

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2006** calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <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
	Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 1888	E Telephone number 828-254-4960
	City or town, state or country, and ZIP + 4 ASHEVILLE, NC 28802	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	

G Website: **WWW.CFWNC.ORG**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **20,743,929.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received:				
Revenue	a Contributions to donor advised funds	1a	9,778,375.	
	b Direct public support (not included on line 1a)	1b	3,888,164.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ 13,360,539. noncash \$ 306,000.)	1e		13,666,539.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss). Subtract line 6b from line 6a	6c		
7 Other investment income (describe INVESTMENT INCOME)	7		2,889,558.	
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a		
	3,750,212.	8b		
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1	8d		3,750,212.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		437,620.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		20,743,929.	
Expenses	13 Program services (from line 44, column (B))	13	9,904,536.	
	14 Management and general (from line 44, column (C))	14	452,852.	
	15 Fundraising (from line 44, column (D))	15	429,272.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		10,786,660.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	9,957,269.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	111,066,810.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	6,356,017.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		127,380,096.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Form 990 (2006)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$6649616 - noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/>)	22a 6,649,616.	6,649,616.	STATEMENT 4	
22b Other grants and allocations (attach schedule) (cash \$2105334 - noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/>)	22b 2,105,334.	2,105,334.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 525,315.	236,749.	174,335.	114,231.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(1)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 366,319.	280,480.	29,767.	56,072.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 163,127.	94,628.	37,341.	31,158.
29 Payroll taxes	29 71,469.	41,458.	16,360.	13,651.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 39,937.	23,167.	9,142.	7,628.
34 Telephone	34 18,030.	10,459.	4,127.	3,444.
35 Postage and shipping	35 18,189.	10,551.	4,164.	3,474.
36 Occupancy	36 136,066.	78,930.	31,147.	25,989.
37 Equipment rental and maintenance	37 41,242.	23,924.	9,441.	7,877.
38 Printing and publications	38 56,586.	32,825.	12,953.	10,808.
39 Travel	39 30,266.	17,557.	6,928.	5,781.
40 Conferences, conventions, and meetings	40 55,523.	32,208.	12,710.	10,605.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 4,048.	2,348.	927.	773.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 3	43g 505,593.	264,302.	103,510.	137,781.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 10,786,660.	9,904,536.	452,852.	429,272.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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Form 990 (2006)

THE COMMUNITY FOUNDATION
OF WESTERN NORTH CAROLINA, INC.

Form 990 (2006)

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ CHARITABLE GIFTS TO APPROVED 501(C)(3) ORGANIZATIONS	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a THE FOUNDATION MADE NUMEROUS CHARITABLE CONTRIBUTIONS TO SPECIFIC APPROVED 501(C)(3) ORGANIZATIONS	
(Grants and allocations \$ 8,754,950.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	9,904,536.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	9,904,536.

Form 990 (2006)