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DLN: 93493228029872

Department of the Treasury

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

2010

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011 A For the 2010 D Employer identification number C Name of organization CHEROKEE PRESERVATION FOUNDATION INC B Check if applicable 56-2272253 Address change Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (828) 497-5550 PO BOX 504 Terminated G Gross receipts \$ 7,186,385 City or town, state or country, and ZIP + 4 CHEROKEE, NC 28719 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes SUSAN JENKINS PO BOX 504 **H(b)** Are all affiliates included? CHEROKEE, NC 28719 If "No," attach a list (see instructions) H(c) Group exemption number ► Website: ► WWW CHEROKEEPRESERVATIONFDN ORG K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 2001 M State of legal domicile NC Part I Summary $\textbf{1} \quad \text{Briefly describe the organization's mission or most significant activities}$ TO PROTECT, PRESERVE, AND ENHANCE THE OVERALL WELL-BEING OF THE CHEROKEE PEOPLE Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 9 5 11 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . 0 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 6,731,922 6,884,805 Rayenue Program service revenue (Part VIII, line 2g) . 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 254,133 301,580 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 6,986,055 7,186,385 13 4,425,237 5,318,677 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines Expenses 716,241 838,929 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 482,751 523,685 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,624,229 6,681,291 19 Revenue less expenses Subtract line 18 from line 12 . 505,094 1,361,826 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 14,854,797 14,839,978 Total liabilities (Part X, line 26) . 1,731,353 1.513.059 22 13,123,444 13,326,919 Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II 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 SUSAN JENKINS EXECUTIVE DIRECTOR Type or print name and title			2012-08-15 Date	
	Print/Type preparer's name AMY BIBBY	Preparer's signature AMY BIBBY	Date	Check if self- employed	PTIN
Paid Preparer	Firm's name DIXON HUGHES GOODMAN LLP				Firm's EIN 🕨
Jse Only	Firm's address 500 RIDGEFIELD COURT ASHEVILLE, NC 28806				Phone no (828) 254- 2254
1ay the IF	S discuss this return with the preparer	shown above? (see instructions) .			✓ Yes No

Par	t III	Statement of Program S	Service Accomplis	hments		1 age 2
		Check if Schedule O contains				
1	Brief	ly describe the organization's mi	ssion			
		ASE THE QUALITY OF LIFE OF REGION	THE EASTERN BAND	OF CHEROKEE IND	IANS AND STRENGTHEN THI	E WESTERN NORTH
2	Dıd th	ne organization undertake any si	gnıficant program servi	ces during the year v	which were not listed on	
	•	rior Form 990 or 990-EZ? .				Yes ✓ No
		s," describe these new services				
3	servi	ne organization cease conductin		hanges in how it cond		Yes ✓ No
	If "Ye	s," describe these changes on S	Schedule O			
4	Section	ribe the exempt purpose achieve on 501(c)(3) and 501(c)(4) organisms to others, the total expens	anizations and section	4947(a)(1) trusts are	e required to report the amount	
4a	(Cod	e) (Expenses \$	6,424,918 ın	cluding grants of \$	5,318,677) (Revenue \$)
	GRAN	CHEROKEE PRESERVATION FOUNDATIO ITMAKER, CONVENER, PARTNERSHIP B MPLISHMENTS IN SCHEDULE O	N IS A 501(C)(3) PUBLICLY ROKER AND COMMUNITY BL	SUPPORTED ORGANIZATION STATE OUR PLEASE SEE OUR	ON THAT ACCOMPLISHES ITS EXEMPT EXTENDED STATEMENT OF PROGRAM	PURPOSE AND MISSION AS A SERVICE
4b	(Code	e) (Expenses \$	ınd	 cluding grants of \$) (Revenue \$)
4c	(Code	e) (Expenses \$	ind	cluding grants of \$) (Revenue \$)
	Othe	er program services (Describe i	n Schedule O)			
		enses \$	including grants of \$) (Revenue \$)
4e	Tota	Il program service expenses +\$	6,424,918			

