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DLN: 93491129006088

2016

OMB No 1545-0052

Return of Private Foundation

---990-PF Department of the Treasury

Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

Open to Public

Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

For calendar year 2016, or tax year beginning 07-01-2016 , and ending 06-30-2017 A Employer identification number Western North Carolina Community Homes 9 Inc 30-0147138 Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) 5350 77 Center Drive Suite (704) 659-7640 City or town, state or province, country, and ZIP or foreign postal code Charlotte, NC 28217 C If exemption application is pending, check here ☐ Initial return G Check all that apply ☐ Initial return of a former public charity D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ Final return Amended return Address change ☐ Name change E If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation H Check type of organization under section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation I Fair market value of all assets at end J Accounting method ☐ Cash ☑ Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here of year (from Part II, col (c), Other (specify) line 16) \$ 354,996 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total (d) Disbursements for charitable Revenue and (b) Net investment Adjusted net (c) of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes equal the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc , received (attach 6,565 schedule) Check ► ✓ If the foundation is **not** required to attach 2 3 Interest on savings and temporary cash investments Dividends and interest from securities Gross rents 5a b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 16,484 16,484 11 Total. Add lines 1 through 11 22,452 38 16,522 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 2.061 2.023 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . 1,475 1,475 Accounting fees (attach schedule) Other professional fees (attach schedule) 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion إرجه 12.141 12.141 19 20 13.209 13,209 21 Travel, conferences, and meetings 22 Printing and publications . . 23 Other expenses (attach schedule) ارچە 3.152 3.152 Total operating and administrative expenses. 24 Add lines 13 through 23 32,038 32,000 0 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 32,038 38 32,000 27 Subtract line 26 from line 12 Excess of revenue over expenses and -9,586 disbursements Net investment income (If negative, enter -0-) Adjusted net income(If negative, enter -0-) For Paperwork Reduction Act Notice, see instructions. Cat No 11289X Form **990-PF** (2016)

340,212

385,083

4,778

386,700

20,718

412,196

-27,113

-27,113

385,083

∞,

328,511

354,996

386,700

391,695

-36,699

-36.699

354,996

2

3

4

5

6

1,466

3,529

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Investments—land, buildings, and equipment basis ▶

Investments—other (attach schedule)

Less accumulated depreciation (attach schedule) ▶ 143,748

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

.

Analysis of Changes in Net Assets or Fund Balances

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) > ____

Enter amount from Part I, line 27a

10a

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

28

29 Net 30

31

Part III

2 3

Liabilities

Balances

Fund

ō

Assets 27

b C

Form 990-PF (2016)

328,511

354,996

(a)

Page 3

	the kind(s) of property sold (e g , real phouse, or common stock, 200 shs ML		How acquired P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)
1 a Refrigerator			Р	2012-07-01	2016-09-13
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	n) r (loss)) minus (g)
a	9	934	1,569		-635
b					
С					
d					
e					
Complete only for assets	showing gain in column (h) and owne	i			I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col(ı) (յ), ıf any	col (k), but not	n) gain minus less than -0-) or om col (h))
a					-635
b					
c					
d					
e					
		s) If (loss), enter -0	Part I, line 7	3	-635
	Inder Section 4940(e) for Redirivate foundations subject to the section				
If section 4940(d)(2) applies, le Was the foundation liable for the	ave this part blank e section 4942 tax on the distributable	amount of any year	in the base period?	☐ Ye	es 🔲 No
	t qualify under section 4940(e) Do no				
1 Enter the appropriate am	nount in each column for each year, se	e instructions before	making any entries	i,	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable	le-use assets	(d) Distribution rati (col (b) divided by c	
2015					
2013					
2012					
2011					
2 Total of line 1, column (c	<u>,</u>		2		-
3 Average distribution ratio number of years the foun4 Enter the net value of not	for the 5-year base period—divide the dation has been in existence if less than the dation has been in existence if less than the dation period from P	an 5 years Part X, line 5	<u>3</u>		
			5		
	ent income (1% of Part I, line 27b) .		6		
			7		
	ons from Part XII, line 4 ,			g a 1% tax rate Se	e the Part VI

(b)

How acquired

(c)

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trustees and Contractors (continued)	, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional serv	ices (see instructions). If none, ent	er "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include re	elevant statistical information such as the num	ber of
organizations and other beneficiaries served, conferences convened, research papers proc	duced, etc	Expenses
1 Provided residential care and services for developmentally disabled adult	S	32,037
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	Instructions)	
Describe the two largest program-related investments made by the foundation during	<u> </u>	Amount
1	the tax year on meet and 2	, another
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		
		Form 990-PF (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3h 4

5

Form 990-PF (2016)

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

4

5

From 2012. . c From 2013. . From 2014. e From 2015. . . .

XII, line 4 🕨 \$

indicated below:

f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part

same amount must be shown in column (a))

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. . **b** Excess from 2013. . c Excess from 2014. . d Excess from 2015. . e Excess from 2016. .

