE ASSESSED AND MEASURED BY A "MORE-LIKELY-THAN-NOT" THRESHOLD TO DETERMINE IF THE TAX POSITION IS UNCERTAIN, AND WHAT, IF ANY, EFFECT THE UNCERTAIN TAX POSITION MAY HAVE ON THE FINANCIAL STATEMENTS. NO MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED FOR 2024 AND 2023. CURRENTLY, THE STATUTE OF LIMITATIONS REMAINS OPEN SUBSEQUENT TO AND INCLUDING 2020; HOWEVER, NO EXAMINATIONS ARE IN PROCESS OR ANTICIPATED. ANY CHANGES IN THE AMOUNT OF A TAX POSITION WILL BE RECOGNIZED IN THE PERIOD THE CHANGE OCCURS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ANNUITY DISTRIBUTIONS	319,583.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	83,485.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	403,068.

THE COMMUNITY FOUNDATION

Part IV Foreign Forms

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A BETTER LIFE ANIMAL RESCUE P.O. BOX 8311 MORGANTON, NC 28680	27-2346103	501(C)(3)	95,110.	0.	BOOK		ANIMAL WELFARE
A-B TECH COMMUNITY COLLEGE FOUNDATION - 340 VICTORIA ROAD - ASHEVILLE, NC 28801	56-1993458	501(C)(3)	115,873.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ABERNETHY MEMORIAL UNITED METHODIST CHURCH - P.O. BOX 127 - RUTHERFORD COLLEGE, NC 28671	56-1270377	501(C)(3)	25,000.	0.	BOOK		RELIGION
ABOUNDING GRACE MINISTRY INC. P.O. BOX 361 RUTHERFORDTON, NC 28139	26-2340478	501(C)(3)	32,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
ACLU OF NORTH CAROLINA LEGAL FOUNDATION - P.O. BOX 28004 - RALEIGH, NC 27611	56-1019644	501(C)(3)	43,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
ADULTS WORKING AND ADVOCATING FOR KIDS EMPOWERMENT (AWAKE) - P.O. BOX 755 - SYLVA, NC 28779	56-1796889	501(C)(3)	112,500.	0.	BOOK		ASSISTING PEOPLE IN NEED

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVENTHEALTH HENDERSONVILLE 100 HOSPITAL DRIVE HENDERSONVILLE, NC 28792	56-0543246	501(C)(3)	23,000.	0.	BOOK		PROMOTING QUALITY HEALTH
ALL SOULS COUNSELING CENTER 35 ARLINGTON STREET ASHEVILLE, NC 28801	56-2200862	501(C)(3)	88,910.	0.	BOOK		PROMOTING QUALITY HEALTH
ALTAPASS FOUNDATION 1025 ORCHARD ROAD SPRUCE PINE, NC 28777	68-0521788	501(C)(3)	7,200.	0.	BOOK		ADVANCING THE ARTS
ALZHEIMER'S ASSOCIATION - WNC CHAPTER - 4600 PARK ROAD - CHARLOTTE, NC 28209	13-3039601	501(C)(3)	163,211.	0.	BOOK		PROMOTING QUALITY HEALTH
AMAZING GRACE MINISTRIES OF HENDERSONVILLE - 814A KANUGA ROAD - HENDERSONVILLE, NC 28739	81-1349247	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
AMERICAN RED CROSS 100 EDGEWOOD ROAD ASHEVILLE, NC 28804	53-0196605	501(C)(3)	192,611.	0.	BOOK		ASSISTING PEOPLE IN NEED
AMERICAN RED CROSS BLUE RIDGE PIEDMONT CHAPTER - 1375 LENOIR RHYNE BOULEVARD - HICKORY, NC 28603	53-0196605	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
AMERICAN RIVERS 1101 14TH STREET NW WASHINGTON, DC 20005	23-7305963	501(C)(3)	76,500.	0.	BOOK		ENHANCING THE ENVIRONMENT
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	7,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMY WELLNESS FOUNDATION 31 CROSS STREET SPRUCE PINE, NC 28777	58-2172660	501(C)(3)	90,000.	0.	BOOK		PROMOTING QUALITY HEALTH
ANCHOR BAPTIST CHURCH AND MINISTRIES - 3232 HENDERSONVILLE HWY. - PISGAH FOREST, NC 28768	56-1419926	501(C)(3)	25,000.	0.	BOOK		RELIGION
ANDREWS MIDDLE SCHOOL 2750 BUSINESS HIGHWAY 19 ANDREWS, NC 28901	56-6000211		10,895.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ANIMAL HAVEN OF ASHEVILLE P.O. BOX 9697 ASHEVILLE, NC 28815	56-2157276	501(C)(3)	8,983.	0.	BOOK		ANIMAL WELFARE
APPALACHIA SERVICE PROJECT 4523 BRISTOL HIGHWAY JOHNSON CITY, TN 37601	62-0989383	501(C)(3)	100,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
APPALACHIAN MOUNTAIN COMMUNITY HEALTH CENTER - 141 ASHELAND AVENUE - ASHEVILLE, NC 28801	46-3984362	501(C)(3)	27,500.	0.	BOOK		PROMOTING QUALITY HEALTH
APPALACHIAN SUSTAINABLE AGRICULTURE PROJECT - 306 WEST HAYWOOD STREET - ASHEVILLE, NC 28801	06-1642769		389,162.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
APPALACHIAN THERAPEUTIC RIDING CENTER - 176 CHIMNEY RIDGE LANE - BURNSVILLE, NC 28714	56-1530138	501(C)(3)	13,600.	0.	BOOK		ASSISTING PEOPLE IN NEED
ARBOR CHURCH 19011 WOODINVILLE-SNOHOMISH ROAD WOODINVILLE, WA 98072	81-4300232	501(C)(3)	28,000.	0.	BOOK		RELIGION

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARDEN PRESBYTERIAN CHURCH 2215 HENDERSONVILLE ROAD ARDEN, NC 28704	56-1273600	501(C)(3)	15,000.	0.	BOOK		RELIGION
ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER - 10899 WILSHIRE BLVD. - LOS ANGELES, CA 90024	95-4217197	501(C)(3)	10,000.	0.	BOOK		ADVANCING THE ARTS
ARMS AROUND ASD (AUTISM SPECTRUM DISORDER) - 3 SOUTH TUNNEL ROAD - ASHEVILLE, NC 28805	46-4239709	501(C)(3)	11,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
ARROWHEAD ARTISTS AND ARTISANS LEAGUE - P.O. BOX 1594 - OLD FORT, NC 28762	45-1196475	501(C)(3)	50,000.	0.	BOOK		ADVANCING THE ARTS
ART LEAGUE OF HENDERSON COUNTY INC P.O. BOX 514 HENDERSONVILLE, NC 28793	56-1424425	501(C)(3)	10,000.	0.	BOOK		ADVANCING THE ARTS
ART21 231 WEST 29TH STREET NEW YORK, NY 10001	13-3920288	501(C)(3)	46,500.	0.	BOOK		ADVANCING THE ARTS
ARTHUR MORGAN SCHOOL 60 AMS CIRCLE BURNSVILLE, NC 28714	56-2257100	501(C)(3)	26,750.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ARTS FOR LIFE 7 BEAVERDAM ROAD ASHEVILLE, NC 28804	56-2250962	501(C)(3)	41,950.	0.	BOOK		PROMOTING QUALITY HEALTH
ASHEVILLE AREA CHAMBER OF COMMERCE COMMUNITY BETTERMENT FOUNDATION - P.O. BOX 1010 - ASHEVILLE, NC 28802	56-1762978	501(C)(3)	32,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHEVILLE AREA HABITAT FOR HUMANITY INTERNATIONAL INC - 33 MEADOW ROAD - ASHEVILLE, NC 28803	56-1363464	501(C)(3)	2,021,538.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
ASHEVILLE AREA PIANO TEACHERS FORUM - P.O. BOX 1101 - ASHEVILLE, NC 28802	33-1018043	501(C)(3)	9,323.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE ART MUSEUM ASSOCIATION P.O. BOX 1717 ASHEVILLE, NC 28802	56-6060776	501(C)(3)	25,040.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE BOTANICAL GARDEN 151 WT WEAVER BLVD. ASHEVILLE, NC 28804	56-0845050	501(C)(3)	277,948.	0.	BOOK		ENHANCING THE ENVIRONMENT
ASHEVILLE CATHOLIC SCHOOL 12 CULVERN STREET ASHEVILLE, NC 28804	53-0196617		159,675.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ASHEVILLE CHAMBER MUSIC INC. P.O. BOX 1003 ASHEVILLE, NC 28802	58-1466387	501(C)(3)	8,657.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE CITY SCHOOLS 85 MOUNTAIN STREET ASHEVILLE, NC 28801	56-6001809		25,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ASHEVILLE CITY SCHOOLS FOUNDATION P.O. BOX 3196 ASHEVILLE, NC 28802	58-1836982	501(C)(3)	79,750.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ASHEVILLE COMMUNITY THEATRE INC. 35 EAST WALNUT STREET ASHEVILLE, NC 28801	56-6002669	501(C)(3)	10,250.	0.	BOOK		ADVANCING THE ARTS

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHEVILLE CONTEMPORARY DANCE THEATRE - 20 COMMERCE STREET - ASHEVILLE, NC 28801	56-1287954	501(C)(3)	8,500.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE CREATIVE ARTS 87 OLD COVE ROAD BLACK MOUNTAIN, NC 28711	46-4551364	501(C)(3)	12,000.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE FIRE FIGHTERS ASSOCIATION FOUNDATION - 9 SW PACK SQUARE - ASHEVILLE, NC 28801	58-2176799	501(C)(3)	50,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
ASHEVILLE GREENWORKS 2 SULPHUR SPRINGS ROAD ASHEVILLE, NC 28806	56-1672870	501(C)(3)	253,090.	0.	BOOK		ENHANCING THE ENVIRONMENT
ASHEVILLE HIGH SCHOOL 419 MCDOWELL STREET ASHEVILLE, NC 28803	56-6001809		15,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ASHEVILLE HUMANE SOCIETY 14 FOREVER FRIEND LANE ASHEVILLE, NC 28806	56-1444098	501(C)(3)	133,576.	0.	BOOK		ANIMAL WELFARE
ASHEVILLE INDEPENDENT ARTS AND MUSIC - 175 PATTON AVENUE - ASHEVILLE, NC 28801	92-2108301	501(C)(3)	25,000.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE MUSEUM OF SCIENCE 43 PATTON AVENUE ASHEVILLE, NC 28801	56-1342340	501(C)(3)	5,240.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE P.E.A.K. ACADEMY 133 LIVINGSTON STREET ASHEVILLE, NC 28801	84-2992064	501(C)(3)	236,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHEVILLE POVERTY INITIATIVE 610 HAYWOOD ROAD ASHEVILLE, NC 28806	81-0757744	501(C)(3)	60,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
ASHEVILLE SYMPHONY SOCIETY 27 COLLEGE PLACE ASHEVILLE, NC 28801	56-6060772	501(C)(3)	198,257.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE WATCHDOG 825 MERRIMON AVENUE C-175 ASHEVILLE, NC 28804	85-0614521	501(C)(3)	23,250.	0.	BOOK		ADVANCING THE ARTS
ASHEVILLE-BUNCOMBE COMMUNITY CHRISTIAN MINISTRY (ABCCM) - 1845 BREVARD ROAD - ARDEN, NC 28704	56-0945001	501(C)(3)	1,974,905.	0.	BOOK		ASSISTING PEOPLE IN NEED
ASHEVILLE-BUNCOMBE COMMUNITY LAND TRUST - 825 MERRIMON AVENUE - ASHEVILLE, NC 28804	83-1409504	501(C)(3)	115,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
ASHEVILLE-BUNCOMBE INSTITUTE OF PARITY ACHIEVEMENT - P.O. BOX 448 - ASHEVILLE, NC 28802	20-0937410	501(C)(3)	26,000.	0.	BOOK		PROMOTING QUALITY HEALTH
ASPIRE P.O. BOX 250 BALSAM, NC 28707	30-0466165	501(C)(3)	6,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
ASPIRE POLK COUNTY: A CHILD & FAMILY PARTNERSHIP - P.O. BOX 520 - COLUMBUS, NC 28722	88-2598593	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
ASTON PARK HEALTH CARE CENTER INC. 380 BREVARD ROAD ASHEVILLE, NC 28806	56-0126590	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURA HOME WOMEN VETS 1 DUNDEE STREET ASHEVILLE, NC 28801	47-2041216	501(C)(3)	21,200.	0.	BOOK		ASSISTING PEOPLE IN NEED
AVERY COUNTY FIRE COMMISSION P.O. BOX 640 NEWLAND, NC 28657	54-2149788		25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
AVERY COUNTY GOVERNMENT P.O. BOX 640 NEWLAND, NC 28657	56-6000275		50,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
AVERY COUNTY SCHOOLS 775 CRANBERRY STREET NEWLAND, NC 28657	56-6000990		202,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
AVERY MIDDLE SCHOOL 102 OLD MONTEZUMA ROAD NEWLAND, NC 28657	56-6000990		11,995.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
AVERY-MITCHELL-YANCEY (AMY) REGIONAL LIBRARY - P.O. DRAWER 310 - BURNSVILLE, NC 28714	56-6024166		36,300.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
BABIES NEED BOTTOMS P.O. BOX 5171 ASHEVILLE, NC 28813	82-3574436	501(C)(3)	51,250.	0.	BOOK		ASSISTING PEOPLE IN NEED
BAPTIST CHILDREN'S HOMES OF NC INC P.O. BOX 338 THOMASVILLE, NC 27361	56-0547499	501(C)(3)	10,220.	0.	BOOK		ASSISTING PEOPLE IN NEED
BASICS CHRISTIAN MINISTRIES P.O. BOX 207 CLIFFSIDE, NC 28024	47-3642387	501(C)(3)	20,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BASILICA OF ST. LAWRENCE P.O. BOX 1850 ASHEVILLE, NC 28802	56-0707930	501(C)(3)	16,673.	0.	BOOK		RELIGION
BEACON OF HOPE SERVICES P.O. BOX 877 MARSHALL, NC 28753	56-2241353	501(C)(3)	93,815.	0.	BOOK		ASSISTING PEOPLE IN NEED
BEAR CREEK BAPTIST CHURCH 270 ALFRED WOODY DRIVE BAKERSVILLE, NC 28705	58-1436912	501(C)(3)	50,000.	0.	BOOK		RELIGION
BEAVERDAM COMMUNITY DEVELOPMENT CLUB - 1620 NORTH CANTON ROAD - CANTON, NC 28716	56-1767563	501(C)(3)	8,600.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
BELLIN COLLEGE 3201 EATON ROAD GREEN BAY, WI 54311	39-1620530	501(C)(3)	50,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
BELOVED ASHEVILLE P.O. BOX 6386 ASHEVILLE, NC 28816	84-3381632	501(C)(3)	324,093.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
BIG BROTHERS BIG SISTERS OF WESTERN NORTH CAROLINA - 50 SOUTH FRENCH BROAD AVENUE - ASHEVILLE, NC 28801	58-1505917	501(C)(3)	111,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
BIG IVY COMMUNITY DEVELOPMENT CLUB P.O. BOX 424 BARNARDSVILLE, NC 28709	56-1890924	501(C)(3)	32,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
BILTMORE CHURCH 35 CLAYTON ROAD ARDEN, NC 28704	56-6090142	501(C)(3)	97,500.	0.	BOOK		RELIGION

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK HISTORY RESEARCH GROUP OF HENDERSON COUNTY - 1508 LINCOLN CIRCLE - HENDERSONVILLE, NC 28791	87-4481269	501(C)(3)	20,000.	0.	BOOK		ADVANCING THE ARTS
BLACK MOUNTAIN COLLEGE MUSEUM & ARTS CENTER - P.O. BOX 18912 - ASHEVILLE, NC 28814	58-2105570	501(C)(3)	131,500.	0.	BOOK		ADVANCING THE ARTS
BLACK MOUNTAIN COUNSELING CENTER INC - 201 NORTH RIDGEWAY AVENUE - BLACK MOUNTAIN, NC 28711	20-8136167	501(C)(3)	82,340.	0.	BOOK		PROMOTING QUALITY HEALTH
BLACK MOUNTAIN HOME FOR CHILDREN 80 LAKE EDEN ROAD BLACK MOUNTAIN, NC 28711	56-0538018	501(C)(3)	450,575.	0.	BOOK		ASSISTING PEOPLE IN NEED
BLACK MOUNTAIN PRESBYTERIAN CHURCH P.O. BOX 39 BLACK MOUNTAIN, NC 28711	56-0747329	501(C)(3)	23,143.	0.	BOOK		RELIGION
BLACK MOUNTAIN VOLUNTEER FIREFIGHTERS ASSOCIATION - 106 MONTREAT ROAD - BLACK MOUNTAIN, NC 28711	20-0127713	501(C)(3)	8,450.	0.	BOOK		ASSISTING PEOPLE IN NEED
BLACK WALL STREET AVL P.O. BOX 2537 ASHEVILLE, NC 28802	87-1330821	501(C)(3)	93,350.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
BLUE RIDGE COMMUNITY ACTION INC. 800 NORTH GREEN STREET MORGANTON, NC 28655	56-0855390	501(C)(3)	75,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
BLUE RIDGE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 180 WEST CAMPUS DRIVE - FLAT ROCK, NC 28731	51-0175113	501(C)(3)	31,930.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE COMMUNITY HEALTH SERVICES - 220 5TH AVENUE EAST - HENDERSONVILLE, NC 28792	56-0794933	501(C)(3)	81,321.	0.	BOOK		PROMOTING QUALITY HEALTH
BLUE RIDGE NATIONAL HERITAGE AREA 31 COLLEGE PLACE ASHEVILLE, NC 28801	20-4714123	501(C)(3)	8,500.	0.	BOOK		ADVANCING THE ARTS
BLUE RIDGE PARKWAY FOUNDATION 717 SOUTH MARSHALL STREET WINSTON SALEM, NC 27101	31-1512730	501(C)(3)	56,520.	0.	BOOK		ENHANCING THE ENVIRONMENT
BLUE RIDGE PARTNERSHIP FOR CHILDREN - P.O. BOX 1387 - BURNSVILLE, NC 28714	56-1921260	501(C)(3)	142,600.	0.	BOOK		ASSISTING PEOPLE IN NEED
BLUE RIDGE PRIDE CENTER INC 1330 PATTON AVENUE ASHEVILLE, NC 28806	26-4272258	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
BLUE RIDGE RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL - P.O. BOX 782 - SPRUCE PINE, NC 28777	56-1780790	501(C)(3)	125,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
BLUE RIDGE SCHOOL EDUCATION FOUNDATION - P.O. BOX 803 - CASHIERS, NC 28717	30-0139566	501(C)(3)	9,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
BOONES CREEK CHRISTIAN CHURCH 2684 BOONES CREEK ROAD JOHNSON CITY, TN 37615	62-1177106	501(C)(3)	14,400.	0.	BOOK		RELIGION
BOUNTIFUL CITIES PROJECT P.O. BOX 898 ASHEVILLE, NC 28802	05-0587434		73,800.	0.	BOOK		ENHANCING THE ENVIRONMENT

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOUNTY & SOUL 999 OLD US HWY. 70 WEST BLACK MOUNTAIN, NC 28711	46-4759362	501(C)(3)	57,900.	0.	BOOK		ASSISTING PEOPLE IN NEED
BOYS & GIRLS CLUB OF HENDERSON COUNTY - P.O. BOX 1460 - HENDERSONVILLE, NC 28793	56-1803125	501(C)(3)	467,140.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
BOYS & GIRLS CLUB OF THE PLATEAU P.O. BOX 1812 CASHIERS, NC 28717	46-5336895	501(C)(3)	92,710.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
BRACKETT TOWN FARMS LTD 555 BRACKETT TOWN ROAD NEBO, NC 28761	82-2120264	501(C)(3)	22,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
BREAD OF LIFE 238 SOUTH CALDWELL STREET BREVARD, NC 28712	56-2053857	501(C)(3)	21,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
BREVARD COLLEGE ONE BREVARD COLLEGE DRIVE BREVARD, NC 28712	56-0532297	501(C)(3)	7,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
BREVARD FIRST UNITED METHODIST CHURCH - 325 NORTH BROAD STREET - BREVARD, NC 28712	56-0666925	501(C)(3)	31,750.	0.	BOOK		RELIGION
BREVARD HIGH SCHOOL 609 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712	56-6001121		9,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
BREVARD MUSIC CENTER P.O. BOX 312 BREVARD, NC 28712	56-0729350	501(C)(3)	159,038.	0.	BOOK		ADVANCING THE ARTS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE WORSHIP CENTER INTERNATIONAL - 5530 CHESTNUT DRIVE - HICKORY, NC 28602	83-1898064	501(C)(3)	25,000.	0.	BOOK		RELIGION
BROAD RIVER VOLUNTEER FIRE AND RESCUE DEPARTMENT - 44 BROAD RIVER VFD ROAD - BLACK MOUNTAIN, NC 28711	59-1780579	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
BROKEN WHEEL MINISTRIES P.O. BOX 543 NEWLAND, NC 28657	93-2355062	501(C)(3)	100,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
BROTHER WOLF ANIMAL RESCUE P.O. BOX 8195 ASHEVILLE, NC 28814	20-8787719	501(C)(3)	213,455.	0.	BOOK		ANIMAL WELFARE
BRUSH CREEK ELEMENTARY SCHOOL 265 UPPER BRUSH CREEK ROAD MARSHALL, NC 28753	56-6001070		13,490.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
BRYSON CITY FOOD PANTRY P.O. BOX 1661 BRYSON CITY, NC 28713	58-1744280	501(C)(3)	9,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
BULADEAN COMMUNITY FOUNDATION 12190 NORTH HIGHWAY 226 BAKERSVILLE, NC 28705	46-1470662	501(C)(3)	24,960.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
BUNCOMBE COUNTY SCHOOLS 175 BINGHAM ROAD ASHEVILLE, NC 28806	56-6000994		65,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
BUNCOMBE COUNTY SCHOOLS FOUNDATION 175 BINGHAM ROAD ASHEVILLE, NC 28806	58-1685536	501(C)(3)	17,730.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUNCOMBE PARTNERSHIP FOR CHILDREN 53 ASHELAND AVENUE ASHEVILLE, NC 28801	56-1942178	501(C)(3)	287,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
BURKE COUNTY LITERACY COUNCIL 200 N. KING STREET MORGANTON, NC 28655	58-1814596	501(C)(3)	21,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
BURKE COUNTY SMART START P.O. BOX 630 MORGANTON, NC 28680	56-1852721	501(C)(3)	115,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
BURKE COUNTY UNITED WAY 121 WEST UNION STREET MORGANTON, NC 28655	56-0929553	501(C)(3)	25,600.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
BURKE UNITED CHRISTIAN MINISTRIES 576 EAST FLEMING DRIVE MORGANTON, NC 28655	59-1771449	501(C)(3)	101,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
BURNSVILLE POLICE DEPARTMENT P.O. BOX 97 BURNSVILLE, NC 28714	56-6001190		25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
C2LIFE FOUNDATION 114 SOUTH STERLING STREET MORGANTON, NC 28655	85-1065378	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
CAJUN RELIEF FOUNDATION 4400-A AMBASSADOR CAFFERY PARKWAY LAFAYETTE, LA 70508	81-3926021	501(C)(3)	65,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
CALDWELL HALFWAY HOUSE 951 KENHAM PLACE SW LENOIR, NC 28645	58-1535259	501(C)(3)	6,000.	0.	BOOK		PROMOTING QUALITY HEALTH