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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V^{\square}	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
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</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	<u>.</u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 24			
b	Enter the number of Forms W-2G included in 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	Yes	
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		165	
b	return			
_		2b	Yes	
.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νc
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1a	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)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	-		
5a	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?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νc
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	1		
	facilities	1		
	Section 501(c)(12) organizations. Enter Cross uncome from members or shareholders			
	Gross income from members or shareholders			
_	against amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	13a		
h	Enter the amount of reserves the organization is required to maintain by the states			
0	in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
L	If "Voc " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	9		No	
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
Ke	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in 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		No
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶NC			
1 2	Section 61.04 requires an organization to make its Form 10.23 (or 10.24 if applicable) 9.00 and 9.00-T (5.01/c)			

- (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

 Own website Another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization DEBORAH GRANT

71 JOHN CROWE HILL ROAD CHEROKEE, NC 28719 (828) 497-5550

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) LUKE HYDE CHAIRMAN	2 00	Х		х				0	0	0
(2) JANELL RATTLER SECRETARY	1 00	х		Х				0	0	0
(3) BILL BOYUM TREASURER	1 00	х		х				0	0	0
(4) MICHELL HICKS BOARD MEMBER	1 00	Х						0	0	0
(5) JIM OWLE BOARD MEMBER	1 00	Х						0	0	0
(6) TOM MASSIE BOARD MEMBER	1 00	Х						0	0	0
(7) MYRON COULTER BOARD MEMBER	1 00	х						0	0	0
(8) MORGAN CRISP BOARD MEMBER	1 00	Х						0	0	0
(9) LAWANDA NATIONS BOARD MEMBER	1 00	х						0	0	0
(10) KEREDITH OWENS BOARD MEMBER	1 00	х						0	0	0
(11) RONNIE BEALE BOARD MEMBER	1 00	х						0	0	0
(12) SUSAN JENKINS EXECUTIVE DIRECTOR	50 00			х				143,100	0	32,023
(13) DEBORAH GRANT FINANCE OFFICER	40 00			х				75,414	0	26,273

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

	(A) Name and Title	(B) Average hours per	ı	(tion that a			II		(D) Reportable compensation from the	(E) Reportable compensation from related	- 1	(F) Estima amount o compens	ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from torganizat relat relat	the ion and ed
		1									+		
											+		
											_		
											+		
											+		
											_		
1b	Sub-Total	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>			+		
С	Total from continuation sheets						 -				\top		
d	Total (add lines 1b and 1c) .							Þ	218,514	C)		58,296
2	Total number of individuals (inc \$100,000 in reportable compe	_				ted	above) who	received more tha	an			
												Yes	No
3	On line 1a? If "Yes," complete Sc						mploy •	ee,o	r highest compens	ated employee	3		No
4	For any individual listed on line organization and related organiz												
	ındıvıdual			•	•	•		•			4	Yes	
5	Did any person listed on line 1a services rendered to the organi									or individual for •	5		No
Se	ction B. Independent Cor	ntractors											
1	Complete this table for your five \$100,000 of compensation from	e highest compei		ındep	end	ent o	contra	ctors	that received mor	e than			
(A) (B) Name and business address Description of services										(C Comper			
											\downarrow		
											\downarrow		
	Fotal number of independent con \$100,000 in compensation from			ot lir	nıte	d to	those	liste	d above) who recei	ved more than			

C VIII	II Statement of Bouching						
	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514	
STUDONIE IN STANDONIE HONORIE	· -						
5 b	Membership dues 1b						
<u></u>	Fundraising events 1c						
<u>≒</u> d	Related organizations 1d						
E e	Government grants (contributions) 1e	6,851,594					
f	All other contributions, gifts, grants, and similar amounts not included above	33,211		İ		j	İ
5 a							
<u>.</u>							
= ਜ਼ਿ	Total. Add lines 1a-1f	▶	6,884,805				
		Business Code					1
2a	·						
b	,						
С							
d							1
2a b c d e f	·						1
f	All other program service revenue						1
g 3							
٦	Investment income (including dividends, interest and other similar amounts)	±51 ▶	301,580			301,580	
4	Income from investment of tax-exempt bond proceeds	▶	·				
5	Royalties	▶					
	(ı) Real	(II) Personal					
6a							
ь	Less rental expenses						
c	Rental income						
d	or (loss) Net rental income or (loss)	•					
_	(i) Securities	(II) O ther					
7a	Gross amount	(11) 0 01101					
	from sales of assets other						
b	than inventory Less cost or						
	other basis and sales expenses						
c							
d	Net gain or (loss)	►					
8a							
	(not including						
	\$ of contributions reported on line 1c)						
	See Part IV, line 18						
.	a						
b		<u> </u>					
9a	Gross income from gaming activities See						}
	Part IV, line 19 . a						
Ь	Less direct						
	expenses b						
С	Net income or (loss) from gaming activities .						
10	Gross sales of inventory, less						
	returns and allowances . a						
h	Less cost of goods sold b						
	Net income or (loss) from sales of inventory .	. ►					
	Miscellaneous Revenue	Business Code					
116	a						
1.1	ь						1
	· ·						1
	c						
ı	d All other revenue						
1							