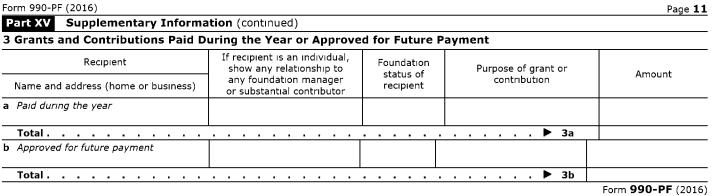
Subtract lines 7 and 8 from line 6a

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

Form **990-PF** (2016)

Page 9 Part XIII Undistributed Income (see instructions) (a) (c) (d)

	Corpus	l rears brior to 2013	2015	2010
Distributable amount for 2016 from Part XI, line 7				
Undistributed income, if any, as of the end of 2016				
Enter amount for 2015 only				
Total for prior years 20 , 20 , 20				
Excess distributions carryover, if any, to 2016				
From 2011				



ter gross	amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt	
. Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)	
a Rent	al income					16,484	
b							
d							
	and contracts from government agencies						
	rship dues and assessments						
	st on savings and temporary cash ments			14	38		
	ds and interest from securities.			1	30		
	tal income or (loss) from real estate						
	financed property						
	ebt-financed property						
	ntal income or (loss) from personal property						
	nvestment income						
	r (loss) from sales of assets other than			+			
	ory					-635	
	ome or (loss) from special events						
	profit or (loss) from sales of inventory						
Other r	evenue a						
b							
_							
d							
e							
- —							
C	al Add columns (b), (d), and (e)				38	15,849	
Subtota Total.	Add line 12, columns (b), (d), and (e)			13	38		
Subtota Total. ee worksl	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio Relationship of Activities to th	ns)				15,849 15,887	
Subtota Total. ee worksl art XVI	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish income is report	ment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to		
Subtota Total. e worksh art XV ne No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions)	ns) e Accomplish income is report empt purposes (nment of Exem ed in column (e) contains the column of the	pt Purposes of Part XVI-A contribu	ted importantly to		
Subtota Total. e workshart XV ne No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish income is report empt purposes (nment of Exem ed in column (e) contains the column of the	pt Purposes of Part XVI-A contribu	ted importantly to		
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1330 11 (20	10)		
rt XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	

orm 99	90-PF (2												Pa	ge 13
Part	XVII	Information Re Exempt Organiz		ansfe	ers To a	and Trans	sactio	ns and I	Relatio	nships With Nor	ncharita	able		
		janization directly or in Code (other than sectio	directly engag								on 501		Yes	No
		rom the reporting foun		-	•			-	p =	ya	-			
(1)	Cash.											1a(1)		No
(2)	Other	assets									. [1a(2)		No
b Oth	er trans	sactions												
		of assets to a nonchari	•	_								1b(1)		No
		ases of assets from a n										1b(2)		No
		l of facilities, equipmen oursement arrangemen	•					• •				1b(3) 1b(4)		No No
		or loan guarantees.									F	1b(5)		No
٠.		mance of services or m									F	1b(6)		No
c Sha	ring of	facilities, equipment, n	nailing lists, o	ther a	ssets, or	paid emplo	yees.				.	1c		No
of t ın a	he good ny tran	er to any of the above is, other assets, or serv saction or sharing arra	vices given by ngement, sho	the row	eporting i olumn (d	foundation i) the value	If the fe of the	oundation goods, ot	n receive her asse	d less than fair mar ts, or services recei	ket value ved	•		
(a) Line	No	(b) Amount involved	(c) Name of r	onchar	rıtable exer	mpt organiza	tion	(d) Desc	cription of	transfers, transactions,	, and shari	ng arrai	ngemen	ts
2a Is t	he foun	dation directly or indire	ectly affiliated	with,	or relate	d to, one o	r more t	ax-exem	pt organı	zations				
		n section 501(c) of the implete the following so	•	than s	ection 50	1 (c)(3)) or	ın sect	ion 527?.			\square] Yes	☑ N	0
		(a) Name of organization	n		(E) Type of or	ganızatıo	n		(c) Description	of relation	nship		
Sign	of my	er penalties of perjury, y knowledge and belief n preparer has any kno	, it is true, co											
Here	*	****				2018-05-0	9	**	****		May the IR with the pr			
		Signature of officer or ti	ustee			Date		— ₽ -	tle		(see instr	· —		
		T									(See man)		-	
		Print/Type preparer's	name	Prepa	rer's Sıgr	nature		Date		Check if self	PTIN	200034	760	
Paid		Vicki L Kendrick CF	'A							employed ▶ ☐	ſ	-00034	.700	
_	arer Only	Firm's name ► Apple	e Koceja & As	sociat	es PA						Fırm's EI	N >		
	J,		5 Dolley Madı eensboro, NC								Phone no	(336) 854-4	4277
											For	m 99 ()-PF (2016)
											, 51		- • • (