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALDWELL HOSPICE AND PALLIATIVE CARE - 902 KIRKWOOD STREET - LENOIR, NC 28645	56-1338470	501(C)(3)	55,000.	0.	BOOK		PROMOTING QUALITY HEALTH
CALIFORNIA CREEK BAPTIST CHURCH P.O. BOX 640 MARS HILL, NC 28754	30-0566050	501(C)(3)	25,000.	0.	BOOK		RELIGION
CAMP GRIER P.O. BOX 490 OLD FORT, NC 28762	90-1033788	501(C)(3)	219,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
CAMPAIGN FOR SOUTHERN EQUALITY P.O. BOX 364 ASHEVILLE, NC 28802	27-4064401	501(C)(3)	32,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
CARE P.O. BOX 1870 MERRIFIELD, VA 22116	13-1685039	501(C)(3)	250,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
CAREREACH P.O. BOX 1147 MARION, NC 28752	56-2097503	501(C)(3)	64,250.	0.	BOOK		PROMOTING QUALITY HEALTH
CAROLINA CLIMBERS COALITION 13 GOLDVIEW DRIVE ASHEVILLE, NC 28804	20-1770124	501(C)(3)	50,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
CAROLINA CONFERENCE OF SEVENTH-DAY ADVENTISTS - P.O. BOX 44270 - CHARLOTTE, NC 28215	45-4284485	501(C)(3)	185,000.	0.	BOOK		RELIGION
CAROLINA DAY SCHOOL 1345 HENDERSONVILLE ROAD ASHEVILLE, NC 28803	56-0125490	501(C)(3)	97,850.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINA MOUNTAIN WOODTURNERS P.O. BOX 16606 ASHEVILLE, NC 28816	56-2268105	501(C)(3)	10,000.	0.	BOOK		ADVANCING THE ARTS
CAROLINA PUBLIC PRESS P.O. BOX 17595 ASHEVILLE, NC 28816	46-0801080	501(C)(3)	6,250.	0.	BOOK		ADVANCING THE ARTS
CASHIERS GLENVILLE VOLUNTEER FIRE DEPARTMENT - P.O. BOX 1978 - CASHIERS, NC 28717	56-1270324	501(C)(3)	15,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
CASHIERS HISTORICAL SOCIETY P.O. BOX 104 CASHIERS, NC 28717	11-3840349	501(C)(3)	16,870.	0.	BOOK		ADVANCING THE ARTS
CASHIERS VALLEY PRESCHOOL P.O. BOX 3081 CASHIERS, NC 28717	20-5116840	501(C)(3)	24,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
CASHIERS-HIGHLANDS HUMANE SOCIETY P.O. BOX 638 CASHIERS, NC 28717	58-1798769	501(C)(3)	45,330.	0.	BOOK		ANIMAL WELFARE
CASTING FOR HOPE P.O. BOX 8118 ASHEVILLE, NC 28814	46-4852561	501(C)(3)	15,000.	0.	BOOK		PROMOTING QUALITY HEALTH
CATHEDRAL OF ALL SOULS 9 SWAN STREET ASHEVILLE, NC 28803	56-0547505	501(C)(3)	9,750.	0.	BOOK		RELIGION
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE - 50 ORANGE STREET - ASHEVILLE, NC 28801	56-1058954	501(C)(3)	34,125.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR MOUNTAIN COMMUNITY CENTER P.O. BOX 152 CEDAR MOUNTAIN, NC 28718	58-1714164	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
CENTER FOR AGRICULTURAL AND FOOD ENTREPRENEURSHIP (CAFE) - 1461 SAND HILL ROAD - CANDLER, NC 28715	81-4593322	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
CENTER FOR CONSCIOUS LIVING AND DYING - P.O. BOX 348 - SWANNANOVA, NC 28778	87-3657907	501(C)(3)	37,750.	0.	BOOK		PROMOTING QUALITY HEALTH
CENTER FOR CRAFT & DESIGN 67 BROADWAY STREET ASHEVILLE, NC 28801	56-2096677	501(C)(3)	554,500.	0.	BOOK		ADVANCING THE ARTS
CENTER FOR DOMESTIC PEACE 26 RIDGEWAY STREET SYLVA, NC 28779	81-1121023	501(C)(3)	92,400.	0.	BOOK		ASSISTING PEOPLE IN NEED
CENTER FOR FOOD SAFETY P.O. BOX 406 SAN FRANCISCO, CA 94104	52-2165893	501(C)(3)	10,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
CENTER FOR JUSTICE AND ACCOUNTABILITY - 268 BUSH STREET - SAN FRANCISCO, CA 94104	94-3299686	501(C)(3)	10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
CENTER FOR PARTICIPATORY CHANGE 50 SOUTH FRENCH BROAD ASHEVILLE, NC 28801	56-2126417	501(C)(3)	53,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
CENTER FOR RURAL HEALTH INNOVATION 167 LOCUST STREET SPRUCE PINE, NC 28777	27-3177378	501(C)(3)	38,726.	0.	BOOK		PROMOTING QUALITY HEALTH

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL UNITED METHODIST CHURCH 27 CHURCH STREET ASHEVILLE, NC 28801	20-5446516	501(C)(3)	64,064.	0.	BOOK		RELIGION
CENTRO COMUNITARIO HISPANO-AMERICANO - P.O. BOX 1632 - BREVARD, NC 28712	20-2001969	501(C)(3)	67,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
CENTRO UNIDO LATINO-AMERICANO 79 ACADEMY STREET MARION, NC 28752	56-2678411	501(C)(3)	275,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
CHAMPIONS FOR WILDLIFE P.O. BOX 128 LYNN, NC 28750	87-4584220	501(C)(3)	100,000.	0.	BOOK		ADVANCING THE ARTS
CHARLES D. OWEN MIDDLE SCHOOL 730 OLD U.S. HWY 70 SWANNANOVA, NC 28778	56-6000994		9,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
CHARLES T. KOONTZ INTERMEDIATE SCHOOL PTO - 305 OVERLOOK ROAD - ASHEVILLE, NC 28803	45-2866230	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
CHARLIE'S ANGELS ANIMAL RESCUE 5526 HENDERSONVILLE ROAD FLETCHER, NC 28732	27-1614841	501(C)(3)	5,600.	0.	BOOK		ANIMAL WELFARE
CHILD MEDICAL COLLABORATIVE P.O. BOX 332 SYLVA, NC 28779	87-2221114	501(C)(3)	58,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
CHILDREN & FAMILY RESOURCE CENTER 851 CASE STREET HENDERSONVILLE, NC 28792	56-2113878	501(C)(3)	84,837.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN FIRST/COMMUNITIES IN SCHOOLS OF BUNCOMBE COUNTY - P.O. BOX 16695 - ASHEVILLE, NC 28816	59-1721943	501(C)(3)	58,705.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
CHILDREN'S CANCER PARTNERS OF THE CAROLINAS - 900 SOUTH PINE STREET - SPARTANBURG, SC 29302	20-2511033	501(C)(3)	32,981.	0.	BOOK		PROMOTING QUALITY HEALTH
CHILDREN'S CENTER OF TRANSYLVANIA COUNTY - 95 S. JOHNSON STREET - BREVARD, NC 28712	56-1728491	501(C)(3)	58,017.	0.	BOOK		ASSISTING PEOPLE IN NEED
CHIMNEY ROCK ECONOMIC DEVELOPMENT AND INVESTMENT TEAM (CREDIT) - 1264 MAPLE CREEK ROAD - RUTHERFORDTON, NC 28139	33-2451017		10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
CHRIST COMMUNITY CHURCH P.O. BOX 279 MONTREAT, NC 28757	26-0799246	501(C)(3)	11,825.	0.	BOOK		RELIGION
CHRISTMOUNT CHRISTIAN ASSEMBLY 222 FERN WAY BLACK MOUNTAIN, NC 28711	56-0731505	501(C)(3)	110,250.	0.	BOOK		RELIGION
CHURCH OF THE GOOD SHEPHERD P.O. BOX 32 CASHIERS, NC 28717	56-1142774	501(C)(3)	22,000.	0.	BOOK		RELIGION
CHURCH OF THE HIGHLANDS 3660 GRANDVIEW PARKWAY BIRMINGHAM, AL 35243	63-1258442	501(C)(3)	9,000.	0.	BOOK		RELIGION
CITY OF ASHEVILLE P.O. BOX 7148 ASHEVILLE, NC 28802	56-6000224		5,760.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF HENDERSONVILLE 160 6TH AVENUE EAST HENDERSONVILLE, NC 28792	56-6001242		25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
CLARE'S HOUSE 1606 BARDMAN COURT HIGH RIDGE, MO 63049	46-5333978	501(C)(3)	8,000.	0.	BOOK		ANIMAL WELFARE
CLAY COUNTY FOOD PANTRY 2278 HINTON CENTER ROAD HAYESVILLE, NC 28904	56-1915169	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
CLAY COUNTY HISTORICAL AND ARTS COUNCIL - P.O. BOX 5 - HAYESVILLE, NC 28904	23-7354436	501(C)(3)	10,000.	0.	BOOK		ADVANCING THE ARTS
CLOTHES TO KIDS OF HAYWOOD COUNTY P.O. BOX 914 CLYDE, NC 28721	46-2704313	501(C)(3)	53,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
COLABORATIVA LA MILPA 528 EMMA ROAD ASHEVILLE, NC 28806	20-8303608	501(C)(3)	28,800.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
COLUMBIA UNIVERSITY 622 WEST 113TH STREET NEW YORK, NY 10025	13-5598093	501(C)(3)	5,300.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS - P.O. BOX 43 - HIGHLANDS, NC 28741	65-1251915	501(C)(3)	103,400.	0.	BOOK		PROMOTING QUALITY HEALTH
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE - 3833 CLEGHORN AVENUE - NASHVILLE, TN 37215	62-1471789	501(C)(3)	70,756.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

56-1223384 Page 1

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HOUSING COALITION OF MADISON COUNTY - P.O. BOX 1166 - MARSHALL, NC 28753	11-3660564	501(C)(3)	81,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
COMMUNITY TABLE P.O. BOX 62 DILLSBORO, NC 28725	56-2264894	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	36-2423707	501(C)(3)	6,800.	0.	BOOK		RELIGION
COMSERV P.O. BOX 1080 LENOIR, NC 28645	56-1717932	501(C)(3)	50,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
CONGREGATION BETH HATEPHILA 43 NORTH LIBERTY STREET ASHEVILLE, NC 28801	56-0611573	501(C)(3)	19,297.	0.	BOOK		RELIGION
CONGREGATION BETH ISRAEL 229 MURDOCK AVENUE ASHEVILLE, NC 28804	56-1285187	501(C)(3)	13,540.	0.	BOOK		RELIGION
CONGREGATION SHEARITH ISRAEL 1180 UNIVERSITY DRIVE ATLANTA, GA 30306	58-0632076	501(C)(3)	13,500.	0.	BOOK		RELIGION
CONSERVATION TRUST FOR NORTH CAROLINA - P.O. BOX 33333 - RALEIGH, NC 27636	58-1552188	501(C)(3)	27,750.	0.	BOOK		ENHANCING THE ENVIRONMENT
CONSERVING CAROLINA 847 CASE STREET HENDERSONVILLE, NC 28792	56-6449365	501(C)(3)	33,300.	0.	BOOK		ENHANCING THE ENVIRONMENT

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CO-OPERATE WNC 3 HUT TERRACE BLACK MOUNTAIN, NC 28711	83-2502638	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
CORE COMMUNITY ORGANIZED RELIEF EFFORT - 910 NORTH HILL STREET - LOS ANGELES, CA 90012	27-1703237	501(C)(3)	10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
CORPORATE ACCOUNTABILITY 10 MILK STREET BOSTON, MA 02108	41-1322686	501(C)(3)	15,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
COUNCIL ON AGING OF BUNCOMBE COUNTY - 46 SHEFFIELD CIRCLE - ASHEVILLE, NC 28803	23-7410586	501(C)(3)	26,300.	0.	BOOK		ASSISTING PEOPLE IN NEED
COUNSELING CENTER OF HIGHLANDS 348 SOUTH 5TH STREET HIGHLANDS, NC 28741	45-4997760	501(C)(3)	34,000.	0.	BOOK		PROMOTING QUALITY HEALTH
COVENANT COMMUNITY CHURCH 11 ROCKET DRIVE ASHEVILLE, NC 28803	56-1842787	501(C)(3)	305,000.	0.	BOOK		RELIGION
CRANBROOK EDUCATIONAL COMMUNITY P.O. BOX 778761 CHICAGO, IL 60677	38-2015048		10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
CREATIVE VISIONS FOUNDATION 1047 FORD DRIVE NIPOMO, CA 93444	39-1902814	501(C)(3)	10,000.	0.	BOOK		ADVANCING THE ARTS
CROSSNORE COMMUNITIES FOR CHILDREN P.O. BOX 249 CROSSNORE, NC 28616	56-0567980	501(C)(3)	78,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTURE'S EDGE 7 CONSENSUS CIRCLE BLACK MOUNTAIN, NC 28711	56-1981809	501(C)(3)	75,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
DANIEL BOONE COUNCIL-BOY SCOUTS OF AMERICA - 333 WEST HAYWOOD STREET - ASHEVILLE, NC 28801	56-0529937	501(C)(3)	5,250.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
DAVIDSON COLLEGE P.O. BOX 5000 DAVIDSON, NC 28035	56-0529961	501(C)(3)	49,750.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
DAYSRING FOUNDATION 825 MERRIMON AVENUE ASHEVILLE, NC 28804	85-1463864	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
DBA AIM FOR THE HANDICAPPED 945 DANBURY ROAD DAYTON, OH 45420	31-6059936	501(C)(3)	22,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
DBA ARTSAVL (ASHEVILLE AREA ARTS COUNCIL) - P.O. BOX 507 - ASHEVILLE, NC 28802	58-1371546	501(C)(3)	556,180.	0.	BOOK		ADVANCING THE ARTS
DBA ASHEVILLE FM (FRIENDS OF COMMUNITY RADIO) - 864 HAYWOOD ROAD - ASHEVILLE, NC 28806	27-0454098	501(C)(3)	12,460.	0.	BOOK		ADVANCING THE ARTS
DBA BLUE RIDGE FREE DENTAL CLINIC (BLUE RIDGE MOUNTAINS HEALTH PROJECT INC) - P.O. BOX 451 - CASHIERS, NC 28717	51-0509517	501(C)(3)	39,448.	0.	BOOK		PROMOTING QUALITY HEALTH
DBA BLUE RIDGE PUBLIC RADIO (WESTERN NC PUBLIC RADIO INC) - 73 BROADWAY STREET - ASHEVILLE, NC 28801	58-1445328	501(C)(3)	117,935.	0.	BOOK		ADVANCING THE ARTS

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DBA BREVARD PHILHARMONIC (BREVARD CHAMBER ORCHESTRA ASSN) - P.O. BOX 1547 - BREVARD, NC 28712	58-1477266	501(C)(3)	7,000.	0.	BOOK		ADVANCING THE ARTS
DBA CAMP LIVING WATER (SOUTHERN BIBLE TESTIMONY INC) - 1510 WEST DEEP CREEK ROAD - BRYSON CITY, NC 28713	56-6063977	501(C)(3)	50,000.	0.	BOOK		RELIGION
DBA CAMPLIFY P.O. BOX 751 HENDERSONVILLE, NC 28793	26-0770191		7,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
DBA COMPASSIONATE CARE WESTERN NORTH CAROLINA (HOSPICE OF YANCEY CO) - 856 GEORGES FORK ROAD - BURNSVILLE, NC 28714	56-1388030	501(C)(3)	129,044.	0.	BOOK		PROMOTING QUALITY HEALTH
DBA DAFGIVING360 P.O. BOX 2430 OMAHA, NE 68103	31-1640316	501(C)(3)	5,540.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
DBA ECKERD CONNECTS (ECKERD YOUTH ALTERNATIVES) - 100 N. STARCREST DRIVE - CLEARWATER, FL 33765	59-2551416	501(C)(3)	9,360.	0.	BOOK		ASSISTING PEOPLE IN NEED
DBA EQUAL PLATES PROJECT (WEGIVEASHARE) - P.O. BOX 2032 - ASHEVILLE, NC 28802	85-2809644	501(C)(3)	63,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
DBA FLAT ROCK PLAYHOUSE (VAGABOND SCHOOL OF THE DRAMA) - P.O. BOX 310 - FLAT ROCK, NC 28731	56-0571518	501(C)(3)	38,235.	0.	BOOK		ADVANCING THE ARTS
DBA FOUR SEASONS THE CARE YOU TRUST (HOSPICE OF HENDERSON CO) - 571 SOUTH ALLEN ROAD - FLAT ROCK, NC 28731	56-1252665	501(C)(3)	16,000.	0.	BOOK		PROMOTING QUALITY HEALTH

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DBA HEARTS WITH HANDS (GREG LENZ MINISTRIES) - P.O. BOX 6444 - ASHEVILLE, NC 28816	56-2073075	501(C)(3)	10,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
DBA LITERACY CONNECTION (BLUE RIDGE LITERACY COUNCIL) - P.O. BOX 1728 - HENDERSONVILLE, NC 28791	56-1691110	501(C)(3)	41,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
DBA M.Y. LIFE CENTER (TRI COUNTY PREGNANCY CENTER) - P.O. BOX 125 - BURNSVILLE, NC 28714	56-1899404	501(C)(3)	7,500.	0.	BOOK		PROMOTING QUALITY HEALTH
DBA MISSION CHURCH P.O. BOX 8121 MORGANTON, NC 28680	83-1513322	501(C)(3)	10,000.	0.	BOOK		RELIGION
DBA MISSION SERVE (SERVE MANAGEMENT GROUP) - 370 WINKLER DRIVE - ALPHARETTA, GA 30004	20-0375723	501(C)(3)	40,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
DBA MONTREAT CONFERENCE CENTER (MOUNTAIN RETREAT ASSN) - P.O. BOX 969 - MONTREAT, NC 28757	56-0532142	501(C)(3)	53,480.	0.	BOOK		RELIGION
DBA MOUNTAIN THEATRE COMPANY (HIGHLANDS COMMUNITY THEATRE) - P.O. BOX 896 - HIGHLANDS, NC 28741	56-6060841	501(C)(3)	16,000.	0.	BOOK		ADVANCING THE ARTS
DBA MY DADDY TAUGHT ME THAT (KL TRAINING SOLUTIONS) - 27 KING ARTHUR PLACE - ASHEVILLE, NC 28806	46-1815662	501(C)(3)	432,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
DBA PRESERVATION NORTH CAROLINA (HISTORIC PRESERVATION FDN OF NC) - P.O. BOX 27644 - RALEIGH, NC 27611	56-1145386		50,000.	0.	BOOK		ADVANCING THE ARTS

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DBA RISE AND SHINE (NEIGHBORS IN MINISTRY) - P.O. BOX 1036 - BREVARD, NC 28712	56-2032133	501(C)(3)	50,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
DBA SEED COMMONS 228 PARK AVENUE SOUTH NEW YORK, NY 10003	20-2264584	501(C)(3)	15,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
DBA THE CINDY PLATT BOYS & GIRLS CLUB OF TRANSYLVANIA COUNTY - 11 GALLIMORE ROAD - BREVARD, NC 28712	56-2142829	501(C)(3)	50,767.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
DBA THE FREE CLINICS (HENDERSON CO FREE MEDICAL CLINIC) - 841 CASE STREET - HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
DBA THE LITERACY & LEARNING CENTER (LITERACY COUNCIL OF HIGHLANDS) - P.O. BOX 2320 - HIGHLANDS, NC 28741	56-1883637	501(C)(3)	36,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
DBA THE ONSITE FOUNDATION P.O. BOX 90384 NASHVILLE, TN 37209	92-0530282	501(C)(3)	20,000.	0.	BOOK		PROMOTING QUALITY HEALTH
DBA THE STOREHOUSE (MY FATHERS STOREHOUSE) - P.O. BOX 6146 - HENDERSONVILLE, NC 28793	01-0786546	501(C)(3)	50,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
DBA THRIVE (SIXTH AVE PSYCHIATRIC REHABILITATION PARTNERS) - 218 WEST ALLEN - HENDERSONVILLE, NC 28739	20-5599815	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
DBA WHITE HORSE BLACK MOUNTAIN (WHITE HORSE STEPSTONE) - P.O. BOX 456 - BLACK MOUNTAIN, NC 28711	92-3445513	501(C)(3)	7,450.	0.	BOOK		ADVANCING THE ARTS

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DBA WNCSOURCE (WESTERN CAROLINA COMMUNITY ACTION) - P.O. BOX 685 - HENDERSONVILLE, NC 28793	56-0846319	501(C)(3)	72,491.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
DBA WOODSON BRANCH NATURE SCHOOL (MADISON CO COMMUNITY LEARNING CENTER) - P.O. BOX 94 - HOT SPRINGS, NC 28743	26-2861397	501(C)(3)	40,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
DBA WORTHAM CENTER FOR THE PERFORMING ARTS (PACK PLACE PERFORMING ARTS) - 18 BILTMORE AVENUE - ASHEVILLE, NC 28801	31-1524883	501(C)(3)	93,210.	0.	BOOK		ADVANCING THE ARTS
DBA YMCA OF THE SEVEN COUNCIL FIRES - P.O. BOX 218 - DUPREE, SD 57623	46-0336514	501(C)(3)	22,000.	0.	BOOK		PROMOTING QUALITY HEALTH
DEERFIELD CHARITABLE FOUNDATION 1617 HENDERSONVILLE ROAD ASHEVILLE, NC 28803	83-3913679	501(C)(3)	12,060.	0.	BOOK		ASSISTING PEOPLE IN NEED
DELTA HOUSE LIFE DEVELOPMENT OF ASHEVILLE - P.O. BOX 1672 - ASHEVILLE, NC 28802	58-1562716	501(C)(3)	32,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
DEMOCRACY NORTH CAROLINA 3000 AERIAL CENTER PARKWAY MORRISVILLE, NC 27560	56-2271150	501(C)(3)	29,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
DIAPER BANK OF NORTH CAROLINA 437 DIMMOCKS MILL ROAD HILLSBOROUGH, NC 27278	32-0401621	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
DIG IN! YANCEY COMMUNITY GARDEN P.O. BOX 1095 BURNSVILLE, NC 28714	27-3078971	501(C)(3)	26,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISCOVERY LAND COMPANY FOUNDATION 257 NORTH CANON DRIVE BEVERLY HILLS, CA 90210	20-4420241	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
DOCTORS WITHOUT BORDERS USA P.O. BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	35,917.	0.	BOOK		PROMOTING QUALITY HEALTH
DON'T MAKE WASTE BANDERA 180 JONES BEACH DRIVE PIPE CREEK, TX 78063	99-2006062	501(C)(3)	10,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
DOUBLE ISLAND VOLUNTEER FIRE DEPARTMENT - 5360 DOUBLE ISLAND ROAD - GREEN MOUNTAIN, NC 28740	56-1314209	501(C)(3)	50,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
DUKE UNIVERSITY-GIFTS RECORDS P.O. BOX 90581 DURHAM, NC 27708	56-0532129	501(C)(3)	15,720.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
EAGLE MARKET STREETS DEVELOPMENT CORPORATION - 38 SOUTH MARKET STREET - ASHEVILLE, NC 28801	58-2140995	501(C)(3)	101,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
EAST MARION PENTECOSTAL HOLINESS CHURCH - P.O. BOX 1103 - MARION, NC 28752	58-1784714	501(C)(3)	25,000.	0.	BOOK		RELIGION
EBLEN CHARITIES 23 HAMILTON STREET ASHEVILLE, NC 28801	56-1758077	501(C)(3)	136,550.	0.	BOOK		ASSISTING PEOPLE IN NEED
ECOPROTESTERS P.O. BOX 16007 ASHEVILLE, NC 28816	47-3365113	501(C)(3)	291,100.	0.	BOOK		ENHANCING THE ENVIRONMENT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELIADA FOUNDATION P.O. BOX 16708 ASHEVILLE, NC 28806	81-0620535	501(C)(3)	8,868.	0.	BOOK		ASSISTING PEOPLE IN NEED
ELIADA HOMES P.O. BOX 16708 ASHEVILLE, NC 28806	56-0611587	501(C)(3)	206,810.	0.	BOOK		ASSISTING PEOPLE IN NEED
ENGAGE WNC P.O. BOX 832 EAST FLAT ROCK, NC 28726	99-1080507	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
ENVIRONMENTAL QUALITY INSTITUTE 104 EASTSIDE DRIVE BLACK MOUNTAIN, NC 28711	27-1487941	501(C)(3)	45,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
E-POLK INC P.O. BOX 1369 COLUMBUS, NC 28722	30-0156436	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
FAIRVIEW CHRISTIAN FELLOWSHIP CHURCH - P.O. BOX 456 - FAIRVIEW, NC 28730	56-1337932	501(C)(3)	50,000.	0.	BOOK		RELIGION
FAIRVIEW STRONG ORG P.O. BOX 131 FAIRVIEW, NC 28730	33-2068900	501(C)(3)	13,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
FAITH IN HARM REDUCTION 179 CABIN HILL ROAD GREEN MOUNTAIN, NC 28740	87-2162226	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
FAMILY PLACE OF TRANSYLVANIA COUNTY - P.O. BOX 838 - BREVARD, NC 28712	56-2019918	501(C)(3)	114,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY RESOURCES OF RUTHERFORD COUNTY INC. - P.O. BOX 1619 - FOREST CITY, NC 28043	56-1330781	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
FEED-A-CHILD WNC 151 LAUREL HEIGHTS DRIVE BURNSVILLE, NC 28714	81-2416820	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
FEEDING AVERY FAMILIES P.O. BOX 1075 BANNER ELK, NC 28604	45-2302126	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
FERNLEAF COMMUNITY CHARTER SCHOOL 249 OLD HENDERSONVILLE ROAD FLETCHER, NC 28732	47-1184515	501(C)(3)	225,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
FINES CREEK COMMUNITY ASSOCIATION P.O. BOX 992 LAKE JUNALUSKA, NC 28745	56-1965399	501(C)(3)	50,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
FIRST AT BLUE RIDGE P.O. BOX 40 RIDGECREST, NC 28770	58-1946948	501(C)(3)	16,900.	0.	BOOK		PROMOTING QUALITY HEALTH
FIRST BAPTIST CHURCH OF ALBEMARLE 202 NORTH 2ND STREET ALBEMARLE, NC 28001	56-0611566	501(C)(3)	10,500.	0.	BOOK		RELIGION
FIRST BAPTIST CHURCH OF ASHEVILLE 5 OAK STREET ASHEVILLE, NC 28801	56-0554211	501(C)(3)	5,500.	0.	BOOK		RELIGION
FIRST BAPTIST CHURCH OF WAYNESVILLE - P.O. BOX 690 - WAYNESVILLE, NC 28786	56-2175142	501(C)(3)	24,794.	0.	BOOK		RELIGION