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) but are not required to complete columns (B), (C), and (D).								
			(B)	(b).	(D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,275,274	5,275,274					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	43,403	43,403					
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	,	,					
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	276,810	143,858	132,952				
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	359,995	359,995					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	56,583	46,783	9,800				
9	Other employee benefits	96,863	76,098	20,765				
10	Payroll taxes	48,678	35,913	12,765				
а	Fees for services (non-employees) Management							
b	Legal	295		295				
c	Accounting	19,800		19,800	_			
d	Lobbying							
е	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
g	Other	21,575		21,575				
12	Advertising and promotion	3,979	3,979					
13	Office expenses	89,991	71,034	18,957				
14	Information technology							
15	Royalties							
16	Occupancy	51,776	44,107	7,669				
17	Travel	30,490	25,917	4,573				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	23,130	19,704	3,426				
23	Insurance	5,693	1,897	3,796				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)							
а	LEADERSHIP/MGMT INSTITU	143,581	143,581					
b	GRANTEE COMMUNICATIONS	54,032	54,032					
С	EMERGING PROGRAMMING OP	35,289	35,289					
d	ECONOMIC DEVELOPMENT	27,135	27,135					
e	EVALUATION OF GRANT PRO	3,613	3,613					
f	All other expenses	13,306	13,306					
25	Total functional expenses. Add lines 1 through 24f	6,681,291	6,424,918	256,373	0			
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the							
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	90,733	1	49,689
	2	Savings and temporary cash investments	4,686,196	2	3,743,289
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	604,722	4	709,305
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers, and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions)			
\$		Schedule L		6	
ssets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	409,652	9	394,721
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 284,291			
	ь	Less accumulated depreciation 10b 195,412	75,230	10 c	88,879
	11	Investments—publicly traded securities	8,988,264	11	9,854,095
	12	Investments—other securities See Part IV, line 11		12	
	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 34)	14,854,797	16	14,839,978
	17	Accounts payable and accrued expenses .	207,330	17	124,405
	18	Grants payable	1,524,023	18	1,388,654
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
eS	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Lia		persons Complete Part II of Schedule L		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 Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,731,353	26	1,513,059
- S		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27			
ž	27	through 29, and lines 33 and 34. Unrestricted net assets	13,123,444	27	13,326,919
<u>ह</u>	27		15,125,444	28	15,520,919
Fund Balances	28	Temporarily restricted net assets		_	
ŭ	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
ò	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
50	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	13,123,444		13,326,919
Net	34	Total liabilities and net assets/fund balances	14,854,797		14,839,978
	34	i otal navilities and het assets/idild baldiftes	14,854,797	34	14,039,978

FG.	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7 1	186,38
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,681		
3	Revenue less expenses Subtract line 2 from line 1	3			505,09
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,1	L23,44
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-3	301,61
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		13,3	326,91
Par	Time Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990 Cash F Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its chedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