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances -0-) (b) devoted to position employee benefit plans and deferred compensation Theresa Hall Trustee ۵ 0 00 5350 77 Center Drive Suite 201 Charlotte, NC 28217 Parks Hunter O Trustee 0.00 5350 77 Center Drive Suite 201 Charlotte, NC 28217 Tom Lawson 0 Trustee 0 00 5350 77 Center Drive Suite 201 Charlotte, NC 28217 Andy Starzecki Trustee 0 0 00 5350 77 Center Drive Suite 201 Charlotte, NC 28217 Morry Johnston O Trustee 0.00 5350 77 Center Drive Suite 201 Charlotte, NC 28217 Donna Frye 0 Trustee 0 00 5350 77 Center Drive Suite 201 Charlotte, NC 28217 Max Daniel Trustee 0 0 00 5350 77 Center Drive Suite 201 Charlotte, NC 28217 Tom Hollowell Trustee ۵ 0.00 5350 77 Center Drive Suite 201 Charlotte, NC 28217 Edward Imbrogno 0 Trustee 0 00 5350 77 Center Drive Suite 201 Charlotte, NC 28217 Pat Mırabellı Trustee 0 0 00 5350 77 Center Drive Suite 201 Charlotte, NC 28217 Billy Morton Trustee 0 0.00 5350 77 Center Drive Suite 201 Charlotte, NC 28217 Gil Middlebrooks Chair/Secretary 0 0 00 5350 77 Center Drive Suite 201 Charlotte, NC 28217 Dan Warren Treasurer 0 0 00 5350 77 Center Drive Suite 201 Charlotte, NC 28217

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TY 2016 Accounting Fo	ees Sch	edule								
Name: Western North Carolina Community										
1		Homes 9	Inc	•						
EIN: 30-0147138										
Softv	vare ID:	1600030	3							
Software \	Version:	2016v3.0	ס							
Category	Disbursements for Charitable Purposes									
Compile financial statements		1,175 0 1,175								
Prepare 990-PF	1,175 0 1,175 0 300 0 300 0									

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Depreciation Schedule

Name: Western North Carolina Community

Homes 9 Inc

EIN: 30-0147138

Software ID: 16000303

Software Version: 2016v3.0

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
Building	2004-11-10	428,737	125,084	SL	40 0000	10,718			
Closing costs on home	2005-07-01	14,000	3,850	SL	40 0000	350			
Additional closing costs	2005-07-01	1,000	175	SL	40 0000	25			
Hardwood flooring	2012-07-01	10,000	2,000	SL	20 0000	500			
Refngerator	2012-07-01	1,569	897	SL	7 0000	37			
Dryer	2013-07-01	528	226	SL	7 0000	76			
Dishwasher	2014-10-02	807	201	SL	7 0000	115			
Range	2016-06-26	584		SL	7 0000	84			
Washer	2015-07-01	754	108	SL	7 0000	108			
Refrigerator	2016-09-13	1,074		SL	7 0000	128			

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TY 2016 Land, Etc. Schedule						
N	Name:	Western Nort	h Carolına Cor	nmunity		
		Homes 9 Inc				
	EIN:	30-0147138				
Softwa	re ID:	16000303				
Software Ve	rsion:	2016v3.0				
Category / Item	Co	ost / Other	Accumulate	-	Value	End of Year Fair

Software Version: 2016v3.0									
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value					
Machinery and Equipment	3,748	1,045	2,703	2,703					
Buildings	453,737	142,703	311,034	311,034					
Land	14,774		14,774	14,774					

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TY 2016 Mortgages and Notes	Payable	Sche	dule			
Name:	Western N	North C	Carolina Co	mmunity		
	Homes 9			,		
FTN:	30-01471					
Software ID:						
Software Version:						
Total Mortgage Amount:	366,700					
	Item No.				1	
	r's Name					
Lend	ler's Title					
Relationship t	o Insider					
Original Amoun	t of Loan					
Bal	ance Due			386,700		
Dat	e of Note					
Matu	rity Date					
Repayme	nt Terms					
Inte	rest Rate					
Security Provided by	Borrower					
Purpos	e of Loan					
Description of Lender Cons	ideration					
Considera	tion FMV					

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TY 2016 Other Expenses Sche	dule								
Name: Western North Carolina Community									
ı	Homes 9 Inc								
EIN:	30-0147138								
Software ID:	16000303								
Software Version:	2016v3.0								
Other Expenses Schedule				·1					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					
Management fee	2,621		2,621						
Miscellaneous administrative	531		531						

TY 2016 Other Income Schedule								
Name:	Western North Carolina Community							
	Homes 9 Inc							
EIN:	30-0147138							
Software ID:	16000303							
Software Version:	2016v3.0							
Other Income Schedule								
Description		Revenue And	Net Investment	Adjusted Net Income				

Expenses Per Books

16,484

Income

DLN: 93491129006088

Rental income

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TY 2016 Other Liabilities Schedule						
Name:	Western North Carolina Community					
	Homes 9 Inc					
EIN:	30-0147138					
Software ID:	16000303					
Software Version:	2016v3.0					
Description		Beginning of Year - Book Value	End of Year - Book Value			
Tenant security deposits held in trust		916	1,466			
HUD PRAC excess residual rec liability			19,802			