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST FREE WILL BAPTIST CHURCH P.O. BOX 1232 HAYESVILLE, NC 28904	84-1720444	501(C)(3)	10,000.	0.	BOOK		RELIGION
FIRST PRESBYTERIAN CHURCH 100 SILVER CREEK ROAD MORGANTON, NC 28655	56-0623927	501(C)(3)	18,000.	0.	BOOK		RELIGION
FIRST PRESBYTERIAN CHURCH ASHEVILLE - 40 CHURCH STREET - ASHEVILLE, NC 28801	56-0529968	501(C)(3)	79,890.	0.	BOOK		RELIGION
FIRST PRESBYTERIAN CHURCH OF HIGHLANDS - P.O. BOX 548 - HIGHLANDS, NC 28741	56-1260777	501(C)(3)	15,600.	0.	BOOK		RELIGION
FIRST PRESBYTERIAN CHURCH OF MYRTLE BEACH - P.O. BOX 70127 - MYRTLE BEACH, SC 25972	57-0428167	501(C)(3)	8,200.	0.	BOOK		RELIGION
FIRST UNITED METHODIST CHURCH OF WAYNESVILLE - 566 S. HAYWOOD STREET - WAYNESVILLE, NC 28786	56-0728628	501(C)(3)	103,570.	0.	BOOK		RELIGION
FISCAL SPONSORSHIP ALLIES 9100 PURDUE ROAD INDIANAPOLIS, IN 46268	85-0839183	501(C)(3)	6,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
FISHES AND LOAVES FOOD PANTRY P.O. BOX 865 CASHIERS, NC 28717	26-3516849	501(C)(3)	47,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
FONTANA REGIONAL LIBRARY 33 FRYEMONT STREET BRYSON CITY, NC 28713	56-6001950	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF THE RIO GRANDE VALLEY 724 NORTH CAGE BLVD. PHARR, TX 78577	74-2421560	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
FOOD CONNECTION P.O. BOX 8324 ASHEVILLE, NC 28814	81-4190128	501(C)(3)	77,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
FOOTHILLS CONSERVANCY OF NORTH CAROLINA - P.O. BOX 3023 - MORGANTON, NC 28680	56-1947390	501(C)(3)	545,763.	0.	BOOK		ENHANCING THE ENVIRONMENT
FOOTHILLS HARVEST TRANSITIONAL SERVICES - P.O. BOX 849 - FOREST CITY, NC 28043	26-2890015		65,924.	0.	BOOK		ASSISTING PEOPLE IN NEED
FOOTPRINT PROJECT P.O. BOX 19389 NEW ORLEANS, LA 70179	82-4976481	501(C)(3)	50,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
FOSTER FAMILY ALLIANCE OF NORTH CAROLINA - 1024 MEBANE OAKS ROAD - MEBANE, NC 27302	51-0174878	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
FOUNDATION OF CALDWELL COMMUNITY COLLEGE AND TECHNICAL INSTITUTE - P.O. BOX 600 - LENOIR, NC 28645	23-7212721	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
FRANCIS ASBURY UNITED METHODIST CHURCH - P.O. BOX 67 - CANDLER, NC 28715	56-1072651	501(C)(3)	7,000.	0.	BOOK		RELIGION
FRENCH BROAD RIVER ACADEMY 1990 RIVERSIDE DRIVE ASHEVILLE, NC 28804	27-0349536	501(C)(3)	9,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF PANTHERTOWN P.O. BOX 51 CASHIERS, NC 28717	27-3758868	501(C)(3)	25,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
FRIENDS OF THE ALBERT CARLTON - CASHIERS COMMUNITY LIBRARY - P.O. BOX 2628 - CASHIERS, NC 28717	58-2190405	501(C)(3)	34,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
FRIENDS OF THE EARTH P.O. BOX 7010 MERRIFIELD, VA 22116	23-7420660	501(C)(3)	10,250.	0.	BOOK		ENHANCING THE ENVIRONMENT
FRIENDS OF THE HAYWOOD COUNTY PUBLIC LIBRARY - 678 SOUTH HAYWOOD STREET - WAYNESVILLE, NC 28786	23-7124324	501(C)(3)	33,790.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
FRIENDS OF THE MOUNTAINS-TO-SEA TRAIL - 3509 HAWORTH DRIVE - RALEIGH, NC 27609	52-2204330	501(C)(3)	14,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
FRIENDS OF THE WNC NATURE CENTER P.O. BOX 19151 ASHEVILLE, NC 28815	23-7412910	501(C)(3)	128,620.	0.	BOOK		ENHANCING THE ENVIRONMENT
FULL STEAM AHEAD CAROLINA 208 WEST BLVD. BURNSVILLE, NC 28714	87-1858018	501(C)(3)	25,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
FULLER CENTER DISASTER REBUILDERS 10 ARROWHEAD ROAD DANVERS, MA 01923	26-3704583	501(C)(3)	135,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 29613	57-0314395	501(C)(3)	9,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARDEN CREEK BAPTIST CHURCH 321 GARDEN CREEK ROAD MARION, NC 28752	56-1217053	501(C)(3)	50,000.	0.	BOOK		RELIGION
GARDNER-WEBB UNIVERSITY P.O. BOX 997 BOILING SPRINGS, NC 28017	56-0529972	501(C)(3)	19,810.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
GATEWAY WELLNESS FOUNDATION 74 NORTH GARDEN STREET MARION, NC 28752	46-3395393	501(C)(3)	100,000.	0.	BOOK		PROMOTING QUALITY HEALTH
GEORGIA TECH FOUNDATION 760 SPRING STREET NW ATLANTA, GA 30308	58-6043294	501(C)(3)	750,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
GETTING BACK TO THE BASICS P.O. BOX 15298 ASHEVILLE, NC 28813	33-1197792	501(C)(3)	60,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
GIRLS ON THE RUN OF WNC P.O. BOX 2262 FAIRVIEW, NC 28730	35-2177794	501(C)(3)	9,400.	0.	BOOK		PROMOTING QUALITY HEALTH
GIVENS ESTATES 2360 SWEETEN CREEK ROAD ASHEVILLE, NC 28803	51-0199312	501(C)(3)	30,671.	0.	BOOK		ASSISTING PEOPLE IN NEED
GLEN ALPINE FOOD PANTRY P.O. BOX 7 GLEN ALPINE, NC 28628	87-2903311	501(C)(3)	18,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
GLENVILLE-CASHIERS RESCUE SQUAD INC. - P.O. BOX 919 - CASHIERS, NC 28717	56-1371972	501(C)(3)	44,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL EMPOWERMENT MISSION 1850 NW 84TH AVENUE DORAL, FL 33126	45-3782061	501(C)(3)	15,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
GLOBAL FUND FOR WOMEN P.O. BOX 97309 WASHINGTON, DC 20090	77-0155782	501(C)(3)	7,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
GO GLOBAL NC COUNCIL P.O. BOX 2162 WAKE FOREST, NC 27588	56-1751280	501(C)(3)	152,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
GOD'S PIT CREW 2499 NORTH MAIN STREET DANVILLE, VA 24540	54-1974979	501(C)(3)	50,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
GOODWILL INDUSTRIES OF NW NORTH CAROLINA - 2701 UNIVERSITY PARKWAY - WINSTON-SALEM, NC 27105	56-0588474	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
GORDON CENTER FOR CHILDREN P.O. BOX 1959 HIGHLANDS, NC 28741	46-3319461	501(C)(3)	34,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
GRACE BREVARD CHURCH 55 EAST JORDAN STREET BREVARD, NC 28712	82-3419990	501(C)(3)	25,000.	0.	BOOK		RELIGION
GRACE COMMUNITY CHURCH 495 CARDINAL ROAD MILLS RIVER, NC 28759	56-1747891	501(C)(3)	170,000.	0.	BOOK		RELIGION
GRACE COMMUNITY CHURCH OF MCDOWELL COUNTY - 5182 US 70 WEST - MARION, NC 28752	95-4896863	501(C)(3)	175,000.	0.	BOOK		RELIGION

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE COVENANT PRESBYTERIAN CHURCH 789 MERRIMON AVENUE ASHEVILLE, NC 28804	56-0588479	501(C)(3)	177,564.	0.	BOOK		RELIGION
GRACEFUL WARRIOR PROJECT 28150 NORTH ALMA SCHOOL PARKWAY SCOTTSDALE, AZ 85262	83-2895264	501(C)(3)	10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
GRAHAMTOWN TEAM P.O. BOX 1941 FOREST CITY, NC 28043	27-1401392	501(C)(3)	129,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
GRANDFATHER COMMUNITY FOUNDATION P.O. BOX 368 LINVILLE, NC 28646	83-2713258	501(C)(3)	13,600.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
GRASSROOTS INTERNATIONAL 179 BOYLSTON STREET BOSTON, MA 02130	04-2791159	501(C)(3)	7,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
GREATER WORKS CHURCH OF GOD IN CHRIST - 25 FORSYTHE STREET - ASHEVILLE, NC 28801	77-0702500	501(C)(3)	25,000.	0.	BOOK		RELIGION
GREEN RIVER PRESERVE 301 GREEN RIVER ROAD CEDAR MOUNTAIN, NC 28718	56-1554526	501(C)(3)	22,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
GUIDE DOGS OF THE DESERT P.O. BOX 1692 PALM SPRINGS, CA 92263	23-7296531	501(C)(3)	7,255.	0.	BOOK		ASSISTING PEOPLE IN NEED
HABITAT FOR HUMANITY OF GREATER LOS ANGELES - 8739 ARTESIA BLVD. - BELLFLOWER, CA 90706	33-0416470	501(C)(3)	6,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMMER AND HEART P.O. BOX 577 BLACK MOUNTAIN, NC 28711	86-3969037	501(C)(3)	87,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
HAMPTON SCHOOL P.O. BOX 569 CASHIERS, NC 28717	56-1211826		67,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HAND IN HAND OF THE SWANNANOA VALLEY - P.O. BOX 764 - BLACK MOUNTAIN, NC 28711	26-3210035	501(C)(3)	9,180.	0.	BOOK		ASSISTING PEOPLE IN NEED
HANDS ENRICHING LIVES POSITIVELY 170 FAYETTEVILLE STREET ASHEVILLE, NC 28806	26-0130893	501(C)(3)	35,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
HANDS ON! CHILDREN'S MUSEUM 318 NORTH MAIN STREET HENDERSONVILLE, NC 28792	83-0397594	501(C)(3)	25,000.	0.	BOOK		ADVANCING THE ARTS
HARRIS MIDDLE SCHOOL 121 HARRIS STREET SPRUCE PINE, NC 28777	56-6001075		11,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HATCH AVL FOUNDATION P.O. BOX 5199 ASHEVILLE, NC 28813	81-4712143	501(C)(3)	21,900.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
HAWTHORN HEIGHTS WNC 656 BLACK HILL ROAD BRYSON CITY, NC 28713	85-0630127	501(C)(3)	27,426.	0.	BOOK		ASSISTING PEOPLE IN NEED
HAYESVILLE ELEMENTARY SCHOOL 72 ELEMENTARY SCHOOL DRIVE HAYESVILLE, NC 28904	56-6001009		7,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAYWOOD ARTS REGIONAL THEATRE (HART) - P.O. BOX 1024 - WAYNESVILLE, NC 28786	58-1652524	501(C)(3)	18,364.	0.	BOOK		ADVANCING THE ARTS
HAYWOOD CHRISTIAN MINISTRY INC. 150 BRANNER AVENUE WAYNESVILLE, NC 28786	56-1389676	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
HAYWOOD COMMUNITY COLLEGE FOUNDATION - 185 FREEDLANDER DRIVE - CLYDE, NC 28721	51-0172736	501(C)(3)	30,505.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HAYWOOD COMMUNITY LEARNING CENTER 62 JOY LANE WAYNESVILLE, NC 28786	56-6001045	501(C)(3)	6,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HAYWOOD COUNTY ARTS COUNCIL P.O. BOX 306 WAYNESVILLE, NC 28786	58-1322291	501(C)(3)	14,920.	0.	BOOK		ADVANCING THE ARTS
HAYWOOD COUNTY HISTORICAL AND GENEALOGICAL SOCIETY - P.O. BOX 444 - WAYNESVILLE, NC 28786	56-1651953	501(C)(3)	10,000.	0.	BOOK		ADVANCING THE ARTS
HAYWOOD COUNTY MEALS ON WHEELS 157 PARAGON PARKWAY CLYDE, NC 28721	56-6001524		25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
HAYWOOD COUNTY SCHOOLS 1233 NORTH MAIN STREET WAYNESVILLE, NC 28786	56-6001045		31,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HAYWOOD COUNTY SCHOOLS FOUNDATION 1233 N. MAIN STREET WAYNESVILLE, NC 28786	56-1529355	501(C)(3)	5,335.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAYWOOD PATHWAYS CENTER 179 HEMLOCK STREET WAYNESVILLE, NC 28786	47-2608669	501(C)(3)	69,750.	0.	BOOK		ASSISTING PEOPLE IN NEED
HAYWOOD STREET CONGREGATION P.O. BOX 2982 ASHEVILLE, NC 28802	45-5301549	501(C)(3)	80,981.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
HAYWOOD WATERWAYS ASSOCIATION P.O. BOX 389 WAYNESVILLE, NC 28786	56-2108874	501(C)(3)	195,854.	0.	BOOK		ENHANCING THE ENVIRONMENT
HEALTH EQUITY COALITION WNC 299 APPALACHIAN WAY BAKERSVILLE, NC 28705	84-4113824	501(C)(3)	6,000.	0.	BOOK		PROMOTING QUALITY HEALTH
HEART OF HORSE SENSE 7041 MEADOWS TOWN ROAD MARSHALL, NC 28753	46-4984188	501(C)(3)	21,250.	0.	BOOK		ASSISTING PEOPLE IN NEED
HELPING AT RISK KIDS P.O. BOX 8283 ASHEVILLE, NC 28814	56-1754255	501(C)(3)	30,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
HELPING HANDS AND HORSES 1313 MCNUTT SCHOOL ROAD FESTUS, MO 63028	26-4180225	501(C)(3)	8,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
HELPING HANDS CLINIC 810 HARPER AVENUE NW LENOIR, NC 28645	56-2076541	501(C)(3)	6,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
HELPMATE P.O. BOX 2263 ASHEVILLE, NC 28802	56-1276293	501(C)(3)	526,770.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENDERSON COUNTY AND THERMAL BELT HABITAT FOR HUMANITY - 1111 KEITH STREET - HENDERSONVILLE, NC 28792	56-1642263	501(C)(3)	70,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
HENDERSON COUNTY EDUCATION FOUNDATION (HCEF) - P.O. BOX 1236 - HENDERSONVILLE, NC 28793	58-1734733	501(C)(3)	25,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HENDERSON COUNTY FOSTER PARENTS ASSOCIATION - 1507 HAYWOOD ROAD - HENDERSONVILLE, NC 28791	56-2025492	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
HENDERSON COUNTY PUBLIC SCHOOLS 414 4TH AVENUE WEST HENDERSONVILLE, NC 28739	56-1821543		25,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HERE IN JACKSON COUNTY P.O. BOX 403 SYLVA, NC 28779	83-1549623	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
HICKORY NUT GAP FARM EDUCATION PROJECT - 15 CLARKE LANE - FAIRVIEW, NC 28730	85-3366325	501(C)(3)	5,600.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HICKORY NUT GORGE FOUNDATION 262 SHUMONT ESTATES DRIVE LAKE LURE, NC 28746	26-2633589	501(C)(3)	6,520.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
HIGH COUNTRY AREA AGENCY ON AGING 468 NEW MARKET BLVD. BOONE, NC 28607	56-1074932	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
HIGH COUNTRY CAREGIVER FOUNDATION P.O. BOX 3356 BOONE, NC 28607	20-4819289	501(C)(3)	116,500.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGH COUNTRY COMMUNITY HEALTH P.O. BOX 1490 BOONE, NC 28607	27-3033445	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
HIGHLANDS BIOLOGICAL FOUNDATION P.O. BOX 580 HIGHLANDS, NC 28741	56-0634513	501(C)(3)	12,250.	0.	BOOK		ENHANCING THE ENVIRONMENT
HIGHLANDS COMMUNITY CHILD DEVELOPMENT CENTER - P.O. BOX 648 - HIGHLANDS, NC 28741	47-0891422	501(C)(3)	42,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HIGHLANDS EMERGENCY COUNCIL P.O. BOX 974 HIGHLANDS, NC 28741	56-1396460	501(C)(3)	53,150.	0.	BOOK		ASSISTING PEOPLE IN NEED
HIGHLANDS HISTORICAL PRESERVATION SOCIETY - P.O. BOX 670 - HIGHLANDS, NC 28741	56-1242178	501(C)(3)	9,000.	0.	BOOK		ADVANCING THE ARTS
HIGHLANDS-CASHIERS CENTER FOR LIFE ENRICHMENT - P.O. BOX 2046 - HIGHLANDS, NC 28741	56-1894761	501(C)(3)	17,887.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HIGHLANDS-CASHIERS CHAMBER MUSIC FESTIVAL - P.O. BOX 1702 - HIGHLANDS, NC 28741	56-1376891	501(C)(3)	11,750.	0.	BOOK		ADVANCING THE ARTS
HIGHLANDS-CASHIERS LAND TRUST P.O. BOX 1703 HIGHLANDS, NC 28741	56-1216642	501(C)(3)	39,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
HIGHTS INC. P.O. BOX 865 CULLOWHEE, NC 28723	26-1566023	501(C)(3)	97,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLYER MEMORIAL CHRISTIAN CHURCH 718 HILLSBOROUGH STREET RALEIGH, NC 27603	56-0611585	501(C)(3)	8,590.	0.	BOOK		RELIGION
HINTON RURAL LIFE CENTER P.O. BOX 27 HAYESVILLE, NC 28904	56-0842073	501(C)(3)	10,000.	0.	BOOK		RELIGION
HOLA CAROLINA P.O. BOX 5146 ASHEVILLE, NC 28813	82-2943079	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
HOLSTON PRESBYTERY CAMP AND RETREAT CENTER - P.O. BOX 428 - BANNER ELK, NC 28604	56-6021863	501(C)(3)	75,000.	0.	BOOK		RELIGION
HOMEWARD BOUND OF WNC P.O. BOX 1166 ASHEVILLE, NC 28802	56-1568917	501(C)(3)	435,593.	0.	BOOK		ASSISTING PEOPLE IN NEED
HOOD HUGGERS FOUNDATION 21 MARDELL CIRCLE ASHEVILLE, NC 28806	87-3225169	501(C)(3)	25,750.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
HOPE CENTER OF RUTHERFORD COUNTY 1071 SOUTH BROADWAY STREET FOREST CITY, NC 28043	47-5633037	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
HOPE CHEST FOR WOMEN P.O. BOX 5294 ASHEVILLE, NC 28813	33-1033038	501(C)(3)	26,000.	0.	BOOK		PROMOTING QUALITY HEALTH
HOPE COALITION CORP 301 NORTH JUSTICE STREET HENDERSONVILLE, NC 28739	86-1730600	501(C)(3)	23,000.	0.	BOOK		PROMOTING QUALITY HEALTH

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE FOR HORSES 848 TURKEY CREEK ROAD LEICESTER, NC 28748	56-2160232	501(C)(3)	39,395.	0.	BOOK		ANIMAL WELFARE
HOSPICE AND PALLIATIVE CARE OF THE BLUE RIDGE - 236 HOSPITAL DRIVE - SPRUCE PINE, NC 28777	58-1665803	501(C)(3)	81,343.	0.	BOOK		PROMOTING QUALITY HEALTH
HOT SPRINGS ELEMENTARY SCHOOL 63 NORTH SERPENTINE AVENUE HOT SPRINGS, NC 28743	56-6001070		12,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HOT SPRINGS HEALTH PROGRAM P.O. BOX 69 MARSHALL, NC 28753	56-0986537	501(C)(3)	54,043.	0.	BOOK		PROMOTING QUALITY HEALTH
HOUSING ASSISTANCE CORPORATION P.O. BOX 2057 HENDERSONVILLE, NC 28793	58-1831757	501(C)(3)	250,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
HUDSON LIBRARY OF HIGHLANDS P.O. BOX 430 HIGHLANDS, NC 28741	56-0726883	501(C)(3)	18,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
HUNGER AND HEALTH COALITION P.O. BOX 1837 BOONE, NC 28607	56-1322973	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
HUNGER COALITION OF TRANSYLVANIA COUNTY - P.O. BOX 1695 - BREVARD, NC 28712	82-3451552	501(C)(3)	47,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
I SEEK 301 ACADEMY STREET CANTON, NC 28716	92-3811247	501(C)(3)	12,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IC IMAGINE PUBLIC CHARTER SCHOOL 110 CHAMPION WAY ASHEVILLE, NC 28806	82-2635693	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
IFB SOLUTIONS (WINSTON-SALEM INDUSTRIES FOR THE BLIND) - 240 SARDIS ROAD - ASHEVILLE, NC 28806	56-6001467	501(C)(3)	28,120.	0.	BOOK		ASSISTING PEOPLE IN NEED
ILLINOIS INSTITUTE OF TECHNOLOGY 7565 SOLUTION CENTER CHICAGO, IL 60677	36-2170136	501(C)(3)	50,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
IMAGINE NORTH CAROLINA FIRST P.O. BOX 428 RALEIGH, NC 27602	46-4006055	501(C)(3)	86,600.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
INDUSTRIAL OPPORTUNITIES INC. P.O. BOX 1649 ANDREWS, NC 28901	56-1065000	501(C)(3)	11,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
INQUIRING SYSTEMS 1275 4TH STREET SANTA ROSA, CA 95404	94-2524840	501(C)(3)	20,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
INSTITUTE FOR PREVENTIVE HEALTHCARE AND ADVOCACY - 43 MCGEE HILL ROAD - FAIRVIEW, NC 28730	85-0804230	501(C)(3)	25,250.	0.	BOOK		PROMOTING QUALITY HEALTH
INSTITUTE FOR RESPONSIBLE TECHNOLOGY - P.O. BOX 469 - FAIRFIELD, IA 52556	90-0607450	501(C)(3)	8,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
INTERNATIONAL RESCUE COMMITTEE P.O. BOX 6068 ALBERT LEA, MN 56007	13-5660870	501(C)(3)	8,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

56-1223384 Page 1

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTO THE WILD 133 DOVER DRIVE KING, NC 27021	86-1899760	501(C)(3)	10,000.	0.	BOOK		PROMOTING QUALITY HEALTH
IRENE WORTHAM CENTER 916 WEST CHAPEL ROAD ASHEVILLE, NC 28803	56-0733452	501(C)(3)	35,981.	0.	BOOK		ASSISTING PEOPLE IN NEED
ISAAC HOMES YOUTH SHELTER P.O. BOX 265 PISGAH FOREST, NC 28768	82-1909926	501(C)(3)	25,250.	0.	BOOK		ASSISTING PEOPLE IN NEED
JAM BLUE RIDGE P.O. BOX 681 CASHIERS, NC 28717	84-4721133	501(C)(3)	24,000.	0.	BOOK		ADVANCING THE ARTS
JEWISH COMMUNITY CENTER OF ASHEVILLE - 236 CHARLOTTE STREET - ASHEVILLE, NC 28801	56-0529951	501(C)(3)	88,852.	0.	BOOK		RELIGION
JEWISH FAMILY SERVICES OF WNC 53 SOUTH FRENCH BROAD AVENUE ASHEVILLE, NC 28801	45-2497063	501(C)(3)	103,252.	0.	BOOK		ASSISTING PEOPLE IN NEED
JEWISH FEDERATION OF GREATER ATLANTA - 1440 SPRING STREET NW - ATLANTA, GA 30309	58-1021791	501(C)(3)	12,500.	0.	BOOK		RELIGION
JEWISH KIDS GROUPS FOUNDATION 675 PONCE DE LEON AVENUE NE ATLANTA, GA 30308	80-0785628	501(C)(3)	5,800.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
JEWISH MUSEUM 1109 5TH AVENUE AT 92ND STREET NEW YORK, NY 10128	13-6146854	501(C)(3)	8,500.	0.	BOOK		ADVANCING THE ARTS