CHEROKEE PRESERVATION FOUNDATION INC

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

Employer identification number

		56-2272253										
Pai	rt I	Reaso	on for Pu	blic Charity Stat	tus (All org	janızatıons	must comp	olete this pa	art.) See ın	structions		
he o	rganı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ines 1 throu	gh 11, check	only one bo	x)			
1	\sqcap	A churc	h, conventi	on of churches, or as	sociation of	churches de	escribed in se	ection 170(b)(1)(A)(i).			
2	\sqcap	A schoo	ol described	in section 170(b)(1)(A)(ii). (At	tach Schedu	le E)					
3	Γ	A hospi	hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state										
5	Γ	An orga	nızatıon op	erated for the benefit	of a college	or universit	y owned or o	perated by a	government	al unit desc	rıbed ın	
		sect ion	section 170(b)(1)(A)(iv). (Complete Part II)									
6	Г					al unit desci	ribed in secti o	on 170(b)(1)(A)(v).			
7	▽	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)										
8	Γ	A comm	nunity trust	described in section	170(b)(1)(A)(vi) (Com	plete Part II)				
9	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
10	Γ	An orga	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).									
11	_	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type III c Type III - Functionally integrated d Type III - Other										
e f g	l	other th section If the or check t Since A	an foundati 509(a)(2) ganization his box ugust 17, 2	ox, I certify that the on managers and oth received a written de	etermination	or more publ	licly supporte	ed organizati Type I, Type	ons describe	ed in section	n 509(a)(1) or
			g persons?						ambadın ()			
				rectly or indirectly co governing body of th				Jersons desi	cribed iii (ii)	110	(i) Yes	No
				er of a person describ		_	cion.			11g 11g		
				led entity of a persor			hove?			11g(
h		• •		ng information about						[119(/	<u> </u>
(i) Name of supported organization			ed EIN lines 1 - 9 above		organızatı col (ı) lıst your gove	(iv) Is the organization in col (i) listed in your governing document?		cify the ion in your t?	(vi) Is the organizat col (i) org	e Ion In anized	A mo	/ii) unt of oport
				instructions))	Yes	No	Yes	No	Yes	No		
		l				1		I				

Total

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.)

_	ection A. Public Support	e organization i	ans to quamy a	nucl the tests i	isted below, pie	ase complete	rait III.
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,728,243	8,304,720	7,533,888	6,731,922	6,884,805	38,183,578
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 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	8,728,243	8,304,720	7,533,888	6,731,922	6,884,805	38,183,578
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public Support. Subtract line 5 from line 4						38,183,578
S	ection B. Total Support	•					
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4	8,728,243	8,304,720	7,533,888	6,731,922	6,884,805	38,183,578
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	383,712	441,051	308,175	254,133	301,580	1,688,651
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,775	45,287				49,062
11	Total support (Add lines 7 through 10)						39,921,291
12	Gross receipts from related activit	ies, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is check this box and stop here			thırd, fourth, or fı	fth tax year as a !	501(c)(3) organı	zation, ►
	ection C. Computation of Pul						
14	Public Support Percentage for 201		•	11 column (f))		14	95 650 %
15	Public Support Percentage for 200				4.4 22	15	95 780 %
b	33 1/3% support test—2010. If the and stop here. The organization quantum 33 1/3% support test—2009. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization means are supported to the support of the organization means are supported to the support of the support	alifies as a publice organization did n qualifies as a puestion of the organization meets the "fation	ly supported orga not check the box iblicly supported anization did not c acts and circumst	nization k on line 13 or 16 organization theck a box on lin tances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b k this box and st	33 1/3% or more, and line 14 op here. Explain	check this
b 18	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the organization in Part IV how the organization Private Foundation If the organizationstructions	nization meets the "fa	e "facts and circu acts and circumst	mstances" test, c ances" test The	heck this box and organization qual	d stop here. ıfıes as a publıcl ^ı	▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