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH NATIONAL FUND 78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570	13-1659627	501(C)(3)	10,000.	0.	BOOK		RELIGION
JMPRO COMMUNITY MEDIA 41 VIERA DRIVE SWANNANOA, NC 28778	93-1350023	501(C)(3)	50,000.	0.	BOOK		ADVANCING THE ARTS
JOHN C. CAMPBELL FOLK SCHOOL ONE FOLK SCHOOL ROAD BRASSTOWN, NC 28902	56-0552780	501(C)(3)	70,870.	0.	BOOK		ADVANCING THE ARTS
JUNALUSKA SANITARY DISTRICT P.O. BOX 35 LAKE JUNALUSKA, NC 28745	56-0848592		17,500.	0.	BOOK		ENHANCING THE ENVIRONMENT
JUPITER MEDICAL CENTER FOUNDATION 1210 SOUTH OLD DIXIE HIGHWAY JUPITER, FL 33458	65-0132406	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
JUST ECONOMICS P.O. BOX 2396 ASHEVILLE, NC 28802	61-1403579	501(C)(3)	68,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
JUST FOR HIM MINISTRIES 721 SOUTH TANGLEWOOD ROAD OSGOOD, IN 47037	16-1770358	501(C)(3)	50,000.	0.	BOOK		RELIGION
KARE (KIDS ADVOCACY RESOURCE EFFORT) - P.O. BOX 1392 - WAYNESVILLE, NC 28786	58-1983449	501(C)(3)	73,260.	0.	BOOK		ASSISTING PEOPLE IN NEED
KIDS INTER-DISCIPLINARY SERVICES P.O. BOX 693 FRANKLIN, NC 28744	58-1995072	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KONTAKTMISSION USA P.O. BOX 825 HUMBOLDT, TN 38343	86-0983324	501(C)(3)	7,500.	0.	BOOK		RELIGION
LAKE JUNALUSKA ASSEMBLY 759 NORTH LAKESHORE DRIVE LAKE JUNALUSKA, NC 28745	56-0547461	501(C)(3)	39,500.	0.	BOOK		RELIGION
LAKE LOGAN CONFERENCE CENTER AND CAMP HENRY - 25 WORMY CHESTNUT LANE - CANTON, NC 28716	56-0797521	501(C)(3)	5,981.	0.	BOOK		RELIGION
LAMPLIGHT AVL 821 HAYWOOD ROAD ASHEVILLE, NC 28806	99-2470188	501(C)(3)	6,000.	0.	BOOK		ADVANCING THE ARTS
LAND OF SKY REGIONAL COUNCIL 339 NEW LEICESTER HIGHWAY ASHEVILLE, NC 28806	56-1024369		102,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
LATINO ADVOCACY COALITION OF HENDERSON COUNTY - 508 NORTH GROVE STREET - HENDERSONVILLE, NC 28792	56-2267574	501(C)(3)	50,633.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
LAUREL COMMUNITY CENTER ORGANIZATION - 4100 NC 212 HIGHWAY - MARSHALL, NC 28753	83-2417879	501(C)(3)	20,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
LAUREL VOLUNTEER FIRE DEPARTMENT 4949 NC 212 HIGHWAY MARSHALL, NC 28753	56-1350523	501(C)(3)	35,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
LEAF GLOBAL ARTS 19 EAGLE STREET ASHEVILLE, NC 28801	54-2123478	501(C)(3)	58,750.	0.	BOOK		ADVANCING THE ARTS

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEAGUE OF WOMEN VOTERS EDUCATION FUND - P.O. BOX 96837 - WASHINGTON, DC 20090	53-0239013	501(C)(3)	6,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
LEDFORD'S CHAPEL - MATT'S MINISTRY P.O. BOX 205 HAYESVILLE, NC 28904	88-1155082	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
LEES-MCRAE COLLEGE P.O. BOX 128 BANNER ELK, NC 28604	56-0529953	501(C)(3)	68,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
LIBERTY CORNER ENTERPRISES INC. 119 TUNNEL ROAD ASHEVILLE, NC 28805	56-1562650	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
LIBRARY FOUNDATION OF BURKE COUNTY 204 SOUTH KING STREET MORGANTON, NC 28655	56-2258235	501(C)(3)	5,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
LIFE CHALLENGE OF WESTERN NORTH CAROLINA - P.O. BOX 2553 - CULLOWHEE, NC 28723	20-5900465	501(C)(3)	8,000.	0.	BOOK		PROMOTING QUALITY HEALTH
LITERACY TOGETHER 31 COLLEGE PLACE ASHEVILLE, NC 28801	58-1696409	501(C)(3)	62,440.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
LIVING COMPASSION P.O. BOX 166 SEQUIM, WA 98382	68-0364178	501(C)(3)	6,000.	0.	BOOK		RELIGION
LIVING WATER BAPTIST CHURCH 1284 SUGARLOAF ROAD HENDERSONVILLE, NC 28792	56-0556746	501(C)(3)	25,000.	0.	BOOK		RELIGION

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOCAL CLOTH 408 DEPOT STREET ASHEVILLE, NC 28801	45-5399614	501(C)(3)	144,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
LORD'S HARVEST FOR THE HUNGRY 911 BAILEY STREET MARS HILL, NC 28754	47-1662400	501(C)(3)	40,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
LOVE AND RESPECT COMMUNITY FOR RECOVERY AND WELLNESS - 350 CHADWICK AVENUE - HENDERSONVILLE, NC 28729	86-2022683	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
LOVING FOOD RESOURCES P.O. BOX 25142 ASHEVILLE, NC 28813	56-1823591	501(C)(3)	26,200.	0.	BOOK		ASSISTING PEOPLE IN NEED
LOVING HEARTS FOR CHRIST B.E.A.R. CLOSET - 36 OLIVER STREET - MARION, NC 28752	30-1219976	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
MACEDONIA A.M.E. ZION CHURCH P.O. BOX 81 SWANNANOVA, NC 28778	68-0664679	501(C)(3)	25,000.	0.	BOOK		RELIGION
MACON COUNTY CARE NETWORK (CARENET) - 130 BIDWELL STREET - FRANKLIN, NC 28734	58-1813122	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
MACON MEDICATION ASSISTANCE PROGRAM - P.O. BOX 1722 - FRANKLIN, NC 28744	83-3637595	501(C)(3)	10,000.	0.	BOOK		PROMOTING QUALITY HEALTH
MADISON COUNTY ARTS COUNCIL P.O. BOX 32 MARSHALL, NC 28753	56-1743991	501(C)(3)	104,750.	0.	BOOK		ADVANCING THE ARTS

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADISON COUNTY COMMISSION P.O. BOX 579 MARSHALL, NC 28753	56-6000316		10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
MADISON COUNTY FAIRGROUNDS P.O. BOX 626 MARSHALL, NC 28753	04-3810067	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
MADISON COUNTY NC ROTARY FOUNDATION - P.O. BOX 141 - MARS HILL, NC 28754	87-1958136	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
MADISON COUNTY PUBLIC SCHOOLS 5738 US HIGHWAY 25/70 MARSHALL, NC 28753	56-6001070		25,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MADISON EARLY COLLEGE HIGH SCHOOL 5734 US-25 MARSHALL, NC 28753	56-6001070		25,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MADISON HIGH SCHOOL 5740 US HIGHWAY 25/70 MARSHALL, NC 28753	56-6001070		15,344.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MADISON MIDDLE SCHOOL 95 UPPER BRUSH CREEK ROAD MARSHALL, NC 28753	56-6001070		15,427.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MAGGIE VALLEY UNITED METHODIST CHURCH - 4192 SOCO ROAD - MAGGIE VALLEY, NC 28751	56-1809410	501(C)(3)	25,000.	0.	BOOK		RELIGION
MAGNOLIA MISSION P.O. BOX 521 OTTO, NC 28763	88-3144356	501(C)(3)	23,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINSRING CONSERVATION TRUST P.O. BOX 1148 FRANKLIN, NC 28744	56-2142199	501(C)(3)	35,500.	0.	BOOK		ENHANCING THE ENVIRONMENT
MANNA FOODBANK 99 BROADPOINTE DRIVE MILLS RIVER, NC 28759	58-1514800	501(C)(3)	3,940,967.	0.	BOOK		ASSISTING PEOPLE IN NEED
MARS HILL ELEMENTARY SCHOOL 200 SCHOOL HOUSE LANE MARS HILL, NC 28754	56-6001070		25,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MARSHALL PRESBYTERIAN CHURCH P.O. BOX 727 MARSHALL, NC 28753	56-6171867	501(C)(3)	27,256.	0.	BOOK		RELIGION
MARTIN LUTHER KING JR. COMMITTEE OF THE NEW HOPE COMMUNITY - P.O. BOX 501 - RUTHERFORDTON, NC 28139	82-3334347	501(C)(3)	6,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
MASONIC HOME FOR CHILDREN AT OXFORD - 600 COLLEGE STREET - OXFORD, NC 27565	56-0603924	501(C)(3)	9,118.	0.	BOOK		ASSISTING PEOPLE IN NEED
MAYLAND COMMUNITY COLLEGE FOUNDATION INC. - P.O. BOX 547 - SPRUCE PINE, NC 28777	58-1486405	501(C)(3)	100,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MCDOWELL AGRICULTURAL CENTER 60 EAST COURT STREET MARION, NC 28752	56-1396988	501(C)(3)	42,250.	0.	BOOK		ENHANCING THE ENVIRONMENT
MCDOWELL ARTS COUNCIL ASSOCIATION P.O. BOX 1387 MARION, NC 28752	56-6188849	501(C)(3)	15,000.	0.	BOOK		ADVANCING THE ARTS

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCDOWELL CHAMBER COMMUNITY AND BUSINESS IMPACT - 1170 WEST TATE STREET - MARION, NC 28752	92-3798075	501(C)(3)	41,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
MCDOWELL COUNTY EMERGENCY MEDICAL SERVICES - 60 EAST COURT STREET - MARION, NC 28752	56-6000318		46,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
MCDOWELL COUNTY SCHOOLS P.O. BOX 130 MARION, NC 28752	56-6001073		25,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MCDOWELL TECHNICAL COMMUNITY COLLEGE - 54 COLLEGE DRIVE - MARION, NC 28752	56-0991668		20,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MCDOWELL TECHNICAL COMMUNITY COLLEGE FOUNDATION - 54 COLLEGE DRIVE - MARION, NC 28752	59-1743773	501(C)(3)	31,910.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MEALS ON WHEELS OF ASHEVILLE AND BUNCOMBE COUNTY - 146 VICTORIA ROAD - ASHEVILLE, NC 28801	56-1115597	501(C)(3)	54,591.	0.	BOOK		ASSISTING PEOPLE IN NEED
MEDIATION CENTER 50 SOUTH FRENCH BROAD AVENUE ASHEVILLE, NC 28801	56-1424025	501(C)(3)	29,140.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
MEDICAL LOAN CLOSET OF HENDERSON COUNTY INC. - 1225 7TH AVENUE EAST - HENDERSONVILLE, NC 28792	26-2933780	501(C)(3)	75,000.	0.	BOOK		PROMOTING QUALITY HEALTH
MEMORYCARE 100 FAR HORIZONS LANE ASHEVILLE, NC 28803	56-2178294	501(C)(3)	122,144.	0.	BOOK		PROMOTING QUALITY HEALTH

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY CHEFS 711 WASHINGTON STREET PORTSMOUTH, VA 23704	20-5050449	501(C)(3)	79,600.	0.	BOOK		ASSISTING PEOPLE IN NEED
MIDDLE EAST CHILDREN'S ALLIANCE 1101 8TH STREET BERKELEY, CA 94710	94-3074600	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
MILLS RIVER PARTNERSHIP 596 SOUTH MILLS RIVER ROAD MILLS RIVER, NC 28759	45-2913039	501(C)(3)	50,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
MIMOSA CHRISTIAN COUNSELING CENTER 220 BURKEMONT AVENUE MORGANTON, NC 28655	73-1656659	501(C)(3)	10,500.	0.	BOOK		PROMOTING QUALITY HEALTH
MISSION MINISTRIES ALLIANCE P.O. BOX 297 MARION, NC 28752	56-1872125	501(C)(3)	37,200.	0.	BOOK		ASSISTING PEOPLE IN NEED
MISSISSIPPI COLLEGE MC BOX 4005 CLINTON, MS 39058	64-0303086	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MITCHELL COMMUNITY HEALTH PARTNERSHIP - P.O. BOX 176 - BAKERSVILLE, NC 28705	31-1765453	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
MITCHELL COUNTY LONG-TERM RESILIENCE GROUP - 152 LEDGER SCHOOL ROAD - BAKERSVILLE, NC 28705	33-2625612	501(C)(3)	85,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
MITCHELL COUNTY SAFEPLACE P.O. BOX 544 SPRUCE PINE, NC 28777	56-1865248	501(C)(3)	20,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MITCHELL COUNTY SCHOOLS 72 LEDGER SCHOOL ROAD BAKERSVILLE, NC 28705	56-6001075		150,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MITCHELL COUNTY SHEPHERD'S STAFF P.O. BOX 344 SPRUCE PINE, NC 28777	56-1404604	501(C)(3)	11,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
MITCHELL GIVING GARDENS P.O. BOX 356 SPRUCE PINE, NC 28777	86-2012354	501(C)(3)	95,250.	0.	BOOK		ASSISTING PEOPLE IN NEED
MITCHELL HIGH SCHOOL 416 LEDGER SCHOOL ROAD BAKERSVILLE, NC 28705	56-6001075		5,778.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MITCHELL-YANCEY HABITAT FOR HUMANITY - 563 OAK AVENUE - SPRUCE PINE, NC 28777	56-1936484	501(C)(3)	25,750.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
MONEYWISE TAX ACADEMY 86 DEBBIES BRANCH DRIVE OLD FORT, NC 28762	99-2907887	501(C)(3)	15,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
MONTMORENCI UNITED METHODIST CHURCH - P.O. BOX 610 - CANDLER, NC 28715	85-3425927	501(C)(3)	10,000.	0.	BOOK		RELIGION
MONTREAT COLLEGE P.O. BOX 1267 MONTREAT, NC 28757	56-0543261	501(C)(3)	190,685.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MOUNT ZION COMMUNITY DEVELOPMENT 47 EAGLE STREET ASHEVILLE, NC 28801	56-2018982	501(C)(3)	50,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN AGING PARTNERS 105 KING CREEK BLVD. HENDERSONVILLE, NC 28792	56-0936674	501(C)(3)	7,555.	0.	BOOK		ASSISTING PEOPLE IN NEED
MOUNTAIN AREA HEALTH EDUCATION CENTER (MAHEC) - 121 HENDERSONVILLE ROAD - ASHEVILLE, NC 28803	56-1071426	501(C)(3)	103,574.	0.	BOOK		PROMOTING QUALITY HEALTH
MOUNTAIN BIZWORKS (MOUNTAIN BIZCAPITAL INC) - 153 SOUTH LEXINGTON AVENUE - ASHEVILLE, NC 28801	14-1864873	501(C)(3)	1,151,250.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
MOUNTAIN CITY PUBLIC MONTESSORI 27 CHURCH STREET ASHEVILLE, NC 28801	88-2280417	501(C)(3)	12,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MOUNTAIN COMMUNITY HEALTH PARTNERSHIP - P.O. BOX 27 - BAKERSVILLE, NC 28705	56-1084427	501(C)(3)	100,000.	0.	BOOK		PROMOTING QUALITY HEALTH
MOUNTAIN HOUSING OPPORTUNITIES 64 CLINGMAN AVENUE ASHEVILLE, NC 28801	58-1816998	501(C)(3)	363,250.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
MOUNTAIN PROJECTS 2177 ASHEVILLE ROAD WAYNESVILLE, NC 28786	56-0849092	501(C)(3)	160,300.	0.	BOOK		ASSISTING PEOPLE IN NEED
MOUNTAIN ROOTS P.O. BOX 248 CEDAR MOUNTAIN, NC 28718	27-0898040	501(C)(3)	22,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
MOUNTAIN STRONG: YANCEY AND MITCHELL COUNTY RELIEF TEAM - P.O. BOX 128 - BURNSVILLE, NC 28714	33-1395339	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN VALLEYS RESOURCE CONSERVATION & DEVELOPMENT COUNCIL - 4388 US HWY. 25/70 - MARSHALL, NC 28753	58-1767802	501(C)(3)	415,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
MOUNTAINCARE 5 OAK STREET ASHEVILLE, NC 28801	56-2005198	501(C)(3)	36,147.	0.	BOOK		PROMOTING QUALITY HEALTH
MOUNTAINTRUE 29 NORTH MARKET STREET ASHEVILLE, NC 28801	56-1422691	501(C)(3)	493,330.	0.	BOOK		ENHANCING THE ENVIRONMENT
MOVEMBER FOUNDATION P.O. BOX 2040 SANTA MONICA, CA 90406	77-0714052	501(C)(3)	7,500.	0.	BOOK		PROMOTING QUALITY HEALTH
MS. FOUNDATION FOR WOMEN 1 WILLOUGHBY SQUARE BROOKLYN, NY 11201	23-7252609	501(C)(3)	10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
MT CALVARY FREEWILL BAPTIST CHURCH 86 BRUSHY CREEK ROAD SPRUCE PINE, NC 28777	58-1483415	501(C)(3)	50,000.	0.	BOOK		RELIGION
MUDDY SNEAKERS P.O. BOX 10971 RALEIGH, NC 27605	26-0338084	501(C)(3)	7,500.	0.	BOOK		ENHANCING THE ENVIRONMENT
MURPHY ELEMENTARY SCHOOL 315 VALLEY RIVER AVENUE MURPHY, NC 28906	56-6000211		6,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MUSEUM OF NC HANDICRAFTS P.O. BOX 145 WAYNESVILLE, NC 28786	58-1307931	501(C)(3)	13,364.	0.	BOOK		ADVANCING THE ARTS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSICWORKS 31 GILBERT ROAD LEICESTER, NC 28748	81-5308559	501(C)(3)	120,151.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
MY SISTER'S PLACE P.O. BOX 457 MARSHALL, NC 28753	58-1871398	501(C)(3)	27,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
NAMI WESTERN CAROLINA 356 BILTMORE AVENUE ASHEVILLE, NC 28801	56-1492905	501(C)(3)	25,750.	0.	BOOK		PROMOTING QUALITY HEALTH
NANTAHALA REGIONAL LIBRARY P.O. BOX 900 HAYESVILLE, NC 28904	56-6000703	501(C)(3)	20,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NATIONAL EMERGENCY CHILD CARE NETWORK INC - 4711 HOPE VALLEY ROAD - DURHAM, NC 27707	99-1431932	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
NATIONAL PARKS CONSERVATION ASSOCIATION - 777 6TH STREET - WASHINGTON, DC 20001	53-0225165	501(C)(3)	51,750.	0.	BOOK		ENHANCING THE ENVIRONMENT
NATURE CONSERVANCY OF NORTH CAROLINA - 320 BLACKWELL STREET - DURHAM, NC 27701	53-0242652	501(C)(3)	55,920.	0.	BOOK		ENHANCING THE ENVIRONMENT
NC MEDASSIST OF MECKLENBURG 4428 TAGGART CREEK ROAD CHARLOTTE, NC 28208	56-2018957	501(C)(3)	45,000.	0.	BOOK		PROMOTING QUALITY HEALTH
NC PUBLIC TELEVISION FOUNDATION P.O. BOX 12231 RESEARCH TRIANGLE PARK, NC 27709	58-1720178	501(C)(3)	21,250.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NC RESTAURANT AND LODGING ASSOCIATION FOUNDATION - 222 NORTH PERSON STREET - RALEIGH, NC 27601	81-0618683	501(C)(3)	303,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
NC SCHOOL FOR THE DEAF AT MORGANTON FOUNDATION - P.O. BOX 1397 - MORGANTON, NC 28680	58-1995092	501(C)(3)	19,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NC STATE UNIVERSITY CAMPUS BOX 7514 RALEIGH, NC 27695	56-6000756	501(C)(3)	50,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NC STATE UNIVERSITY FOUNDATION CAMPUS BOX 7474 RALEIGH, NC 27695	56-6049503	501(C)(3)	316,325.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NC STATE UNIVERSITY STUDENT AID ASSOCIATION - P.O. BOX 37100 - RALEIGH, NC 27627	56-0650623	501(C)(3)	14,275.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NEBO ELEMENTARY SCHOOL 254 NEBO SCHOOL ROAD NEBO, NC 28761	56-6001073		20,380.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NEBRASKA WESLEYAN UNIVERSITY 5000 SAINT PAUL AVENUE LINCOLN, NE 65804	47-0376524	501(C)(3)	22,545.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NECHAMA-JEWISH DISASTER RESPONSE P.O. BOX 17249 ST. PAUL, MN 55117	41-1998750	501(C)(3)	327,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
NEIGHBORS FEEDING NEIGHBORS FOOD MINISTRY - 14 JACKSON TOWN ROAD - SPRUCE PINE, NC 28777	83-0928892	501(C)(3)	15,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HOPE OF MCDOWELL P.O. BOX 1572 MARION, NC 28752	56-1379760	501(C)(3)	37,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
NEW OPPORTUNITY SCHOOL FOR WOMEN AT LEES-MCRAE COLLEGE - P.O. BOX 128 - BANNER ELK, NC 28604	56-0529953	501(C)(3)	20,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NEW ORLEANS ACADEMY OF FINE ARTS 5256 MAGAZINE STREET NEW ORLEANS, LA 70115	72-0896432	501(C)(3)	21,000.	0.	BOOK		ADVANCING THE ARTS
NEW ORLEANS FILM AND VIDEO FESTIVAL - 1215 PRYTANIA STREET - NEW ORLEANS, LA 70130	72-1136068	501(C)(3)	6,000.	0.	BOOK		ADVANCING THE ARTS
NEW TESTAMENT BAPTIST CHURCH P.O. BOX 1256 OLD FORT, NC 28762	56-1771318	501(C)(3)	50,000.	0.	BOOK		RELIGION
NORTH CAROLINA ARBORETUM SOCIETY 100 FREDERICK LAW OLMSTED WAY ASHEVILLE, NC 28806	56-1712373	501(C)(3)	99,550.	0.	BOOK		ENHANCING THE ENVIRONMENT
NORTH CAROLINA BAPTIST MEN P.O. BOX 1107 CARY, NC 27512	20-3648746	501(C)(3)	1,525,000.	0.	BOOK		RELIGION
NORTH CAROLINA BAR FOUNDATION 8000 WESTON PARKWAY CARY, NC 27513	56-0767805	501(C)(3)	5,750.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NORTH CAROLINA HMONG WOMEN ASSOCIATION - 85 OXER DRIVE - YOUNGSVILLE, NC 27596	87-3101664	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA INDEPENDENT COLLEGES AND UNIVERSITIES - 530 NORTH BLOUNT STREET - RALEIGH, NC 27604	56-0775353	501(C)(3)	6,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NORTH CAROLINA STAGE COMPANY 15 STAGE LANE ASHEVILLE, NC 28801	56-2266836	501(C)(3)	17,750.	0.	BOOK		ADVANCING THE ARTS
NORTH CAROLINA SYNOD 1988 LUTHERAN SYNOD DRIVE SALISBURY, NC 28144	36-3514275	501(C)(3)	2,025,000.	0.	BOOK		RELIGION
NORTHWESTERN HOUSING ENTERPRISES INCORPORATED - P.O. BOX 1673 - BOONE, NC 28607	56-1924027	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	10,750.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
NOVUSWAY P.O. BOX 830 ARDEN, NC 28704	58-1911780	501(C)(3)	205,800.	0.	BOOK		RELIGION
OLIVE HILL COMMUNITY ECONOMIC DEVELOPMENT CORPORATION - P.O. BOX 4008 - MORGANTON, NC 28680	31-1639629		25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
ONE DOZEN WHO CARE P.O. BOX 1044 ANDREWS, NC 28901	56-2180121	501(C)(3)	35,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
ONLY HOPE WNC P.O. BOX 394 HENDERSONVILLE, NC 28793	45-3751833	501(C)(3)	145,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

56-1223384 Page 1

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONTRACK FINANCIAL EDUCATION & COUNSELING - 50 SOUTH FRENCH BROAD AVENUE - ASHEVILLE, NC 28801	56-1056077	501(C)(3)	318,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
OPEN ARMS CRISIS PREGNANCY CENTER 4005 ASHEVILLE HIGHWAY HENDERSONVILLE, NC 28791	56-2158105	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
OPEN HEARTS ART CENTER 217 COXE AVENUE ASHEVILLE, NC 28801	27-0087282	501(C)(3)	30,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
OPENDOORS OF ASHEVILLE 290 HAYWOOD ROAD ASHEVILLE, NC 28806	27-1543937	501(C)(3)	48,935.	0.	BOOK		ASSISTING PEOPLE IN NEED
OPERATION ANCHOR 467 RABBIT HOP SPRUCE PINE, NC 28777	33-1845272	501(C)(3)	50,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
OPERATION GATEWAY (OG) 50 SOUTH FRENCH BROAD AVENUE ASHEVILLE, NC 28801	86-2870516	501(C)(3)	58,100.	0.	BOOK		ASSISTING PEOPLE IN NEED
OR CHADASH 12367 EAST CORNELL AVENUE AURORA, CO 80014	84-1572763	501(C)(3)	12,000.	0.	BOOK		RELIGION
ORGANIC GROWERS SCHOOL P.O. BOX 17804 ASHEVILLE, NC 28816	75-3166329	501(C)(3)	55,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
ORGANIZE TENNESSEE P.O. BOX 40083 NASHVILLE, TN 37204	84-1732329	501(C)(3)	75,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OSHUN MOUNTAIN SANCTUARY 87 RICHMOND HILL DRIVE ASHEVILLE, NC 28806	45-2763182	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
OSSABAW ISLAND FOUNDATION 13040 ABERCORN STREET SAVANNAH, GA 31419	58-1397054	501(C)(3)	10,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
OUR VOICE P.O. BOX 1114 ASHEVILLE, NC 28802	58-1491531	501(C)(3)	6,395.	0.	BOOK		ASSISTING PEOPLE IN NEED
OUT OF THE ASHES 131 COUNTRYSIDE DRIVE FOREST CITY, NC 28043	82-1319391	501(C)(3)	50,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
OXFAM AMERICA 77 NORTH WASHINGTON STREET BOSTON, MA 02114	23-7069110	501(C)(3)	7,750.	0.	BOOK		ASSISTING PEOPLE IN NEED
PARTNERS ALIGNED TOWARD HEALTH (PATH) - 202 MEDICAL CAMPUS DRIVE - BURNSVILLE, NC 28714	56-2063898	501(C)(3)	40,750.	0.	BOOK		PROMOTING QUALITY HEALTH
PARTNERS UNLIMITED 170 FAYETTEVILLE STREET ASHEVILLE, NC 28806	31-1669634	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
PARTNERSHIP FOR APPALACHIAN GIRLS' EDUCATION (PAGE) - 177 BAILEYS BRANCH ROAD - MARSHALL, NC 28753	85-2933248	501(C)(3)	16,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
PARTNERSHIP FOR CHILDREN OF THE FOOTHILLS - 338 WITHROW ROAD - FOREST CITY, NC 28043	56-2014947	501(C)(3)	51,750.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAWS - PLACING ANIMALS WITHIN SOCIETY - P.O. BOX 1814 - BRYSON CITY, NC 28713	56-1687336	501(C)(3)	10,000.	0.	BOOK		ANIMAL WELFARE
PEGGY CROSBY COMMUNITY SERVICE CENTER - 348 SOUTH FIFTH STREET - HIGHLANDS, NC 28741	56-1940997	501(C)(3)	8,750.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
PENLAND SCHOOL OF CRAFT P.O. BOX 37 PENLAND, NC 28765	56-0623948	501(C)(3)	112,000.	0.	BOOK		ADVANCING THE ARTS
PENSACOLA VOLUNTEER FIRE DEPARTMENT INC - 8995 STATE HIGHWAY 197 SOUTH - BURNSVILLE, NC 28714	56-1645341	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
PERFORMING ARTS CENTER P.O. BOX 296 HIGHLANDS, NC 28741	56-2155282	501(C)(3)	52,300.	0.	BOOK		ADVANCING THE ARTS
PIGEON COMMUNITY MULTICULTURAL DEVELOPMENT CENTER - P.O. BOX 1494 - WAYNESVILLE, NC 28786	32-0131282	501(C)(3)	11,325.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
PIGEON RIVER GARDEN CLUB 82 ARIEL AVENUE CANTON, NC 28716	85-1194278	501(C)(3)	40,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
PINNACLE CHURCH 415 FIBREVILLE STREET CANTON, NC 28716	20-3823580	501(C)(3)	7,200.	0.	BOOK		RELIGION
PISGAH ASTRONOMICAL RESEARCH INSTITUTE - 1 PARI DRIVE - ROSMAN, NC 28772	56-2108640	501(C)(3)	50,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PISGAH LEGAL SERVICES P.O. BOX 2276 ASHEVILLE, NC 28802	56-1191115	501(C)(3)	646,034.	0.	BOOK		ASSISTING PEOPLE IN NEED
PIVOTPOINT WNC 30 CUMBERLAND AVENUE ASHEVILLE, NC 28801	83-4241728	501(C)(3)	24,646.	0.	BOOK		PROMOTING QUALITY HEALTH
PLANNED PARENTHOOD SOUTH ATLANTIC 100 SOUTH BOYLAN AVENUE RALEIGH, NC 27603	56-1282557	501(C)(3)	166,270.	0.	BOOK		PROMOTING QUALITY HEALTH
PLANNED PARENTHOOD SOUTH ATLANTIC 100 SOUTH BOYLAN AVENUE RALEIGH, NC 27603	56-1282557	501(C)(3)	10,500.	0.	BOOK		PROMOTING QUALITY HEALTH
POLK COUNTY APPEARANCE COMMISSION P.O. BOX 308 COLUMBUS, NC 28722	82-3694698	501(C)(3)	24,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
POLK COUNTY SCHOOLS P.O. BOX 638 COLUMBUS, NC 28722	56-6001098		24,189.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
PRESERVATION SOCIETY OF ASHEVILLE & BUNCOMBE CO. - P.O. BOX 2806 - ASHEVILLE, NC 28802	59-1768097	501(C)(3)	52,883.	0.	BOOK		ADVANCING THE ARTS
PRO-CHOICE NORTH CAROLINA FOUNDATION - 4711 HOPE VALLEY ROAD - DURHAM, NC 27707	32-0117915	501(C)(3)	10,250.	0.	BOOK		PROMOTING QUALITY HEALTH
PROVIDENCE METHODIST CHURCH 128 E.S. W. DRIVE FOREST CITY, NC 28043	93-4090813	501(C)(3)	6,690.	0.	BOOK		RELIGION

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUIET GIVERS P.O. BOX 95 BOONE, NC 28607	46-3923008	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
RADA FOUNDATION P.O. BOX 294 ASHEVILLE, NC 28802	93-3386726	501(C)(3)	26,400.	0.	BOOK		ADVANCING THE ARTS
RAINBOW COMMUNITY SCHOOL 574 HAYWOOD ROAD ASHEVILLE, NC 28806	56-1217861	501(C)(3)	5,720.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
RAMAH DAROM 6400 POWERS FERRY ROAD NW ATLANTA, GA 30339	58-2146741	501(C)(3)	6,100.	0.	BOOK		RELIGION
REACHING AVERY MINISTRY 147 NEW VALE ROAD NEWLAND, NC 28657	56-1959018	501(C)(3)	20,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
READ TO SUCCEED ASHEVILLE/BUNCOMBE P.O. BOX 18652 ASHEVILLE, NC 28814	27-2581580	501(C)(3)	25,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
REBELS CREEK BAPTIST CHURCH 9043 NC 80 BAKERSVILLE, NC 28705	26-4190176	501(C)(3)	50,000.	0.	BOOK		RELIGION
RECOVERY VENTURES CORPORATION P.O. BOX 452 BLACK MOUNTAIN, NC 28711	71-0875890	501(C)(3)	77,810.	0.	BOOK		PROMOTING QUALITY HEALTH
REDEEMER ANGLICAN CHURCH 531 HAYWOOD ROAD ASHEVILLE, NC 28806	61-1730417	501(C)(3)	16,000.	0.	BOOK		RELIGION

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGION A PARTNERSHIP FOR CHILDREN 116 JACKSON STREET SYLVA, NC 28779	56-1869575	501(C)(3)	175,087.	0.	BOOK		ASSISTING PEOPLE IN NEED
REPARATIONS STAKEHOLDER AUTHORITY OF ASHEVILLE RSAA - 37 MONTFORD AVENUE - ASHEVILLE, NC 28801	93-2070768	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
REPRODUCTIVE RIGHTS COALITION 7845 COLONY ROAD CHARLOTTE, NC 28226	82-3701514	501(C)(3)	10,000.	0.	BOOK		PROMOTING QUALITY HEALTH
RESOURCES EDUCATION ASSISTANCE COUNSELING & HOUSING OF MACON COUNTY - P.O. BOX 228 - FRANKLIN, NC 28744	56-1689264	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
RESOURCES FOR RESILIENCE 13 1/2 EAGLE STREET ASHEVILLE, NC 28801	82-0751905	501(C)(3)	27,933.	0.	BOOK		PROMOTING QUALITY HEALTH
RESTORATION HOUSE WNC P.O. BOX 154 BRYSON CITY, NC 28713	47-4539555	501(C)(3)	35,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
RISE DISASTER RELIEF AND RECOVERY 24181-B HIGHWAY 49 RICHFIELD, NC 28137	87-4820874	501(C)(3)	519,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
RIVERLINK 170 LYMAN STREET ASHEVILLE, NC 28801	58-1867958	501(C)(3)	280,850.	0.	BOOK		ENHANCING THE ENVIRONMENT
ROCK OF ASHEVILLE 273 MONTE VISTA ROAD CANDLER, NC 28715	56-1745676	501(C)(3)	40,000.	0.	BOOK		RELIGION

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROLLING START NC 83 MEADOW VIEW DRIVE SYLVA, NC 28779	84-1729605	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
ROMAN CATHOLIC DIOCESE OF CHARLOTTE - 1123 SOUTH CHURCH STREET - CHARLOTTE, NC 28203	53-0196617	501(C)(3)	10,000.	0.	BOOK		RELIGION
ROOT CAUSE FARM P.O. BOX 271 FAIRVIEW, NC 28730	27-1710446	501(C)(3)	38,950.	0.	BOOK		ASSISTING PEOPLE IN NEED
ROSMAN HIGH SCHOOL 749 PICKENS HIGHWAY ROSMAN, NC 28772	56-6001121		10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ROTARY CLUB OF ASHEVILLE FOUNDATION - P.O. BOX 1954 - ASHEVILLE, NC 28802	26-2666203	501(C)(3)	22,905.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
ROTARY CLUB OF HIGHLANDS-MOUNTAINTOP CHARITABLE FOUNDATION - P.O. BOX 372 - HIGHLANDS, NC 28741	20-4058998	501(C)(3)	10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 14280 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	36-3245072	501(C)(3)	8,185.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
RURAL ADVANCEMENT FOUNDATION INTERNATIONAL-USA (RAFI-USA) - P.O. BOX 640 - PITTSBORO, NC 27312	56-1704863	501(C)(3)	30,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
RUTHERFORD COUNTY HABITAT FOR HUMANITY - P.O. BOX 1534 - RUTHERFORDTON, NC 28139	56-1581336	501(C)(3)	265,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTHERFORD COUNTY SCHOOLS EDUCATION FOUNDATION - 382 WEST MAIN STREET - FOREST CITY, NC 28043	27-2771407	501(C)(3)	32,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
RUTHERFORD COUNTY SHERIFF'S OFFICE 198 NORTH WASHINGTON STREET RUTHERFORDTON, NC 28139	56-6000337		20,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
RUTHERFORD HOUSING PARTNERSHIP 718 WEST MAIN STREET FOREST CITY, NC 28043	56-2086573	501(C)(3)	158,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
SAFE INC. OF TRANSYLVANIA CO. P.O. BOX 2013 BREVARD, NC 28712	58-1640904	501(C)(3)	10,188.	0.	BOOK		ASSISTING PEOPLE IN NEED
SAFELIGHT 317 NORTH WASHINGTON STREET HENDERSONVILLE, NC 28739	56-1469847	501(C)(3)	75,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
SAFETECH NC 1058 BRUSH CREEK CIRCLE FAIRVIEW, NC 28730	88-3387838	501(C)(3)	15,000.	0.	BOOK		PROMOTING QUALITY HEALTH
SALEM UNITED METHODIST CHURCH P.O. BOX 220 BOSTIC, NC 28018	56-6131754	501(C)(3)	10,000.	0.	BOOK		RELIGION
SALUDA COMMUNITY LAND TRUST P.O. BOX 732 SALUDA, NC 28773	20-8869652	501(C)(3)	27,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
SALUDA SENIOR CENTER 64 GREENVILLE STREET SALUDA, NC 28773	58-1960047	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF HENDERSONVILLE P.O. BOX 2387 HENDERSONVILLE, NC 28792	58-0660607	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
SALVATION ARMY OF RUTHERFORD COUNTY - P.O. BOX 1764 - SHELBY, NC 28151	58-0660607	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
SALVATION ARMY-ASHEVILLE CORPS P.O. BOX 1778 ASHEVILLE, NC 28802	58-0660607	501(C)(3)	146,533.	0.	BOOK		ASSISTING PEOPLE IN NEED
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	122,563.	0.	BOOK		ASSISTING PEOPLE IN NEED
SANTA PAL 161 FOUR SEASONS BLVD. HENDERSONVILLE, NC 28792	87-3332948	501(C)(3)	7,435.	0.	BOOK		ASSISTING PEOPLE IN NEED
SAVE THE CHILDREN FEDERATION 501 KINGS HIGHWAY EAST FAIRFIELD, CT 06825	06-0726487	501(C)(3)	5,800.	0.	BOOK		ASSISTING PEOPLE IN NEED
SAVE VALLEY CONSERVANCY FUND 1693 KING STREET ENFIELD, CT 06082	45-4287628	501(C)(3)	7,630.	0.	BOOK		ENHANCING THE ENVIRONMENT
SCOOTER'S UNDERDOGS RESCUE 128 OLD MILL ROAD ELK PARK, NC 28622	88-3578940	501(C)(3)	6,000.	0.	BOOK		ANIMAL WELFARE
SECOND HARVEST FOOD BANK OF NORTHWEST NC - 3330 SHOREFAIR DRIVE - WINSTON-SALEM, NC 27105	58-1457912	501(C)(3)	23,500.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECTION Z ROW 501 918 NORTH LA JOLLA AVENUE WEST HOLLYWOOD, CA 90046	93-2104209	501(C)(3)	29,500.	0.	BOOK		PROMOTING QUALITY HEALTH
SEEDS & BRIDGES INC 1400 LIBERTY STREET KNOXVILLE, TN 37909	93-2133531	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
SEEKHEALING 50 SOUTH FRENCH BROAD AVENUE ASHEVILLE, NC 28801	81-4832857	501(C)(3)	43,000.	0.	BOOK		PROMOTING QUALITY HEALTH
SERVICE CENTER FOR LATINOS 155 ENGLISH STREET SPRUCE PINE, NC 28777	56-2269813	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
SHARE AND CARE OF BRYSON CITY INC P.O. BOX 543 BRYSON CITY, NC 28713	99-3453563	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
SHILOH COMMUNITY ASSOCIATION P.O. BOX 5253 ASHEVILLE, NC 28813	56-2502192	501(C)(3)	22,030.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
SHRINERS HOSPITALS FOR CHILDREN P.O. BOX 947765 ATLANTA, GA 30394	36-2193608		8,868.	0.	BOOK		PROMOTING QUALITY HEALTH
SIMS FOUNDATION P.O. BOX 2152 AUSTIN, TX 78768	74-2766013	501(C)(3)	16,480.	0.	BOOK		ADVANCING THE ARTS
SISTAS CARING 4 SISTAS 50 SOUTH FRENCH BROAD AVENUE ASHEVILLE, NC 28801	86-3419996	501(C)(3)	61,204.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

56-1223384 Page 1

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTERS OF MERCY URGENT CARE P.O. BOX 16367 ASHEVILLE, NC 28816	56-1463611	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
SKYLAND UNITED METHODIST CHURCH P.O. BOX 697 SKYLAND, NC 28776	56-0713060	501(C)(3)	90,900.	0.	BOOK		RELIGION
SMART START PARTNERSHIP FOR CHILDREN - 525 NORTH JUSTICE STREET - HENDERSONVILLE, NC 28739	56-2092325	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
SMOKY MOUNTAIN COMMUNITY THEATRE P.O. BOX 1366 BRYSON CITY, NC 28713	56-1548418	501(C)(3)	10,000.	0.	BOOK		ADVANCING THE ARTS
SOCIETY OF ST. VINCENT DE PAUL ST. MARY MOTHER OF GOD CONFERENCE - 22 BARTLETT STREET - SYLVA, NC 28779	92-2253214	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
SOUL AND SOIL PROJECT CORPORATION P.O. BOX 16653 ASHEVILLE, NC 28816	82-4942607	501(C)(3)	9,075.	0.	BOOK		ENHANCING THE ENVIRONMENT
SOUTHERN APPALACHIAN HIGHLANDS CONSERVANCY - 372 MERRIMON AVENUE - ASHEVILLE, NC 28801	62-1098890	501(C)(3)	714,320.	0.	BOOK		ENHANCING THE ENVIRONMENT
SOUTHERN APPALACHIAN WILDERNESS STEWARDS - 225 EAST CHESTNUT STREET - ASHEVILLE, NC 28801	47-2407669	501(C)(3)	75,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
SOUTHERN ENVIRONMENTAL LAW CENTER 120 GARRETT STREET CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	87,850.	0.	BOOK		ENHANCING THE ENVIRONMENT

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN HIGHLAND CRAFT GUILD P.O. BOX 9545 ASHEVILLE, NC 28815	56-0474967	501(C)(3)	50,440.	0.	BOOK		ADVANCING THE ARTS
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	16,880.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
SOUTHERN RECONCILIATION MINISTRIES INC. - P.O. BOX 1147 - BURNSVILLE, NC 28714	56-1373255	501(C)(3)	71,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
SOUTHWESTERN COMMUNITY COLLEGE 447 COLLEGE DRIVE SYLVA, NC 28779	56-0894556		24,949.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
SOUTHWESTERN COMMUNITY COLLEGE FOUNDATION - 447 COLLEGE DRIVE - SYLVA, NC 28779	23-7322352	501(C)(3)	15,450.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
SPECIAL LIBERTY PROJECT 635 BERRY COVE ROAD FRANKLIN, NC 28734	81-4039938	501(C)(3)	10,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
SPENCER BAPTIST CHURCH 187 NORTH OAK STREET SPINDALE, NC 28160	56-0556746	501(C)(3)	8,000.	0.	BOOK		RELIGION
SPRING CREEK COMMUNITY CENTER 13075 NC-209 HOT SPRINGS, NC 28743	56-2135389	501(C)(3)	25,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
SPRING CREEK VOLUNTEER FIRE DEPARTMENT - 13131 NC 209 HIGHWAY - HOT SPRINGS, NC 28743	56-1921205	501(C)(3)	21,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRUCE PINE MAIN STREET 165 LOCUST STREET SPRUCE PINE, NC 28777	56-1534889	501(C)(3)	15,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
SPRUCE PINE MONTESSORI SCHOOL 67 WALNUT AVENUE SPRUCE PINE, NC 28777	56-1010584	501(C)(3)	15,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
ST. BARNABAS CONFERENCE ARDEN NC P.O. BOX 39 ARDEN, NC 28704	20-8974277	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
ST. ANDREW THE APOSTLE CATHOLIC CHURCH - P.O. BOX 1406 - MARS HILL, NC 28754	56-1532246	501(C)(3)	53,000.	0.	BOOK		RELIGION
ST. BARNABAS CATHOLIC CHURCH P.O. BOX 39 ARDEN, NC 28704	53-0196617	501(C)(3)	9,000.	0.	BOOK		RELIGION
ST. EUGENE CATHOLIC CHURCH 72 CULVERN STREET ASHEVILLE, NC 28804	56-0694202	501(C)(3)	10,000.	0.	BOOK		RELIGION
ST. FRANCIS EPISCOPAL CHURCH 395 NORTH MAIN STREET RUTHERFORDTON, NC 28139	56-0690391	501(C)(3)	10,200.	0.	BOOK		RELIGION
ST. GERARD HOUSE 620 OAKLAND STREET HENDERSONVILLE, NC 28791	45-0948760	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
ST. JOHN'S EPISCOPAL CHURCH 339 SOUTH MAIN STREET MARION, NC 28752	56-0850824	501(C)(3)	25,000.	0.	BOOK		RELIGION

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN'S EPISCOPAL CHURCH 290 OLD HAW CREEK ROAD ASHEVILLE, NC 28805	56-1634169	501(C)(3)	7,500.	0.	BOOK		RELIGION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	10,818.	0.	BOOK		PROMOTING QUALITY HEALTH
ST. MARK'S LUTHERAN CHURCH 10 NORTH LIBERTY STREET ASHEVILLE, NC 28801	16-1647426	501(C)(3)	11,400.	0.	BOOK		RELIGION
ST. MARY'S EPISCOPAL CHURCH 337 CHARLOTTE STREET ASHEVILLE, NC 28801	56-1002246	501(C)(3)	6,000.	0.	BOOK		RELIGION
ST. MICHAEL AND ALL ANGELS EPISCOPAL CHURCH - 2304 PERIWINKLE WAY - SANIBEL ISLAND, FL 33957	59-2345300	501(C)(3)	7,025.	0.	BOOK		RELIGION
ST. PHILIP'S CHURCH 142 CHURCH STREET CHARLESTON, SC 29401	57-0327892	501(C)(3)	32,500.	0.	BOOK		RELIGION
ST. PHILIP'S EPISCOPAL CHURCH 256 EAST MAIN STREET BREVARD, NC 28712	11-1646315	501(C)(3)	9,180.	0.	BOOK		RELIGION
STEADY COLLECTIVE P.O. BOX 9231 ASHEVILLE, NC 28815	81-2667872	501(C)(3)	10,000.	0.	BOOK		PROMOTING QUALITY HEALTH
SUMMIT CHARTER SCHOOL 370 MITTEN LANE CASHIERS, NC 28717	56-1993257	501(C)(3)	53,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNRISE COMMUNITY FOR RECOVERY & WELLNESS - P.O. BOX 845 - ASHEVILLE, NC 28802	20-5775122	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
SWAIN COMMUNITY OUTREACH P.O. BOX 1545 BRYSON CITY, NC 28713	93-1472520	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
SWANNANOVA VALLEY CHRISTIAN MINISTRY - P.O. BOX 235 - BLACK MOUNTAIN, NC 28711	56-1132257	501(C)(3)	155,921.	0.	BOOK		ASSISTING PEOPLE IN NEED
SWARTHMORE COLLEGE 500 COLLEGE AVENUE SWARTHMORE, PA 19081	23-1352683	501(C)(3)	6,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
SYNERGY IN ACTION P.O. BOX 1457 TRYON, NC 28782	26-3336547	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
TANZANIAN CHILDREN'S FUND 14 ALBERTA TERRACE CAMBRIDGE, MA 02140	74-3087284	501(C)(3)	6,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
TENNESSEE GOLF FOUNDATION 400 FRANKLIN ROAD FRANKLIN, TN 37069	58-1893478	501(C)(3)	100,000.	0.	BOOK		PROMOTING QUALITY HEALTH
THE ARC OF BUNCOMBE COUNTY P.O. BOX 1365 ASHEVILLE, NC 28802	56-0856544	501(C)(3)	31,750.	0.	BOOK		ASSISTING PEOPLE IN NEED
THE ARC OF NORTH CAROLINA 353 EAST SIX FORKS ROAD RALEIGH, NC 27609	56-0753097	501(C)(3)	50,000.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARTS CAMPUS AT WILLITS 400 ROBINSON STREET BASALT, CO 81621	47-3091347	501(C)(3)	150,000.	0.	BOOK		ADVANCING THE ARTS
THE ASHEVILLE POLICE DEPARTMENT FOUNDATION - 100 COURT PLAZA - ASHEVILLE, NC 28801	93-2846148	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
THE BASCOM 323 FRANKLIN ROAD HIGHLANDS, NC 28741	56-2093546	501(C)(3)	64,900.	0.	BOOK		ADVANCING THE ARTS
THE BEACON NETWORK 316 MURPHY BRANCH BURNSVILLE, NC 28714	85-4085137	501(C)(3)	125,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
THE BICYCLE THRIFT SHOP 49 GLENDALE AVENUE ASHEVILLE, NC 28803	27-3943707	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
THE CENTER FOR NATIVE HEALTH 25 WATER TOWER LANE WHITTIER, NC 28789	26-4183908	501(C)(3)	50,500.	0.	BOOK		PROMOTING QUALITY HEALTH
THE CHILDREN'S PLAYHOUSE 400 TRACY CIRCLE BOONE, NC 28607	27-0065653	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
THE CHRISTINE AVERY LEARNING CENTER - P.O. BOX 7594 - ASHEVILLE, NC 28802	47-1618110	501(C)(3)	35,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
THE COMMUNITY KITCHEN P.O. BOX 513 CANTON, NC 28716	51-0605733	501(C)(3)	55,500.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FRIENDS OF HOT SPRINGS LIBRARY P.O. BOX 175 HOT SPRINGS, NC 28743	56-2020291	501(C)(3)	75,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
THE GLITTER SISTERS 46 WOODCREEK CIRCLE SWANNAHOA, NC 28778	99-2517900	501(C)(3)	35,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
THE HAVEN OF TRANSYLVANIA COUNTY P.O. BOX 25 BREVARD, NC 28712	27-1124164	501(C)(3)	5,762.	0.	BOOK		ASSISTING PEOPLE IN NEED
THE HOPE CENTER OF HENDERSONVILLE 552 RIDGE ROAD HENDERSONVILLE, NC 28792	82-4305125	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
THE HUNDRED MOVEMENT P.O. BOX 2083 SKYLAND, NC 28776	81-1837983	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
THE INTERNATIONAL FRIENDSHIP CENTER OF HIGHLANDS - 348 SOUTH FIFTH STREET - HIGHLANDS, NC 28741	56-2303345	501(C)(3)	150,530.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
THE PISGAH CONSERVANCY 159 WEST MAIN STREET BREVARD, NC 28712	47-5267129	501(C)(3)	61,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
THE PLACE FELLOWSHIP CHURCH 2 LAURA JACKSON DRIVE FAIRVIEW, NC 28730	27-0389830	501(C)(3)	7,400.	0.	BOOK		RELIGION
THE SALVATION ARMY WAYNESVILLE & THE MOUNTAIN MISSION DISTRICT - P.O. BOX 358 - WAYNESVILLE, NC 28786	58-0660607	501(C)(3)	30,100.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SPARC FOUNDATION 225 EAST CHESTNUT STREET ASHEVILLE, NC 28801	81-3036310	501(C)(3)	55,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
THE SYMPHONY OF RUTHERFORD COUNTY P.O. BOX 750 FOREST CITY, NC 28043	56-1682758	501(C)(3)	7,500.	0.	BOOK		ADVANCING THE ARTS
THE THIRTIETH JUDICIAL DISTRICT DOMESTIC VIOLENCE - SEXUAL ASSAULT ALLIANCE INC. - P.O. BOX 554 - WAYNESVILLE, NC 28786	56-2112725	501(C)(3)	28,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
THE UTOPIAN SEED PROJECT 243 HAYWOOD STREET ASHEVILLE, NC 28801	83-3696014	501(C)(3)	27,250.	0.	BOOK		ENHANCING THE ENVIRONMENT
THE VILLAGE GREEN OF CASHIERS P.O. BOX 2201 CASHIERS, NC 28717	90-0947131	501(C)(3)	59,760.	0.	BOOK		ENHANCING THE ENVIRONMENT
THERMAL BELT OUTREACH MINISTRY P.O. BOX 834 COLUMBUS, NC 28722	56-1793796	501(C)(3)	25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
THINK TENNESSEE 414 UNION STREET NASHVILLE, TN 37219	81-2821568	501(C)(3)	10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
THRIVE APPALACHIA 169 BLACKBIRD LANE BURNSVILLE, NC 28714	92-2126227	501(C)(3)	36,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
THRIVE ASHEVILLE P.O. BOX 2464 ASHEVILLE, NC 28802	87-1110868	501(C)(3)	89,487.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES FOUNDATION P.O. BOX 889389 LOS ANGELES, CA 90088	51-0198509	501(C)(3)	120,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TIPTON HILL COMMUNITY FOUNDATION 393 GRIFFITH BRANCH RD GREEN MOUNTAIN, NC 28740	46-2238835	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TOE RIVER AGGREGATION CENTER TRAINING ORGANIZATION REGIONAL (TRACTOR) INC. - P.O. BOX 1507 - BURNSVILLE, NC 28714	45-5100047	501(C)(3)	50,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
TOE RIVER HEALTH DISTRICT 130 FOREST SERVICE DRIVE BAKERSVILLE, NC 28705	56-1272202		25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
TOWN OF ANDREWS P.O. BOX 1210 ANDREWS, NC 28901	56-6001164		110,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TOWN OF BLACK MOUNTAIN 160 MIDLAND AVENUE BLACK MOUNTAIN, NC 28711	56-6001182		50,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TOWN OF CANTON P.O. BOX 987 CANTON, NC 28716	56-6001192		185,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TOWN OF FLETCHER 300 OLD CANE CREEK ROAD FLETCHER, NC 28732	56-1672177		100,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TOWN OF HIGHLANDS P.O. BOX 460 HIGHLANDS, NC 28741	56-6001245		7,300.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF MARS HILL P.O. BOX 368 MARS HILL, NC 28754	56-6001281		10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TOWN OF MONTREAT P.O. BOX 423 MONTREAT, NC 28787	56-0949173		55,069.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TRANSYLVANIA CHRISTIAN MINISTRY P.O. BOX 958 BREVARD, NC 28712	56-1292875	501(C)(3)	65,017.	0.	BOOK		ASSISTING PEOPLE IN NEED
TRANSYLVANIA COUNTY COMMUNITY LAND TRUST INC. - P.O. BOX 91 - BREVARD, NC 28712	26-4662019	501(C)(3)	35,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TRANSYLVANIA COUNTY SCHOOLS EDUCATIONAL FOUNDATION - 225 ROSENWALD LANE - BREVARD, NC 28712	56-1646825	501(C)(3)	5,550.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
TRANSYLVANIA HABITAT FOR HUMANITY 692 ECUSTA ROAD BREVARD, NC 28712	58-1581118	501(C)(3)	330,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TRANZMISSION 37 MONTFORD AVENUE ASHEVILLE, NC 28801	82-4861967	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TRI-COUNTY COMMUNITY COLLEGE 21 CAMPUS CIRCLE MURPHY, NC 28906	56-0896010		50,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
TRILLIUM ARTS 357 JOE BROWN ROAD MARS HILL, NC 28754	82-4547618	501(C)(3)	15,000.	0.	BOOK		ADVANCING THE ARTS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY EPISCOPAL CHURCH 60 CHURCH STREET ASHEVILLE, NC 28801	11-1646315	501(C)(3)	33,655.	0.	BOOK		RELIGION
TRINITY UNITED METHODIST CHURCH 587 HAYWOOD ROAD ASHEVILLE, NC 28806	56-0556764	501(C)(3)	12,500.	0.	BOOK		RELIGION
TRIPLE CREEK CHALLENGERS 74 FORD HOLLOW ROAD CANTON, NC 28716	99-0459500	501(C)(3)	5,300.	0.	BOOK		ASSISTING PEOPLE IN NEED
TRUE RIDGE 204 6TH AVENUE W HENDERSONVILLE, NC 28739	82-1094679	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
TRUTH IS ONE INTERFAITH CHURCH INC 763 SANG BRANCH ROAD BURNSVILLE, NC 28714	84-5109778	501(C)(3)	25,000.	0.	BOOK		RELIGION
U & I ENRICHMENT CENTER 119 WEST MAIN DRIVE FOREST CITY, NC 28043	87-2798621	501(C)(3)	15,000.	0.	BOOK		PROMOTING QUALITY HEALTH
UMOJA HEALTH 441 NORTH LOUISIANA AVENUE ASHEVILLE, NC 28806	84-2833924	501(C)(3)	50,000.	0.	BOOK		PROMOTING QUALITY HEALTH
UNC ASHEVILLE FOUNDATION ONE UNIVERSITY HEIGHTS ASHEVILLE, NC 28804	23-7073829	501(C)(3)	520,517.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
UNC CHAPEL HILL ARTS & SCIENCES FOUNDATION - 523 EAST FRANKLIN STREET - CHAPEL HILL, NC 27514	56-1150509	501(C)(3)	12,500.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