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OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ema	Revenue Service	orm 990. ► See separate instructions.			Tusbec	tion
	ne of the organization ROKEE PRESERVATION FOUNDATION INC		Emp	loyer identificat	ion numb	er
-111	RONLE PRESERVATION TOOMDATION INC		56-2	2272253		
Pa	rt I Organizations Maintaining Donor A		_		Comple	te ıf the
	organization answered "Yes" to Form 99					
	-	(a) Donor advised funds	((b) Funds and ot	her accou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advı	sed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit				┌ Yes	┌ No
a	t II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV,	, lıne 7.	
	Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	Preservation of a c	ertifie	d historic structi	ure	
	-	•		Held at the I	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements	ŀ	2b			
С	Number of conservation easements on a certified his	` '	2c			
d	Number of conservation easements included in (c) a		2d			
	Number of conservation easements modified, transfer the taxable year Number of states where property subject to conserve Does the organization have a written policy regarding organization to the latest tensor and the latest tensor are the latest tensor and the latest tensor are the latest tensor are to the latest tensor are the latest tensor are to the latest tensor are the latest tensor are to the latest tensor are to the latest tensor are to the latest tensor are to the latest tensor are to the latest tensor are to the latest tensor are to the latest tensor are to the latest tensor are to the latest tensor are to the latest tensor are to the latest tensor are to the latest tensor are	ation easement is located • g the periodic monitoring, inspection, hand			┌ Yes	⊏ No
	enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, ins		ents d	uring the year ►	, res	1 140
	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	g the year ► \$ _		
	Does each conservation easement reported on line 2 170(h)(4)(B)(I) and 170(h)(4)(B)(II)?	2(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial				
ar	Complete if the organization answered	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Otl	her Similar A	ssets.	
a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or researc	h in fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			- \$		
	If the organization received or held works of art, hist following amounts required to be reported under SFA		r finan			
a	Revenues included in Form 990, Part VIII, line 1			► \$		
	,					

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easur	es, or O	<u>ther</u>	<u>r Similar <i>i</i></u>	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing th	nat are	a significa	nt us	se of its coll	ection		
а	Public exhibition		d	Γ	Loan o	rexch	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y further	the o	rganızatıon	's ex	empt purpos	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	┌ \	ſes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	1 "Ye	es" to Forn	า 990	,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other interme	edıary	for c	ontribut	ions o	r other ass	ets n	iot	Г	fes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	/ıng ta	able		Г			Amou		
c	Beginning balance						-	1c		Amou		
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						-	1f				
2a	Did the organization include an amount on Fo	orm 990 Part X lin	e 212				L	1			 /es	
	If "Yes," explain the arrangement in Part XIV		- 21.							' '		, 110
	rt V Endowment Funds. Complete		n ans	wer	ed "Yes	" to F	orm 990	Pari	t IV. line 1	0.		
	Endowniene i anabi complete	(a)Current Year)Prior					Three Years B		Four Y	ears Back
1a	Beginning of year balance	9,247,798		7	,583,038		6,366,44	.7				
b	Contributions	685,000			760,000		853,00	0				
С	Investment earnings or losses	-79,629			941,146		377,62	:5				
d	Grants or scholarships				25,797		14,03	4				
e	Other expenditures for facilities and programs				10,589							
f	Administrative expenses											
g	End of year balance	9,853,169		9	,247,798		7,583,03	8				
2	Provide the estimated percentage of the year	r end balance held	as									
а	Board designated or quasi-endowment 🕨	100 000 %										
b	Permanent endowment 🕨											
c	Term endowment ▶											
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	are held	and ac	dministered	fort	the	_		
	organization by								_		Yes	No
	(i) unrelated organizations			•				•	_	3a(i)		No
	(ii) related organizations								[3	Ba(ii)		No
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•		3b		<u> </u>
4	t VI Investments—Land, Building:)O Do	rt V Juno	10				
Fell	LVI Investments—Land, Building	s, and Equipme	iit. S			,				1		
	Description of investment				a) Cost or sıs (ınvest		(b)Cost or o		(c) Accumu depreciati		(d) Bo	ook value
1a	Land		•									
	Buildings		•									
c	Leasehold improvements		•								<u> </u>	
d	Equipment		•				175	,309	1.	20,501	<u> </u>	54,808
	Other						108	3,982		74,911		34,071
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B)), line	10(c).)				▶			88,879
									Schedul	e D (F	orm 9	90) 2010