56-1223384 Page 1

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNC HEALTH FOUNDATION P.O. BOX 1050 CHAPEL HILL, NC 27514	56-6057494	501(C)(3)	5,250.	0.	BOOK		PROMOTING QUALITY HEALTH
UNCOMPLICATED KITCHEN P.O. BOX 2093 CULLOWHEE, NC 28723	84-2581873	501(C)(3)	6,000.	0.	BOOK		PROMOTING QUALITY HEALTH
UNDUE MEDICAL DEBT P. O. BOX 411675 BOSTON, MA 02241	47-1442997	501(C)(3)	7,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
UNETE 55 ADAMS HILL ROAD ASHEVILLE, NC 28806	86-3291832	501(C)(3)	36,000.	0.	BOOK		PROMOTING QUALITY HEALTH
UNION MILLS LEARNING CENTER P.O. BOX 210 UNION MILLS, NC 28167	31-1696612	501(C)(3)	5,337.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
UNITARIAN UNIVERSALIST CONGREGATION OF ASHEVILLE - ONE EDWIN PLACE - ASHEVILLE, NC 28801	04-2103733	501(C)(3)	16,750.	0.	BOOK		RELIGION
UNITED COMMUNITY DEVELOPMENT OF NORTH CAROLINA - 85 CHOCTAW STREET - ASHEVILLE, NC 28801	47-2355318	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
UNITED METHODIST COMMITTEE ON RELIEF (UMCOR) - P.O. BOX 9068 - NEW YORK, NY 10087	13-5562279	501(C)(3)	7,220.	0.	BOOK		RELIGION
UNITED WAY OF ASHEVILLE AND BUNCOMBE COUNTY - 50 SOUTH FRENCH BROAD AVENUE - ASHEVILLE, NC 28801	56-0576157	501(C)(3)	433,551.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

56-1223384 Page 1

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF HAYWOOD COUNTY P.O. BOX 1139 WAYNESVILLE, NC 28786	23-7112548	501(C)(3)	100,500.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
UNITED WAY OF HENDERSON COUNTY P.O. BOX 487 HENDERSONVILLE, NC 28793	56-0890133	501(C)(3)	30,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
UNIVERSITY OF ARIZONA FOUNDATION P.O. BOX 210109 TUCSON, AZ 85721	86-6050388	501(C)(3)	7,250.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
URBAN YOUTH IMPACT 2823 NORTH AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407	91-1901103	501(C)(3)	8,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
URGENT ACTION FUND FOR WOMEN'S HUMAN RIGHTS - 2601 BLANDING AVENUE - ALAMEDA, CA 94501	03-0419743	501(C)(3)	15,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
US RIGHT TO KNOW 4096 PIEDMONT AVENUE OAKLAND, CA 94611	46-5676616	501(C)(3)	10,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
VALLEY RIVER ARTS GUILD 12 PEACHTREE STREET MURPHY, NC 28906	46-0856932	501(C)(3)	22,580.	0.	BOOK		ADVANCING THE ARTS
VECINOS FARMWORKER HEALTH PROGRAM 3971 LITTLE SAVANNAH ROAD CULLOWHEE, NC 28723	57-1192063	501(C)(3)	96,000.	0.	BOOK		PROMOTING QUALITY HEALTH
VERNER CENTER FOR EARLY LEARNING 2586 RICEVILLE ROAD ASHEVILLE, NC 28805	56-2040462	501(C)(3)	203,730.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS TREATMENT COURT OF WESTERN NORTH CAROLINA FOUNDATION - 301 COLLEGE STREET - ASHEVILLE, NC 28801	82-5129789	501(C)(3)	38,250.	0.	BOOK		ASSISTING PEOPLE IN NEED
VISION CASHIERS P.O. BOX 2302 CASHIERS, NC 28717	56-1818753	501(C)(3)	34,055.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
VOICES IN THE LAUREL P.O. BOX 1581 LAKE JUNALUSKA, NC 28745	56-1991624	501(C)(3)	33,790.	0.	BOOK		ADVANCING THE ARTS
VOLUNTEER AVERY COUNTY AND COMMUNITY SERVICES - P.O. BOX 447 - NEWLAND, NC 28657	86-1974084	501(C)(3)	50,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
WAKE FOREST UNIVERSITY HEALTH SCIENCES - P.O. BOX 571021 - WINSTON-SALEN, NC 27157	22-3849199	501(C)(3)	40,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
WALNUT COVE MEMBERS ASSOCIATION INC. - P.O. BOX 374 - SKYLAND, NC 28776	61-1698757	501(C)(3)	5,325.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
WAMY COMMUNITY ACTION 225 BIRCH STREET BOONE, NC 28607	56-0816296	501(C)(3)	65,032.	0.	BOOK		ASSISTING PEOPLE IN NEED
WARREN WILSON COLLEGE P.O. BOX 9000 ASHEVILLE, NC 28815	56-0767736	501(C)(3)	63,055.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
WATAUGA COUNTY IMMIGRANT JUSTICE COALITION - P.O. BOX 224 - BOONE, NC 28607	83-3706459	501(C)(3)	15,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATAUGA COUNTY PUBLIC LIBRARY 140 QUEEN STREET BOONE, NC 28607	56-0768739		10,170.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
WATCHFIRE MEDIA INC. 65 MERRIMON AVENUE ASHEVILLE, NC 28801	82-4613302		30,000.	0.	BOOK		ADVANCING THE ARTS
WAYFINDERS (R BRUCE IRONS CAMP FUND) - P.O. BOX 220311 - CHARLOTTE, NC 28222	55-0825218	501(C)(3)	10,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
WE BELONG P.O. BOX 2511 ASHEVILLE, NC 28802	92-1707665	501(C)(3)	35,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
WEBBER INTERNATIONAL UNIVERSITY 1201 NORTH SCENIC HIGHWAY BABSON PARK, FL 33827	59-2139553	501(C)(3)	26,728.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
WEST MARION COMMUNITY FORUM 220 W. GRAYSON STREET MARION, NC 28752	83-0671471	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
WESTERN CAROLINA MEDICAL SOCIETY FOUNDATION - 304 SUMMIT STREET - ASHEVILLE, NC 28803	45-5586998	501(C)(3)	38,500.	0.	BOOK		PROMOTING QUALITY HEALTH
WESTERN CAROLINA PACESETTERS P.O. BOX 88 BRASSTOWN, NC 28902	58-2228780	501(C)(3)	8,700.	0.	BOOK		ASSISTING PEOPLE IN NEED
WESTERN CAROLINA RESCUE MINISTRIES P.O. BOX 909 ASHEVILLE, NC 28802	56-1249407	501(C)(3)	70,125.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN CAROLINA UNIVERSITY ONE UNIVERSITY DRIVE CULLOWHEE, NC 28723	56-6001440		5,440.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
WESTERN CAROLINA UNIVERSITY FOUNDATION - ONE UNIVERSITY DRIVE - CULLOWHEE, NC 28723	23-7159170	501(C)(3)	229,358.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
WESTERN NORTH CAROLINA REGIONAL EDUCATION FOUNDATION (WRESA) - 200 RIDGEFIELD COURT - ASHEVILLE, NC 28806	26-2885036	501(C)(3)	1,059,800.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
WESTERN NORTH CAROLINA WORKERS' CENTER - P.O. BOX 3 - HICKORY, NC 28603	86-1120732	501(C)(3)	27,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
WESTERN PIEDMONT FOUNDATION 1001 BURKEMONT AVENUE MORGANTON, NC 28655	23-7227728	501(C)(3)	75,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
WILDLANDS NETWORK P.O. BOX 243 SALT LAKE CITY, UT 84110	16-1402497	501(C)(3)	93,000.	0.	BOOK		ENHANCING THE ENVIRONMENT
WILLIAMS YMCA OF AVERY COUNTY P.O. BOX 707 LINVILLE, NC 28646	20-4910495	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
WINSTON-SALEM FOUNDATION 751 WEST 4TH STREET WINSTON-SALEM, NC 27101	56-6037615	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
WNC BAPTIST RETIREMENT HOME 213 RICHMOND HILL DRIVE ASHEVILLE, NC 28806	56-0562308	501(C)(3)	7,296.	0.	BOOK		ASSISTING PEOPLE IN NEED

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WNC BRIDGE FOUNDATION 294 OVERLOOK ROAD ASHEVILLE, NC 28803	56-2110357	501(C)(3)	559,605.	0.	BOOK		PROMOTING QUALITY HEALTH
WNC COMMUNITIES 594 BREVARD ROAD ASHEVILLE, NC 28806	56-0797766	501(C)(3)	109,246.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
WNC HEALTH NETWORK 1 HAYWOOD STREET ASHEVILLE, NC 28801	56-1889715	501(C)(3)	25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
WOMEN DONORS NETWORK P.O. BOX 2930 SAN FRANCISCO, CA 94126	05-0542397	501(C)(3)	16,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
WOMEN OF WAYNESVILLE (WOW) P.O. BOX 621 WAYNESVILLE, NC 28786	45-3576864	501(C)(3)	25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
WORKING WHEELS (W4H ASHEVILLE) 76 WEAVERVILLE ROAD ASHEVILLE, NC 28804	81-4965358	501(C)(3)	522,250.	0.	BOOK		ASSISTING PEOPLE IN NEED
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	27-3521132	501(C)(3)	26,550.	0.	BOOK		ASSISTING PEOPLE IN NEED
WORLD FOOD PROGRAM USA P.O. BOX 96316 WASHINGTON, DC 20090	13-3843435	501(C)(3)	21,250.	0.	BOOK		ASSISTING PEOPLE IN NEED
YANCEY COUNTY COOPERATIVE EXTENSION - 30 EAST US HWY 19E BYPASS - BURNSVILLE, NC 28714	56-6000453		80,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YANCEY COUNTY EMERGENCY MEDICAL SERVICES - 225 WHEELER HILLS ROAD - BURNSVILLE, NC 28714	56-6000453		25,000.	0.	BOOK		ASSISTING PEOPLE IN NEED
YANCEY COUNTY GOVERNMENT 110 TOWN SQUARE BURNSVILLE, NC 28714	56-6000453		25,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
YANCEY COUNTY HEALTH DEPARTMENT 202 MEDICAL CAMPUS DRIVE BURNSVILLE, NC 28714	56-6000453		25,000.	0.	BOOK		PROMOTING QUALITY HEALTH
YANCEY COUNTY SCHOOLS P.O. BOX 190 BURNSVILLE, NC 28714	56-6001138		175,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
YANCEY COUNTY SHERIFF'S OFFICE P.O. BOX 6 BURNSVILLE, NC 28714	56-6000453		30,000.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY
YELLOW HOUSE FOUNDATION 111 NORTH BELL BLVD. CEDAR PARK, TX 78613	20-1306150	501(C)(3)	16,480.	0.	BOOK		PROMOTING QUALITY HEALTH
YMCA BLUE RIDGE ASSEMBLY 84 BLUE RIDGE CIRCLE BLACK MOUNTAIN, NC 28711	56-0532130	501(C)(3)	118,028.	0.	BOOK		PROMOTING QUALITY HEALTH
YMCA OF CATAWBA VALLEY P.O. BOX 2608 HICKORY, NC 28603	56-0928743	501(C)(3)	10,000.	0.	BOOK		PROMOTING QUALITY HEALTH
YMCA OF WESTERN NORTH CAROLINA 40 NORTH MERRIMON AVENUE ASHEVILLE, NC 28804	56-0530013	501(C)(3)	51,325.	0.	BOOK		PROMOTING QUALITY HEALTH

Schedule I (Form 990)

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

Schedule I (Form 990)

56-1223384

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE P.O. BOX 5184 HARLAN, IA 51593	84-0385934	501(C)(3)	68,000.	0.	BOOK		RELIGION
YOUTH VILLAGES 10 CRISPIN COURT ASHEVILLE, NC 28803	58-1716970		25,500.	0.	BOOK		ASSISTING PEOPLE IN NEED
YTL TRAINING PROGRAMS 46 HAMRICK DRIVE CANDLER, NC 28715	47-1832861	501(C)(3)	50,000.	0.	BOOK		IMPROVING EDUCATIONAL OPPORTUNITIES
YWCA OF ASHEVILLE 185 SOUTH FRENCH BROAD AVENUE ASHEVILLE, NC 28801	56-0547476	501(C)(3)	106,970.	0.	BOOK		BUILDING COMMUNITY & ECONOMIC VITALITY

Schedule I (Form 990)

THE COMMUNITY FOUNDATION

Schedule I (Form 990) (Rev. 12-2024) OF WESTERN NORTH CAROLINA, INC.

56-1223384

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING APPALACHIAN STATE UNIVERSITY	13	38,750.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING ASHEVILLE-BUNCOMBE TECHNICAL COMMUNITY COLLEGE	1	7,500.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING BEREA COLLEGE	1	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING BLUE RIDGE COMMUNITY COLLEGE	1	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING BRYAN COLLEGE	1	1,000.	0.	BOOK	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA CONFIRMS THE ELIGIBILITY STATUS OF EACH GRANT RECIPIENT ON A MONTHLY BASIS. FOR GRANTS THAT HAVE RESTRICTIONS FOR THE USE OF FUNDS, THE RESTRICTIONS ARE COMMUNICATED TO THE RESPECTIVE GRANTEEES. CERTAIN GRANTS REQUIRE THE GRANTEE TO PROVIDE DOCUMENTATION FOR THE ULTIMATE USE OF THE FUNDS AND OTHER FORMS OF EVALUATION DATA. ALL REQUESTED GRANTEE INFORMATION AND EVALUATION DATA IS KEPT ON FILE.

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

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING CAMPBELL UNIVERSITY	1.	2,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING CENTRAL PIEDMONT COMMUNITY COLLEGE	1.	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING CHARLESTON SOUTHERN UNIVERSITY	1.	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING DAVIDSON COLLEGE	1.	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING DUKE UNIVERSITY	2.	8,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING EARLHAM COLLEGE	1.	3,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING EAST CAROLINA UNIVERSITY	1.	4,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING EAST TENNESSEE UNIVERSITY	5.	18,500.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING EASTERN ILLINOIS UNIVERSITY	1.	4,000.	0.	BOOK	

Schedule I (Form 990)

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

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE	1.	2,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING FURMAN UNVIVERSITY	1.	5,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING GARDNER-WEBB UNIVERSITY	3.	8,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING GEORGIA INSTITUTE OF TECHNOLOGY	1.	5,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING LEES-MCRAE COLLEGE	1.	2,500.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING MARS HILL UNIVERSITY	2.	2,750.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING MASSACHUSETTS INSTITUTE OF TECHNOLOGY	1.	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING NC CENTRAL UNIVERSITY	1.	10,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING NORTH CAROLINA STATE UNIVERSITY	30.	142,250.	0.	BOOK	

Schedule I (Form 990)

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

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING SMITH COLLEGE	1.	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING SOUTHERN NEW HAMPSHIRE UNIVERSITY	1.	10,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING SOUTHWESTERN COMMUNITY COLLEGE	3.	6,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING THE CITADEL	1.	2,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING TRI-COUNTY COMMUNITY COLLEGE	3.	3,750.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENTS ATTENDING THE UNIVERSITY OF NORTH CAROLINA - ASHEVILLE	3.	7,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING THE UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL	28.	100,500.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING THE UNIVERSITY OF NORTH CAROLINA - CHARLOTTE	6.	22,500.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING THE UNIVERSITY OF NORTH CAROLINA -GREENSBORO	3.	8,000.	0.	BOOK	

Schedule I (Form 990)

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

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING THE UNIVERSITY OF NORTH CAROLINA - WILMINGTON	2.	3,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING THE UNION UNIVERSITY	1.	3,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING THE UNIVERSITY OF ALABAMA	1.	1,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING THE UNIVERSITY OF MIAMI AT CORAL GABLES	1.	5,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING THE UNIVERSITY OF NORTH GEORGIA	1.	1,500.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING THE UNIVERSITY OF PENNSYLVANIA	1.	5,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING THE UNIVERSITY OF TENNESSEE	1.	5,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING WAKE FOREST UNIVERSITY	1.	1,500.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING WASHINGTON AND LEE UNVERISITY	1.	4,500.	0.	BOOK	

Schedule I (Form 990)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING WESTERN CAROLINA UNIVERSITY	20.	60,500.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENTS ATTENDING WHEATON COLLEGE	1.	6,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING WINSTON-SALEM STATE UNIVERSITY	1.	2,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR STUDENT ATTENDING WOFFORD COLLEGE	1.	5,000.	0.	BOOK	
FINANCIAL ASSISTANCE FOR A STUDENT ATTENDING YOUNG HARRIS COLLEGE	1.	5,000.	0.	BOOK	

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

THE COMMUNITY FOUNDATION

Schedule J (Form 990) (Rev. 12-2024) OF WESTERN NORTH CAROLINA, INC.

56-1223384

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELIZABETH K. BRAZAS PRESIDENT	(i)	331,401.	12,500.	0.	30,500.	20,401.	394,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GRAHAM KEEVER ASSISTANT TREASURER	(i)	219,597.	11,400.	0.	30,500.	32,559.	294,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIE D. KLIPP ASSISTANT SECRETARY	(i)	162,211.	1,400.	0.	22,992.	13,371.	199,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PHILIP P. BELCHER VICE PRESIDENT PROGRAMS	(i)	156,876.	725.	0.	7,966.	30,505.	196,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LAURA HERNDON VICE PRESIDENT, DEVELOPMEN	(i)	128,716.	1,400.	0.	15,603.	15,691.	161,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

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

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

THE COMMUNITY FOUNDATION

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOANNE BADR	BOARD MEMBER OF ORG	0.	MS. BADR IS		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

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

(A) NAME OF PERSON: JOANNE BADR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER OF ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ -0-

(D) DESCRIPTION OF TRANSACTION: MS. BADR IS AN ATTORNEY WITH WARD & SMITH P.A., WHICH PROVIDES LEGAL COUNSEL TO THE COMMUNITY FOUNDATION OF WNC. MS BADR BOTH SERVES ON THE ORGANIZATION'S BOARD OF DIRECTORS AS CHAIR AND IS A PARTNER OF THE ORGANIZATION'S LEGAL COUNSEL, THE ORGANIZATION DOES NOT DEAL WITH MS. BADR IN ITS BUSINESS WITH THE LAW FIRM. IN ORDER TO PREVENT CONFLICTS OF INTEREST FROM ARISING, THE ORGANIZATION WORKS WITH OTHER, UNRELATED ATTORNEYS IN THE FIRM.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	152	15,203,249. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

THE COMMUNITY FOUNDATION

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

SCHEDULE M, PART I, LINE 32B:

THE ORGANIZATION UTILIZES THE SERVICES OF A VARIETY OF FINANCIAL SERVICES FIRMS TO LIQUIDATE GIFTS OF SECURITIES IN THE MOST COST EFFICIENT MANNER POSSIBLE.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE COMMUNITY FOUNDATION IS A PHILANTHROPIC ORGANIZATION DEDICATED TO
RAISING CHARITABLE CAPITAL FOR THE BENEFIT OF ITS 18-COUNTY REGION,
AND STRATEGICALLY ALLOCATING RESOURCES TO ADDRESS PRESSING NEEDS.**

**FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS DISTRIBUTED TO THE GOVERNING BODY IN ADVANCE OF A BOARD
MEETING FOR REVIEW, AND GIVEN AN EXTENDED OPEN-COMMENT PERIOD, WHICH IS
FOLLOWED BY A DISCUSSION AT THE BOARD MEETING OF KEY SECTIONS AND ANY
QUESTIONS THAT EMERGED DURING THE COMMENT PERIOD.**

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

**FORM 990, PART VI, SECTION B, LINE 15:
THE PROCESS HAS HISTORICALLY INCLUDED A REVIEW OF COMPREHENSIVE DATA
GATHERED FROM THE COMMUNITY FOUNDATION FIELD AND PUBLISHED ANNUALLY. THAT
DATA IS JOB SPECIFIC AND ALLOWS BOTH ASSET SIZE ANALYSIS AND REGIONAL
ANALYSIS.**

**FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
ADDITIONALLY, THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS
WEBSITE, WWW.CFWNC.ORG, AND ALSO THROUGH GUIDESTAR, AN ONLINE DIRECTORY OF
NON-PROFIT ORGANIZATIONS. THE FOUNDATION'S GOVERNING DOCUMENTS ARE ALSO
AVAILABLE THROUGH THE NORTH CAROLINA SECRETARY OF STATE'S WEBSITE,
WWW.SECRETARY.STATE.NC.US.**

**FORM 990, PART VIII LINE 2A
2024 MANAGEMENT FEE INCOME: \$3,861,499
2024 MANAGEMENT FEE EXPENSE ALLOCATION TO FUNDS: \$3,168,567
LINE 2A NET: \$692,932**

**2023 MANAGEMENT FEE INCOME \$3,642,725
2023 MANAGEMENT FEE EXPENSE ALLOCATION TO FUNDS \$2,999,192
LINE 2A NET: \$643,533**

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -83,485.
ANNUITY DISTRIBUTIONS -319,583.
TOTAL TO FORM 990, PART XI, LINE 9 -403,068.**

**FORM 990, PART XI, LINE 2C
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT.
THIS HAS NOT CHANGED SINCE THE PRIOR YEAR.**

FORM 990, PART VI, SECTION B, QUESTION 15B
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

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

FOR ALL EMPLOYEES OF THE ORGANIZATION, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND APPROVES A POOL AVAILABLE FOR SALARY INCREASES AS A PART OF THE OPERATING BUDGET PROCESS. MANAGEMENT ALLOCATES THE POOL AMONGST STAFF BASED ON THE PERFORMANCE AND COMPARATIVE SALARY DATA FROM THE COMMUNITY FOUNDATION FIELD.

FORM 990, SCHEDULE D, PART V, ENDOWMENT FUNDS
 THE ORGANIZATION'S PERMANENTLY RESTRICTED NET ASSETS INCLUDE CERTAIN FUNDS NOT CLASSIFIED AS TRADITIONAL ENDOWMENT FUNDS, INCLUDING THE ESTIMATED RESIDUAL INTEREST IN SPLIT-INTEREST GIFT ARRANGEMENTS AND THE MINIMUM FUND BALANCE REQUIREMENTS FOR DONOR ADVISED FUNDS.

[This section contains multiple horizontal lines for additional text entry, which are currently blank.]

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) (Rev. 1-2025)

THE COMMUNITY FOUNDATION

Schedule R (Form 990) (Rev. 1-2025) 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

THE COMMUNITY FOUNDATION

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WESTERN NORTH CAROLINA REAL ESTATE FOUNDATION	B	6,000.	CASH VALUE
(2) WESTERN NORTH CAROLINA REAL ESTATE FOUNDATION	C	1,105,319.	CASH VALUE
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2025

Name THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	Employer Identification Number 56-1223384
--	--

Based on the information provided with this return, the following are possible carryover amounts to next year.

SECTION 1231 LOSS - AG REALTY FUND VIII LP	7.
SECTION 1231 LOSS - EMG FUND IV LP	28.
SECTION 1231 LOSS - HEADLANDS CAPITAL SECONDARY FUND III	3,013.
SECTION 1231 LOSS - HEADLANDS CAPITAL SECONDARY FUND IV	534.
FEDERAL POST-2017 NET OPERATING LOSS - HEADLANDS CAPITAL SEC	190.
FEDERAL POST-2017 NET OPERATING LOSS - STONELAKE OPPORTUNITY	46,473.
FEDERAL POST-2017 NET OPERATING LOSS - EMG FUND II LP	3,626.
FEDERAL POST-2017 NET OPERATING LOSS - AG REALTY FUND VIII L	142,123.
FEDERAL POST-2017 NET OPERATING LOSS - EMG FUND IV LP	16,729.
FEDERAL POST-2017 NET OPERATING LOSS - MERCED PARTNERS LP	17,751.
FEDERAL POST-2017 NET OPERATING LOSS - ACCOLADE PARTNERS VII	33,788.
FEDERAL POST-2017 NET OPERATING LOSS - STEPSTONE VC SECONDAR	29,125.
FEDERAL POST-2017 NET OPERATING LOSS - ACCOLADE PARTNERS GR	6,268.
FEDERAL POST-2017 NET OPERATING LOSS - STONELAKE OPPORTUNITY	149,120.
FEDERAL POST-2017 NET OPERATING LOSS - STEPSTONE VC GLOBAL P	35,674.
FEDERAL POST-2017 NET OPERATING LOSS - HEADLANDS CAPITAL SEC	6,759.
FEDERAL POST-2017 NET OPERATING LOSS - RIDGEWOOD WATER & STR	1,753.

Name: THE COMMUNITY FOUNDATION OF WESTERN

FEIN: 56-1223384

Type and Entity: HEADLANDS CAPITAL SECO POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for 06/30/25	Amount Used for						
A	2022	104.										
B	2024	86.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: THE COMMUNITY FOUNDATION OF WESTERN

FEIN: 56-1223384

Type and Entity: STONELAKE OPPORTUNITY POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for 06/30/25	Amount Used for						
A 2022	17,662.											
B 2023	11,082.											
C 2024	17,729.											
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: THE COMMUNITY FOUNDATION OF WESTERN

FEIN: 56-1223384

Type and Entity: EMG FUND II LP POST-2017 NOL FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for 06/30/25	Amount Used for						
A	2021	10,299.		6,211.	4,088.							
B	2022	12,927.	9,301.		9,301.							
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: THE COMMUNITY FOUNDATION OF WESTERN

FEIN: 56-1223384

Type and Entity: AG REALTY FUND VIII LP POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for 06/30/25	Amount Used for						
A	2021	19,037.										
B	2022	16,214.										
C	2023	82,508.										
D	2024	24,364.										
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: THE COMMUNITY FOUNDATION OF WESTERN

FEIN: 56-1223384

Type and Entity: HEADLANDS CAPITAL SECO POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for 06/30/25	Amount Used for						
A 2021	1,866.	1,866.			1,866.							
B 2022	2,462.	2,462.			2,462.							
C 2023	3,279.	3,279.			3,279.							
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: THE COMMUNITY FOUNDATION OF WESTERN

FEIN: 56-1223384

Type and Entity: EMG FUND IV LP POST-2017 NOL FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for 06/30/25	Amount Used for						
A	2021	127,567.	110,838.	12,228.	79,296.	19,314.						
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: THE COMMUNITY FOUNDATION OF WESTERN

FEIN: 56-1223384

Type and Entity: MERCED PARTNERS LP POST-2017 NOL FE		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for 06/30/25	Amount Used for						
A	2023	10,493.										
B	2024	7,258.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: THE COMMUNITY FOUNDATION OF WESTERN

FEIN: 56-1223384

Type and Entity: ACCOLADE PARTNERS VIII POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for 06/30/25	Amount Used for						
A 2022	1,302.											
B 2023	16,922.											
C 2024	15,564.											
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: THE COMMUNITY FOUNDATION OF WESTERN

FEIN: 56-1223384

Type and Entity:		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for 06/30/25	Amount Used for						
A	2021	568.	568.	568.								
B	2023	20,362.	20,362.			20,362.						
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: THE COMMUNITY FOUNDATION OF WESTERN

FEIN: 56-1223384

Type and Entity: STEPSTONE VC SECONDARI POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for 06/30/25	Amount Used for						
A	2021	503.										
B	2022	602.										
C	2023	13,881.										
D	2024	14,139.										
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: THE COMMUNITY FOUNDATION OF WESTERN

FEIN: 56-1223384

Type and Entity: ACCOLADE PARTNERS GRO POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for 06/30/25	Amount Used for						
A	2023	1,274.										
B	2024	4,994.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: THE COMMUNITY FOUNDATION OF WESTERN

FEIN: 56-1223384

Type and Entity: STONELAKE OPPORTUNITY POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for 06/30/25	Amount Used for						
A 2023	101,976.											
B 2024	47,144.											
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: THE COMMUNITY FOUNDATION OF WESTERN

FEIN: 56-1223384

Type and Entity: STEPSTONE VC GLOBAL PA POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for 06/30/25	Amount Used for						
A	2023	20,957.										
B	2024	14,717.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: THE COMMUNITY FOUNDATION OF WESTERN

FEIN: 56-1223384

Type and Entity: HEADLANDS CAPITAL SECO POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for 06/30/25	Amount Used for						
A	2024	6,759.										
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Name: THE COMMUNITY FOUNDATION OF WESTERN

FEIN: 56-1223384

Type and Entity: RIDGEWOOD WATER & STRA POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for 06/30/24	Amount Used for 06/30/25	Amount Used for						
2024	1,753.											
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Form **990-W**
(Worksheet)

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

2025

(and on Investment Income for Private Foundations) FORM 990-T

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year		1	
2	Tax on the amount on line 1		2	
3	Alternative minimum tax for trusts		3	
4	Total. Add lines 2 and 3		4	
5	Estimated tax credits		5	
6	Subtract line 5 from line 4		6	
7	Other taxes		7	
8	Total. Add lines 6 and 7		8	
9	Credit for federal tax paid on fuels		9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	10a		
b	Enter the tax shown on the 2024 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	26,750.	
c	2025 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	ADJUSTED TO		10c 26,760.

		(a)	(b)	(c)	(d)
11	Installment due dates	11		03/16/26	06/15/26
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12		20,070.	6,690.
13	2024 Overpayment	13		20,070.	3,725.
14	Payment due (Subtract line 13 from line 12)	14			2,965.

Form **990-W**

ESTIMATED TAX	26,760.
OVERPAYMENT APPLIED	23,795.
AMOUNT DUE	2,965.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.** EIN or SSN **56-1223384**

Name and title of officer or person subject to tax **GRAHAM KEEVER CHIEF FINANCIAL OFFICER**

Part I Type of Return and Return Information

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

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input checked="" type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	26,750.
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize DMJPS PLLC to enter my PIN 33132
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56229533132

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature KAREN S. GRAY, CPA Date 02/12/26

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

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

Header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 481,026,894, D Employer identification number 56-1223384, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J Enter the number of attached Schedules A (Form 990-T) 24

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No (checked)

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

Part I Total Unrelated Business Taxable Income table with 11 rows and 2 columns (description, amount).

Part II Tax Computation table with 7 rows and 2 columns (description, amount).

Part III Tax and Payments table with 4 main rows and sub-rows (description, amount).

Part III Tax and Payments (continued)			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	Payments: Preceding year's overpayment credited to the current year	6a	29,545.
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	21,000.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	50,545.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	23,795.
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax 23,795. Refunded	11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code SEE STATEMENT 3			
Available post-2017 NOL carryover			
\$			
\$			
\$			
\$			
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	KAREN S. GRAY, CPA	KAREN S. GRAY, CPA	02/12/26	PTIN P00322371
	Firm's name	Firm's EIN		
	DMJPS PLLC	56-0570567		
	Firm's address		Phone no.	
	79 WOODFIN PLACE, SUITE 300 ASHEVILLE, NC 28801		828-254-2374	

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

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - HEADLANDS CAPITAL SECONDARY FUND II LP	N/A	1.
CHARITABLE CONTRIBUTIONS - HEADLANDS CAPITAL SECONDARY FUND III	N/A	7.
CHARITABLE CONTRIBUTIONS - ACCOLADE PARTNERS GROWTH III	N/A	1.
CHARITABLE CONTRIBUTIONS - CRUDE PETROLEUM EXTRACTION	N/A	2.
TOTAL TO FORM 990-T, PART I, LINE 4		11.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
FOR TAX YEAR 2019
FOR TAX YEAR 2020
FOR TAX YEAR 2021
FOR TAX YEAR 2022
FOR TAX YEAR 2023

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

11

TOTAL CONTRIBUTIONS AVAILABLE

11

TAXABLE INCOME LIMITATION AS ADJUSTED

12,739

EXCESS CONTRIBUTIONS

0

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS DEDUCTION

11

TOTAL CONTRIBUTION DEDUCTION

11

BUSINESS CODE

AVAILABLE POST-2017 NOL

900001	104.
900001	28,744.
900001	17,015.
900001	117,759.
900001	7,607.
900001	36,043.
900001	10,493.
900001	18,224.
900001	20,362.
900001	14,986.
900001	1,274.
900001	101,976.
900001	20,957.

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2024

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 1 of 24

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 206.		206.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 206.		206.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	29.
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 4	14	263.
15 Total deductions. Add lines 1 through 14	15	292.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-86.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-86.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION

AMOUNT

MANAGEMENT FEES

263.

TOTAL TO SCHEDULE A, PART II, LINE 14

263.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 5

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/23	104.	0.	104.	104.
NOL CARRYOVER AVAILABLE THIS YEAR			104.	104.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

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

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

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9				11 206.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 206.

Part III Summary of Parts I and II				
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)				16
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				17 206.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns				18 206.

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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

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

Identifying number

56-1223384

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a
1b
1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	HEADLANDS CAPITAL SECONDARY FUND LP						206.

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

3
4
5
6
7 **206.**

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8
9 **206.**

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16
- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.
 - a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
 - b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

11 ()
12
13
14
15
16
17
18a
18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

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

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

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

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

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2
OMB No. 1545-0047

2024

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 2 of 24

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 6	5	-7,231.		-7,231.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	-7,231.		-7,231.

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

1 Compensation of officers, directors, and trustees (Part X)		1	
2 Salaries and wages		2	1,027.
3 Repairs and maintenance		3	
4 Bad debts		4	
5 Interest (attach statement). See instructions		5	
6 Taxes and licenses		6	
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement) SEE STATEMENT 7		14	9,471.
15 Total deductions. Add lines 1 through 14		15	10,498.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-17,729.
17 Deduction for net operating loss. See instructions		17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18	-17,729.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

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

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 6

DESCRIPTION	NET INCOME OR (LOSS)
STONE LAKE OPPT PARTNERS II LP - NET RENTAL REAL ESTATE INCOME	-5,456.
SL2 BOWEN DOMAIN LP - NET RENTAL REAL ESTATE INCOME	-8,310.
SL2 BOWEN DOMAIN LP - INTEREST INCOME	462.
SL2 BOWEN DOMAIN LP - DIVIDEND INCOME	163.
SL2 BOWEN DOMAIN LP - OTHER INCOME (LOSS)	-4,728.
SL DOMAIN LP - NET RENTAL REAL ESTATE INCOME	13,947.
SL DOMAIN LP - OTHER INCOME (LOSS)	-3,309.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-7,231.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 7

DESCRIPTION	AMOUNT
MANAGEMENT FEES	9,471.
TOTAL TO SCHEDULE A, PART II, LINE 14	9,471.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 8

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/23	17,662.	0.	17,662.	17,662.
06/30/24	11,082.	0.	11,082.	11,082.
NOL CARRYOVER AVAILABLE THIS YEAR			28,744.	28,744.

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

3
OMB No. 1545-0047

2024

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 3 of 24

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 113.		113.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 9	5 21,679.		21,679.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 21,792.		21,792.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	495.
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 10	14	4,561.
15 Total deductions. Add lines 1 through 14	15	5,056.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	16,736.
17 Deduction for net operating loss. See instructions STMT 11 STMT 13	17	13,389.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	3,347.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

A **THE ENERGY & MINERALS GROUP FUND II 2750 S PRESTON RD STE 116, CE**

B

C

D

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	0.			
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	0.			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)	0.			
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

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

A **2750 S PRESTON RD STE, CELINA, TX 75009**

B

C

D

	A	B	C	D
2 Gross income from or allocable to debt-financed property	0.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)	0.			
b Other deductions (attach statement)	0.			
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	0.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement)	0.			
6 Divide line 4 by line 5	0.000%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	0.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6	0.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

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

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

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 9
DESCRIPTION		NET INCOME OR (LOSS)
THE ENERGY & MINERALS GROUP FUND II LP - OTHER INCOME (LOSS)		-11,021.
EMG FUND II - NATURAL GAS EXTRACTION - ORDINARY BUSINESS INCOME (LOSS)		40,059.
EMG FUND II - NATURAL GAS EXTRACTION - OTHER INCOME (LOSS)		-4,888.
EMG FUND II - OFFICE ADMIN SVC - ORDINARY BUSINESS INCOME (LOSS)		195.
EMG FUND II - OTHER FINL INVEST ACT - DIVIDEND INCOME		33.
EMG FUND II - OTHER FINL INVEST ACT - OTHER INCOME (LOSS)		-2,699.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		21,679.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 10
DESCRIPTION		AMOUNT
MANAGEMENT FEES		4,560.
OTHER DEDUCTIONS - PORTFOLIO FROM EMG FUND II - OTHER FINL INVEST ACT		1.
TOTAL TO SCHEDULE A, PART II, LINE 14		4,561.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 11
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
17,015.	13,389.	3,626.

990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT 12
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/22	10,299.	6,211.	4,088.	4,088.
06/30/23	12,927.	0.	12,927.	12,927.
NOL CARRYOVER AVAILABLE THIS YEAR			17,015.	17,015.

SCH A (990-T) SCHEDULE A NOL DETAIL STATEMENT 13

TAXABLE INCOME FROM ALL ENTITIES	189,064.
THIS ENTITIES PORTION OF TAXABLE INCOME	16,736.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	8.85%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	16,736.
80% INCOME LIMITATION	13,389.
POST-2017 AVAILABLE	17,015.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	13,389.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

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

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

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9				11 <u>113.</u>
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 <u>113.</u>

Part III Summary of Parts I and II				
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)				16
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				17 <u>113.</u>
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns				18 <u>113.</u>

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

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

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

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

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

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

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

4
OMB No. 1545-0047

2024

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 4 of 24

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	-7.		-7.
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 14	5	-22,437.		-22,437.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	-22,444.		-22,444.

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

1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2			188.
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) SEE STATEMENT 15	14			1,732.
15 Total deductions. Add lines 1 through 14	15			1,920.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-24,364.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-24,364.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

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

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

Part XI Supplemental Information (see instructions)

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

DESCRIPTION	NET INCOME OR (LOSS)
AG REALTY FUND VIII, LP - ORDINARY BUSINESS INCOME (LOSS)	-17,625.
AG REALTY FUND VIII, LP - NET RENTAL REAL ESTATE INCOME	-4,809.
AG REALTY FUND VIII, LP - OTHER INCOME (LOSS)	-3.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-22,437.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 15

DESCRIPTION	AMOUNT
MANAGEMENT FEES	1,732.
TOTAL TO SCHEDULE A, PART II, LINE 14	1,732.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 16

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/22	19,037.	0.	19,037.	19,037.
06/30/23	16,214.	0.	16,214.	16,214.
06/30/24	82,508.	0.	82,508.	82,508.
NOL CARRYOVER AVAILABLE THIS YEAR			117,759.	117,759.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment
Sequence No. **27**

Name(s) shown on return

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

Identifying number

56-1223384

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a
1b
1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	AG REALTY FUND VIII, LP						-7.

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

3
4
5
6
7

-7.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8
9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

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

11
12
13
14
15
16
17

(7)

-7.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a
18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

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

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

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

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

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2024

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 5 of 24

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 37,328.		37,328.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 17	5 50,375.		50,375.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 87,703.		87,703.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	425.
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 18	14	3,916.
15 Total deductions. Add lines 1 through 14	15	4,341.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	83,362.
17 Deduction for net operating loss. See instructions STMT 19 STMT 21	17	7,607.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	75,755.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions included in line 10				0.

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

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

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

Part XI Supplemental Information (see instructions)

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 17

DESCRIPTION	NET INCOME OR (LOSS)
HEADLANDS CAPITAL SECONDARY FUND II LP - ORDINARY BUSINESS INCOME (LOSS)	66,612.
HEADLANDS CAPITAL SECONDARY FUND II LP - NET RENTAL REAL ESTATE INCOME	-1,918.
HEADLANDS CAPITAL SECONDARY FUND II LP - OTHER NET RENTAL INCOME (LOSS)	233.
HEADLANDS CAPITAL SECONDARY FUND II LP - INTEREST INCOME	339.
HEADLANDS CAPITAL SECONDARY FUND II LP - DIVIDEND INCOME	2.
HEADLANDS CAPITAL SECONDARY FUND II LP - ROYALTIES	45.
HEADLANDS CAPITAL SECONDARY FUND II LP - OTHER PORTFOLIO INCOME (LOSS)	-5.
HEADLANDS CAPITAL SECONDARY FUND II LP - OTHER INCOME (LOSS)	-14,933.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	50,375.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 18

DESCRIPTION	AMOUNT
MANAGEMENT FEES	3,916.
TOTAL TO SCHEDULE A, PART II, LINE 14	3,916.

FORM 990-T (A) POST 2017 NOL SCHEDULE STATEMENT 19

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
7,607.	7,607.	0.

990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT 20	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/22	1,866.	0.	1,866.	1,866.	
06/30/23	2,462.	0.	2,462.	2,462.	
06/30/24	3,279.	0.	3,279.	3,279.	
NOL CARRYOVER AVAILABLE THIS YEAR			7,607.	7,607.	

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 21
---------------	-----------------------	--------------

TAXABLE INCOME FROM ALL ENTITIES	189,064.
THIS ENTITIES PORTION OF TAXABLE INCOME	83,362.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	44.09%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	83,362.
80% INCOME LIMITATION	66,690.
POST-2017 AVAILABLE	7,607.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	7,607.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				-27.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	-27.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				2,014.
11 Enter gain from Form 4797, line 7 or 9			11	35,341.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	37,355.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	37,328.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	37,328.

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

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.
Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **12A**

Name(s) shown on return

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

Social security number or
taxpayer identification no.

56-1223384

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	HEADLANDS CAPITAL SECONDARY FUND II LP							-27.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)								-27.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

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

56-1223384

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	HEADLANDS CAPITAL SECONDARY FUND II LP							2,014.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								2,014.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Identifying number

56-1223384

- 1a Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20
1b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of
MACRS assets
1c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS
assets

1a
1b
1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other
Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss). Row 1: HEADLANDS CAPITAL SECONDARY FUND II LP, 35,341.

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

3
4
5
6
7 35,341.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8 Nonrecaptured net section 1231 losses from prior years. See instructions
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8
9 35,341.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss).

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

11 ()
12
13
14
15
16
17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a
18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

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

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

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

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

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC. B Employer identification number 56-1223384 C Unrelated business activity code (see instructions) 900001 D Sequence: 6 of 24

E Describe the unrelated trade or business EMG FUND IV LP

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 4b Net gain (loss), 5 Income (loss) from a partnership or an S corporation, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from a controlled organization, 9 Investment income of section 501(c)(7), (9), or (17) organizations, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total. Combine lines 3 through 12.

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

Table with 3 columns: Line number, Description, Amount. Rows include 1 Compensation of officers, directors, and trustees, 2 Salaries and wages, 3 Repairs and maintenance, 4 Bad debts, 5 Interest (attach statement), 6 Taxes and licenses, 7 Depreciation, 8 Less depreciation claimed in Part III and elsewhere on return, 9 Depletion, 10 Contributions to deferred compensation plans, 11 Employee benefit programs, 12 Excess exempt expenses, 13 Excess readership costs, 14 Other deductions, 15 Total deductions, 16 Unrelated business income before net operating loss deduction, 17 Deduction for net operating loss, 18 Unrelated business taxable income.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions included in line 10				0.

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

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

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

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 22
DESCRIPTION		NET INCOME OR (LOSS)
ENERGY & MINERALS GROUP FD IV LP - OTHER INCOME (LOSS)		-29,482.
CRUDE PETROLEUM EXTRACTION - ORDINARY BUSINESS INCOME (LOSS)		18,093.
CRUDE PETROLEUM EXTRACTION - OTHER INCOME (LOSS)		-7,982.
NATURAL GAS EXTRACTION - ORDINARY BUSINESS INCOME (LOSS)		16,411.
NATURAL GAS EXTRACTION - OTHER INCOME (LOSS)		-4,729.
OFFICE ADMIN SVCS - ORDINARY BUSINESS INCOME (LOSS)		280.
OIL & GAS EXTRACTION - ORDINARY BUSINESS INCOME (LOSS)		18,369.
OTHER FINANCIAL INVESTMENT ACTIVITIES - OTHER INCOME (LOSS)		-2,837.
PIPELINE TRANSPORTATION - ORDINARY BUSINESS INCOME (LOSS)		20,475.
PIPELINE TRANSPORTATION CRUDE OIL - ORDINARY BUSINESS INCOME (LOSS)		5,552.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		34,150.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 23
DESCRIPTION		AMOUNT
MANAGEMENT FEES		9,002.
TOTAL TO SCHEDULE A, PART II, LINE 14		9,002.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 24
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
36,043.	19,314.	16,729.

990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT 25
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/22	127,567.	91,524.	36,043.	36,043.
NOL CARRYOVER AVAILABLE THIS YEAR			36,043.	36,043.

SCH A (990-T) SCHEDULE A NOL DETAIL STATEMENT 26

TAXABLE INCOME FROM ALL ENTITIES	189,064.
THIS ENTITIES PORTION OF TAXABLE INCOME	24,143.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	12.77%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	24,143.
80% INCOME LIMITATION	19,314.
POST-2017 AVAILABLE	36,043.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	19,314.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

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

Identifying number

56-1223384

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	THE ENERGY & MINERALS GROUP FUND IV LP						-28.

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

3

4

5

6

7

-28.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

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

11

12

13

14

15

16

17

(28)

-28.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

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

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

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

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

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

7
OMB No. 1545-0047

2024

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 7 of 24

E Describe the unrelated trade or business **ELDA RIVER OPPORTUNITIES FUND II (FKA MTP ENE)**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 27	5	879.	879.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	879.	879.

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

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 28	14		4.
15 Total deductions. Add lines 1 through 14	15		4.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		875.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		875.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

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

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

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
			0.	0.

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				

		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
		0.		0.

Totals

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

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

Schedule A (Form 990-T) 2024

Part IX Advertising Income

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

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

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

Part XI Supplemental Information (see instructions)

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

8
OMB No. 1545-0047

2024

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 8 of 24

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	0.		

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

1 Compensation of officers, directors, and trustees (Part X)							
2 Salaries and wages							
3 Repairs and maintenance							
4 Bad debts							
5 Interest (attach statement). See instructions							
6 Taxes and licenses							
7 Depreciation (attach Form 4562). See instructions		7					
8 Less depreciation claimed in Part III and elsewhere on return		8a				8b	
9 Depletion							
10 Contributions to deferred compensation plans							
11 Employee benefit programs							
12 Excess exempt expenses (Part VIII)							
13 Excess readership costs (Part IX)							
14 Other deductions (attach statement)							
15 Total deductions. Add lines 1 through 14							0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)							0.
17 Deduction for net operating loss. See instructions							0.
18 Unrelated business taxable income. Subtract line 17 from line 16							

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

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

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

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

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

Part XI Supplemental Information (see instructions)

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

9
OMB No. 1545-0047

2024

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 9 of 24

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 30	5	-422.		-422.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	-422.		-422.

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

1 Compensation of officers, directors, and trustees (Part X)		1	
2 Salaries and wages		2	669.
3 Repairs and maintenance		3	
4 Bad debts		4	
5 Interest (attach statement). See instructions		5	
6 Taxes and licenses		6	
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement) SEE STATEMENT 31		14	6,167.
15 Total deductions. Add lines 1 through 14		15	6,836.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-7,258.
17 Deduction for net operating loss. See instructions		17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18	-7,258.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions included in line 10				0.

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

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

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
			0.	0.

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				

		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
		0.		0.

Totals

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

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

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 30
DESCRIPTION		NET INCOME OR (LOSS)
MERCED PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)		-422.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-422.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 31
DESCRIPTION		AMOUNT
MANAGEMENT FEES		6,167.
TOTAL TO SCHEDULE A, PART II, LINE 14		6,167.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 32
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/24	10,493.	0.	10,493.	10,493.
NOL CARRYOVER AVAILABLE THIS YEAR			10,493.	10,493.

Unrelated Business Taxable Income From an Unrelated Trade or Business

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 10 of 24

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 33	5 -3,459.		-3,459.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 -3,459.		-3,459.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	1,185.
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 34	14	10,920.
15 Total deductions. Add lines 1 through 14	15	12,105.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-15,564.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-15,564.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 33
DESCRIPTION		NET INCOME OR (LOSS)
ACCOLADE PARTNERS VIII L.P. - ORDINARY BUSINESS INCOME (LOSS)		-2,881.
ACCOLADE PARTNERS VIII L.P. - OTHER PORTFOLIO INCOME (LOSS)		11.
ACCOLADE PARTNERS VIII L.P. - OTHER INCOME (LOSS)		-589.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-3,459.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 34
DESCRIPTION		AMOUNT
MANAGEMENT FEES		10,920.
TOTAL TO SCHEDULE A, PART II, LINE 14		10,920.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 35
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/23	1,302.	0.	1,302.	1,302.
06/30/24	16,922.	0.	16,922.	16,922.
NOL CARRYOVER AVAILABLE THIS YEAR			18,224.	18,224.

Unrelated Business Taxable Income From an Unrelated Trade or Business

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 11 of 24

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 389.		389.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b -3,013.		-3,013.
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 36	5 53,924.		53,924.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 51,300.		51,300.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	1,411.
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 37	14	13,005.
15 Total deductions. Add lines 1 through 14	15	14,416.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	36,884.
17 Deduction for net operating loss. See instructions STMT 38 STMT 40	17	20,362.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	16,522.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

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

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 36
DESCRIPTION		NET INCOME OR (LOSS)
HEADLANDS CAPITAL SECONDARY FUND III - ORDINARY BUSINESS INCOME (LOSS)		74,188.
HEADLANDS CAPITAL SECONDARY FUND III - NET RENTAL REAL ESTATE INCOME		-927.
HEADLANDS CAPITAL SECONDARY FUND III - OTHER NET RENTAL INCOME (LOSS)		-48.
HEADLANDS CAPITAL SECONDARY FUND III - INTEREST INCOME		405.
HEADLANDS CAPITAL SECONDARY FUND III - DIVIDEND INCOME		30.
HEADLANDS CAPITAL SECONDARY FUND III - ROYALTIES		774.
HEADLANDS CAPITAL SECONDARY FUND III - OTHER INCOME (LOSS)		-20,498.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		53,924.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 37
DESCRIPTION		AMOUNT
MANAGEMENT FEES		13,005.
TOTAL TO SCHEDULE A, PART II, LINE 14		13,005.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 38
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
20,362.	20,362.	0.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 39
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/22	568.	568.	0.	0.
06/30/24	20,362.	0.	20,362.	20,362.
NOL CARRYOVER AVAILABLE THIS YEAR			20,362.	20,362.

SCH A (990-T)

SCHEDULE A NOL DETAIL

STATEMENT 40

TAXABLE INCOME FROM ALL ENTITIES	189,064.
THIS ENTITIES PORTION OF TAXABLE INCOME	36,884.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	19.51%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	36,884.
80% INCOME LIMITATION	29,507.
POST-2017 AVAILABLE	20,362.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	20,362.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				2.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	2.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				387.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	387.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	2.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	387.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	389.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

56-1223384

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(X) (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Row 1: HEADLANDS CAPITAL SECONDARY FUND III, 387.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) 387.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

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

Identifying number

56-1223384

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	HEADLANDS CAPITAL SECONDARY FUND III						- 3,013.

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

3

4

5

6

7

- 3,013.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	12	13	14	15	16	17

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

11

12

13

14

15

16

17

(3,013.)

- 3,013.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

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

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

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

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

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

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

12

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 12 of 24

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	40.	40.
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 41	5	-1,112.	-1,112.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement) STMT 42	12	1.	1.
13 Total. Combine lines 3 through 12	13	-1,071.	-1,071.

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

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		1,279.
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 43	14		11,789.
15 Total deductions. Add lines 1 through 14	15		13,068.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-14,139.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		-14,139.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions included in line 10				0.

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations			
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
Nonexempt Controlled Organizations							
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)							
(2)							
(3)							
(4)							
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
Totals				0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 41

DESCRIPTION	NET INCOME OR (LOSS)
STEPSTONE VC SECONDARIES FUND V LP - ORDINARY BUSINESS INCOME (LOSS)	-1,234.
STEPSTONE VC SECONDARIES FUND V LP - INTEREST INCOME	60.
STEPSTONE VC SECONDARIES FUND V LP - OTHER INCOME (LOSS)	62.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-1,112.

FORM 990-T (A) OTHER INCOME STATEMENT 42

DESCRIPTION	AMOUNT
CANCELLATION OF DEBT - STEPSTONE VC SECONDARIES FUND V LP	1.
TOTAL TO SCHEDULE A, PART I, LINE 12	1.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 43

DESCRIPTION	AMOUNT
MANAGEMENT FEES	11,789.
TOTAL TO SCHEDULE A, PART II, LINE 14	11,789.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 44

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/22	503.	0.	503.	503.
06/30/23	602.	0.	602.	602.
06/30/24	13,881.	0.	13,881.	13,881.
NOL CARRYOVER AVAILABLE THIS YEAR			14,986.	14,986.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

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

Identifying number

56-1223384

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

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

3

4

5

6

7

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

STEPSTONE VC							
SECONDARIES FUND V LP							40.

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

11 ()

12

13

14

15

16

17 **40.**

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

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

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

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

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

Unrelated Business Taxable Income From an Unrelated Trade or Business

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 13 of 24

E Describe the unrelated trade or business **ACCOLADE PARTNERS GROWTH III**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 45	5	-1,119.	-1,119.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	-1,119.	-1,119.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	379.
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 46	14	3,496.
15 Total deductions. Add lines 1 through 14	15	3,875.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-4,994.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-4,994.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions included in line 10				0.

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 45

DESCRIPTION	NET INCOME OR (LOSS)
ACCOLADE PARTNERS GROWTH III - ORDINARY BUSINESS INCOME (LOSS)	-1,119.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-1,119.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 46

DESCRIPTION	AMOUNT
MANAGEMENT FEES	3,496.
TOTAL TO SCHEDULE A, PART II, LINE 14	3,496.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 47

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/24	1,274.	0.	1,274.	1,274.
NOL CARRYOVER AVAILABLE THIS YEAR			1,274.	1,274.

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

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 14 of 24

E Describe the unrelated trade or business **BROOKFIELD INFRASTRUCTURE FUND V**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	0.		

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

1 Compensation of officers, directors, and trustees (Part X)		1		
2 Salaries and wages		2		
3 Repairs and maintenance		3		
4 Bad debts		4		
5 Interest (attach statement). See instructions		5		
6 Taxes and licenses		6		
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion		9		
10 Contributions to deferred compensation plans		10		
11 Employee benefit programs		11		
12 Excess exempt expenses (Part VIII)		12		
13 Excess readership costs (Part IX)		13		
14 Other deductions (attach statement)		14		
15 Total deductions. Add lines 1 through 14		15		0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16		0.
17 Deduction for net operating loss. See instructions		17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18		

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

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

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

Unrelated Business Taxable Income From an Unrelated Trade or Business

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 15 of 24

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 48	5	-38,062.	-38,062.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	-38,062.	-38,062.

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

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		889.
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 49	14		8,193.
15 Total deductions. Add lines 1 through 14	15		9,082.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-47,144.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		-47,144.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

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

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

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

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

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 48
DESCRIPTION		NET INCOME OR (LOSS)
STONELAKE OPPORTUNITY PARTNERS VII LP - NET RENTAL REAL ESTATE INCOME		-8,085.
STONELAKE OPPORTUNITY PARTNERS VII LP - OTHER INCOME (LOSS)		-29,977.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-38,062.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 49
DESCRIPTION		AMOUNT
MANAGEMENT FEES		8,193.
TOTAL TO SCHEDULE A, PART II, LINE 14		8,193.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 50
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/24	101,976.	0.	101,976.	101,976.
NOL CARRYOVER AVAILABLE THIS YEAR			101,976.	101,976.

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

16
OMB No. 1545-0047

2024

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 16 of 24

E Describe the unrelated trade or business **SILVER POINT SPECIALTY CREDIT FUND III**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 2,621.		2,621.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 51	5 34,245.		34,245.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 36,866.		36,866.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	959.
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 52	14	8,843.
15 Total deductions. Add lines 1 through 14	15	9,802.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	27,064.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	27,064.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

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

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 51
DESCRIPTION		NET INCOME OR (LOSS)
SILVER POINT SPECIALTY CREDIT FUND III LP - INTEREST INCOME		53,594.
SILVER POINT SPECIALTY CREDIT FUND III LP - OTHER PORTFOLIO INCOME (LOSS)		190.
SILVER POINT SPECIALTY CREDIT FUND III LP - OTHER INCOME (LOSS)		-19,539.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		34,245.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 52
DESCRIPTION		AMOUNT
MANAGEMENT FEES		8,843.
TOTAL TO SCHEDULE A, PART II, LINE 14		8,843.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				1,517.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	1,517.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				1,104.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	1,104.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	1,517.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	1,104.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	2,621.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

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

56-1223384

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	SILVER POINT SPECIALTY CREDIT FUND III L							1,104. C
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								1,104.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Unrelated Business Taxable Income From an Unrelated Trade or Business

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 17 of 24

E Describe the unrelated trade or business **STEPSTONE VC GLOBAL PARTNERS X-B LP**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 17.		17.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 53	5 5.		5.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 22.		22.

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

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		1,442.
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 54	14		13,297.
15 Total deductions. Add lines 1 through 14	15		14,739.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-14,717.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		-14,717.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions included in line 10				0.

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

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

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

Part XI Supplemental Information (see instructions)

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 53

DESCRIPTION	NET INCOME OR (LOSS)
STEPSTONE VC GLOBAL PARTNERS X-B LP - ORDINARY BUSINESS INCOME (LOSS)	-122.
STEPSTONE VC GLOBAL PARTNERS X-B LP - OTHER INCOME (LOSS)	127.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	5.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 54

DESCRIPTION	AMOUNT
MANAGEMENT FEES	13,297.
TOTAL TO SCHEDULE A, PART II, LINE 14	13,297.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 55

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/24	20,957.	0.	20,957.	20,957.
NOL CARRYOVER AVAILABLE THIS YEAR			20,957.	20,957.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

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

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

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				15.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	15.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				2.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	2.

Part III Summary of Parts I and II				
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)			16	15.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)			17	2.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns			18	17.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

56-1223384

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
[X] (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Rows include STEPSTONE VC, GLOBAL PARTNERS, X-B LP.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Unrelated Business Taxable Income From an Unrelated Trade or Business

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 18 of 24

E Describe the unrelated trade or business **EMG FUND IV LP (CRUDE PETROLEUM EXTRACTION)**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	0.	

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

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement)	14		
15 Total deductions. Add lines 1 through 14	15		0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		0.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

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

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2024

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 19 of 24

E Describe the unrelated trade or business **EMG FUND IV LP (NATURAL GAS EXTRACTION)**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	0.	

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	0.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

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

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

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

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

Part XI Supplemental Information (see instructions)

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

20

OMB No. 1545-0047

2024

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 20 of 24

E Describe the unrelated trade or business **EMG FUND IV LP (OIL & GAS EXTRACTION)**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	0.		

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

1 Compensation of officers, directors, and trustees (Part X)							
2 Salaries and wages							
3 Repairs and maintenance							
4 Bad debts							
5 Interest (attach statement). See instructions							
6 Taxes and licenses							
7 Depreciation (attach Form 4562). See instructions		7					
8 Less depreciation claimed in Part III and elsewhere on return		8a				8b	
9 Depletion							
10 Contributions to deferred compensation plans							
11 Employee benefit programs							
12 Excess exempt expenses (Part VIII)							
13 Excess readership costs (Part IX)							
14 Other deductions (attach statement)							
15 Total deductions. Add lines 1 through 14							0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)							0.
17 Deduction for net operating loss. See instructions							0.
18 Unrelated business taxable income. Subtract line 17 from line 16							

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

Unrelated Business Taxable Income From an Unrelated Trade or Business

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 21 of 24

E Describe the unrelated trade or business **EMG FUND IV LP (PIPELINE TRANSPORTATION)**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	0.	

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

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement)	14		
15 Total deductions. Add lines 1 through 14	15		0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		0.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

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

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

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

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

Part XI Supplemental Information (see instructions)

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

22

OMB No. 1545-0047

2024

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 22 of 24

E Describe the unrelated trade or business **EMG FUND IV LP (PIPELINE TRANSPORTATION OF CR**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	0.		

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

1 Compensation of officers, directors, and trustees (Part X)							
2 Salaries and wages							
3 Repairs and maintenance							
4 Bad debts							
5 Interest (attach statement). See instructions							
6 Taxes and licenses							
7 Depreciation (attach Form 4562). See instructions		7					
8 Less depreciation claimed in Part III and elsewhere on return		8a				8b	
9 Depletion							
10 Contributions to deferred compensation plans							
11 Employee benefit programs							
12 Excess exempt expenses (Part VIII)							
13 Excess readership costs (Part IX)							
14 Other deductions (attach statement)							
15 Total deductions. Add lines 1 through 14							0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)							0.
17 Deduction for net operating loss. See instructions							0.
18 Unrelated business taxable income. Subtract line 17 from line 16							

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions included in line 10				0.

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

FORM 990-T
SCHEDULE A

DESCRIPTION OF ORGANIZATION'S UNRELATED
BUSINESS ACTIVITY

STATEMENT 56

EMG FUND IV LP (PIPELINE TRANSPORTATION OF CRUDE OIL)

TO FORM 990-T, SCHEDULE A, LINE E

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

23

OMB No. 1545-0047

2024

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 23 of 24

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	0.	
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	-534.	-534.
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 57	5	7,927.	7,927.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	7,393.	7,393.

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

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2	1,385.	
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 58	14	12,767.	
15 Total deductions. Add lines 1 through 14	15	14,152.	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-6,759.	
17 Deduction for net operating loss. See instructions	17	0.	
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-6,759.	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions included in line 10				0.

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations					
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5		
(1)									
(2)									
(3)									
(4)									
7. Taxable Income		8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)									
(2)									
(3)									
(4)									
						Add columns 5 and 10. Enter here and on Part I, line 8, column (A).		Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals						0.		0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

Part IX Advertising Income

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

- A
- B
- C
- D

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

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

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

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

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

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

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 57
DESCRIPTION		NET INCOME OR (LOSS)
HEADLANDS CAPITAL SECONDARY FUND IV - ORDINARY BUSINESS INCOME (LOSS)		-4,119.
HEADLANDS CAPITAL SECONDARY FUND IV - OTHER NET RENTAL INCOME (LOSS)		11,917.
HEADLANDS CAPITAL SECONDARY FUND IV - INTEREST INCOME		10.
HEADLANDS CAPITAL SECONDARY FUND IV - DIVIDEND INCOME		176.
HEADLANDS CAPITAL SECONDARY FUND IV - ROYALTIES		13.
HEADLANDS CAPITAL SECONDARY FUND IV - OTHER PORTFOLIO INCOME (LOSS)		13.
HEADLANDS CAPITAL SECONDARY FUND IV - OTHER INCOME (LOSS)		-83.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		<u>7,927.</u>

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 58
DESCRIPTION		AMOUNT
MANAGEMENT FEES		12,767.
TOTAL TO SCHEDULE A, PART II, LINE 14		<u>12,767.</u>

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

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

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

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				-6.
11 Enter gain from Form 4797, line 7 or 9				11
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				-6.

Part III Summary of Parts I and II				
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)				16
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				17
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns				0.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

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

56-1223384

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	HEADLANDS CAPITAL SECONDARY FUND IV							-6.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								-6.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

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

Identifying number

56-1223384

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a
1b
1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	HEADLANDS CAPITAL SECONDARY FUND IV						-534.

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

3
4
5
6
7 **-534.**

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8
9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	12	13	14	15	16	17

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

11 (**534.**)
12
13
14
15
16
17 **-534.**

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a
18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

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

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

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

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

Unrelated Business Taxable Income From an Unrelated Trade or Business

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	B Employer identification number 56-1223384
C Unrelated business activity code (see instructions) 900001	D Sequence: 24 of 24

E Describe the unrelated trade or business **RIDGEWOOD WATER & STRATEGIC INFRASTRUCTURE**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 59	5	2,450.	2,450.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	2,450.	2,450.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	411.
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 60	14	3,792.
15 Total deductions. Add lines 1 through 14	15	4,203.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-1,753.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-1,753.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

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

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

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

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations			
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
Nonexempt Controlled Organizations							
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10			
(1)							
(2)							
(3)							
(4)							
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).			
Totals			0.	0.			

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

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

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

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

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 59

DESCRIPTION	NET INCOME OR (LOSS)
RIDGEWOOD WATER & STRATEGIC INFRASTRUCTURE FUND II - ORDINARY BUSINESS INCOM	2,450.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	2,450.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 60

DESCRIPTION	AMOUNT
MANAGEMENT FEES	3,792.
TOTAL TO SCHEDULE A, PART II, LINE 14	3,792.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				1,507.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	1,507.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				3,501.
11 Enter gain from Form 4797, line 7 or 9			11	32,078.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	35,579.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	1,507.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	35,579.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	37,086.

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

Alternative Minimum Tax-Corporations

2024

Attach to your tax return.
 Go to www.irs.gov/Form4626 for instructions and the latest information.

Name of corporation THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	Employer identification number (EIN) 56-1223384
--	---

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)

If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a		
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f		
2 Adjustments (see instructions):			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return	2b		
c Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511)	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4		
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			6
7 3-year average annual AFSI (see instructions)			7

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 Yes. Continue to line 9.
 No. STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 Yes. Continue to line 10.
 No. Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended	
10 AFSI for purposes of the \$100 million test before adjustments:				
a AFSI from line 5	10a			
b Aggregation differences (see instructions)	10b			
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c			
11 Adjustments:				
a Income not effectively connected to a U.S. trade or business	11a			
b Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions)	11b			
c Reserved for future use - Other adjustments 1	11c			
d Reserved for future use - Other adjustments 2	11d			
12 Total adjustments. Combine lines 11a and 11b	12			
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13			
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13				14
15 3-year average annual AFSI for purposes of the \$100 million test				15

- 16** Is line 15 \$100 million or more?
 Yes. Continue to Part II.
 No. STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax (CAMT)

1 Net income or loss per AFS (see instructions):		
a Consolidated net income or loss per the AFS of the corporation	1a	33,546.
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d Adjustment for certain consolidating entries (see instructions)	1d	
e Specified additional net income or loss item D. Reserved for future use	1e	
f AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	33,546.
2 Adjustments (see instructions):		
a Financial statements covering different tax years	2a	
b Reserved for future use - Adjustment 2b	2b	
c Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3	2e	
f Amounts that are not effectively connected to a U.S. trade or business	2f	
g Certain taxes. Enter the amount from Part III, line 7	2g	
h Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i Alaska native corporations	2i	
j Certain credits	2j	
k Mortgage servicing income	2k	
l Covered benefit plans described in section 56A(c)(11)(B)	2l	
m Tax-exempt entities (organizations subject to tax under section 511)	2m	
n Depreciation	2n	
o Qualified wireless spectrum	2o	
p Covered transactions	2p	
q Adjustments related to bankruptcy and insolvency	2q	
r Certain insurance company adjustments	2r	
s AFSI adjustment S - Reserved for future use	2s	
t AFSI adjustment T - Reserved for future use	2t	
u AFSI adjustment U - Reserved for future use	2u	
z Other	2z	STATEMENT 62 * -37,126.
3 Total adjustments. Combine lines 2a through 2z	3	-37,126.
4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-3,580.
5 Financial statement net operating loss (FSNOL) (see instructions)	5	
6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7 Multiply line 6 by 15% (0.15)	7	
8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9	
10 Regular tax liability (see instructions)	10	
11 Base erosion minimum tax (see instructions)	11	
12 Combine lines 10 and 11	12	
13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1 Current income tax provision - Foreign	1	
2 Current income tax provision - Federal	2	
3 Deferred income tax provision - Foreign	3	
4 Deferred income tax provision - Federal	4	
5 Income taxes included in equity method investment income	5	
6a Adjustment A - Reserved for future use	6a	
b Adjustment B - Reserved for future use	6b	
c Adjustment C - Reserved for future use	6c	
d Adjustment D - Reserved for future use	6d	
e Adjustment E - Reserved for future use	6e	
f Adjustment F - Reserved for future use	6f	
g Adjustment G - Reserved for future use	6g	
h Adjustment H - Reserved for future use	6h	
z Income taxes in other places	6z	
7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit

Section I - CAMT Foreign Tax Credit

1	Domestic corporation CAMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g.....			2
3	Allowable CFC CAMT foreign income taxes:			
a	Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Other	3b		
c	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3c		
d	Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c			3d
e	Percentage specified in section 55(b)(2)(A)(i)	3e	15%	
f	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions)	3f		
g	CFC CAMT FTC limitation (multiply line 3e by line 3f)			3g
h	Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g)			3h
4	CAMT FTC Line 4 - Reserved for future use			4
5	CAMT FTC Line 5 - Reserved for future use			5
6	Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8.....			6

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment
Sequence No. **27**

Name(s) shown on return THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.	Identifying number 56-1223384
1a Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 63						
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 32,078.
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 32,078.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							
	STEPSTONE VC						
	SECONDARIES FUND V LP						40.
11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17 40.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.							
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

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

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

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

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

FORM 4626	AMT CONTRIBUTIONS	STATEMENT 61
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2019		
FOR TAX YEAR 2020		
FOR TAX YEAR 2021		
FOR TAX YEAR 2022		
FOR TAX YEAR 2023		
TOTAL CARRYOVER		
CURRENT YEAR CONTRIBUTIONS		11
TOTAL CONTRIBUTIONS		11
10% OF TAXABLE INCOME AS ADJUSTED		12,738
EXCESS CONTRIBUTIONS		0
ALLOWABLE CONTRIBUTIONS		11
AMT CHARITABLE DEDUCTION		11
REGULAR CONTRIBUTION DEDUCTION		11
AMT CONTRIBUTION ADJUSTMENT		0

FORM 4626

OTHER AMT ADJUSTMENTS

STATEMENT 62

DESCRIPTION	AMOUNT
ADJUSTED GAIN OR LOSS	-37,126.
TOTAL TO FORM 4626, LINE 2Z	-37,126.

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 63

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
HEADLANDS CAPITAL SECONDARY FUND LP						206.
THE ENERGY & MINERALS GROUP FUND II LP						-33.
THE ENERGY & MINERALS GROUP FUND II LP						146.
AG REALTY FUND VIII, LP						-7.
HEADLANDS CAPITAL SECONDARY FUND II LP						35,341.
THE ENERGY & MINERALS GROUP FUND IV LP						-28.
HEADLANDS CAPITAL SECONDARY FUND III						-3,013.
HEADLANDS CAPITAL SECONDARY FUND IV						-534.
TOTAL TO 4797, PART I, LINE 2						32,078.