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,186,385
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,681,291
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	505,094
4	Net unrealized gains (losses) on investments	4	-359,337
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	57,718
9	Total adjustments (net) Add lines 4 - 8	9	-301,619
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	203,475
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u>'</u>
1	Total revenue, gains, and other support per audited financial statements	1	6,827,048
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	-359,337
3	Subtract line 2e from line 1	3	7,186,385
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,186,385
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	6,623,573
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-57,718
3	Subtract line 2e from line 1	3	6,681,291
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,681,291
Pa	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUND REPRESENTS AMOUNTS SET ASIDE IN A LONG-TERM INVESTMENT FUND THE OBJECTIVE OF THE FUND IS TO EMPHASIZE LONG-TERM GROWTH OF CAPITAL AND TO BUILD A CORPUS THAT WILL HELP SUSTAIN THE FOUNDATION'S OPERATIONS IN THE FUTURE THE FUND IS NOT REPORTED AS RESTRICTED SINCE THERE ARE NO DONOR-IMPOSED STIPULATIONS INCLUDED IN THE ENDOWMENT FUND INVESTMENT PORTFOLIO ARE MONIES DESIGNATED FOR A LEADERSHIP AWARD FUND THE OBJECTIVE OF THE FUND IS TO EMPHASIZE SHORT-TERM GROWTH OF CAPITAL, WHILE SIMULTANEOUSLY PROTECTING THE CORPUS FROM THE EFFECTS OF INFLATION, TO ALLOW FOR THE AWARDING OF ANNUAL LEADERSHIP AWARDS THE FUND IS NOT REPORTED AS RESTRICTED SINCE THERE ARE NO DONOR-IMPOSED STIPULATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION HAS BEEN DETERMINED TO BE EXEMPT FROM TAXATION UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE IRC
PART XI, LINE 8 - OTHER ADJUSTMENTS		RETURN OF PRIOR GRANTS 57,718
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RETURN OF PRIOR GRANTS -57,718

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

DLN: 93493228029872

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

CHEROKEE PRESERVATION FOUNDATION INC

Employer identification number

56-2272253

Part I General Informatio	n on Grants and	l Assistance				I	
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as:	sıstance?			the grants or assist	ance, and	✓ Yes
Part II Grants and Other A. Form 990, Part IV, line duplicated if additional	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
See Addıtıonal Data Table							
2 Enter total number of section 50	1)1(c)(3) and governr	nent organizations .				· · · · · <u></u>	30
3 Enter total number of other orga	nizations					<u> ▶ _</u>	0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance				
(1) JONES-BOWMAN LEADERSHIP AWARD	10	43,403							

Part IV Supplem	ental Information. Comp	lete this part to provide the information required in Part I, line 2, and any other additional information.
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTS ARE AWARDED THROUGH AN APPLICATION AND INTERNAL REVIEW PROCESS, WITH THE BOARD OF DIRECTORS VOTING ON ALL AWARDS THE FOUNDATION PUBLISHES ITS FUNDING CRITERIA ON ITS WEBSITE AND WITHIN THE APPLICATION FORM ALL GRANT RECIPIENTS MUST REPORT AT LEAST ANNUALLY ON THE USE OF GRANT AWARD MONIES, AND MUST SUBMIT A FINAL REPORT UPON COMPLETION OF THE GRANT PROJECT THE JONES-BOWMAN LEADERSHIP AWARD PROGRAM IS GOVERNED BY A POLICY THAT SPECIFIES THE CRITERIA FOR ELIGIBILITY AND MAKING AWARDS ALL LEADERSHIP AWARD PAYMENTS TO AWARDEES ARE PRE-APPROVED BY A COMMITTEE WHO DETERMINES IF THE AWARD MEETS THE CRITERIA AS SPECIFIED IN THE POLICY
OTHER INFORMATION	PART IV	GRANTS ARE PRESENTED BY TYPE THEN RECIPIENT FOR THE YEAR IN SOME CASES, A RECIPIENT WILL BE PRESENTED MULPTIPLE TIMES ON SCHEDULE I
SCHEDULE I, PART II	RELATIONSHIPS OF GRANT RECIPIENTS	RECIPIENT ORGANIZATIONS OF CERTAIN GRANTS AND ASSISTANCE HAVE A CERTAIN RELATIONSHIP WITH THE FOUNDATIONDIRECTORS OF THE FOUNDATION ARE APPOINTED BY THE GOVERNOR OF THE STATE OF NORTH CAROLINA CERTAIN DIRECTORS ARE SELECTED FROM A LIST PROVIDED BY THE CHIEF OF THE EASTERN BAND OF CHEROKEE INDIANS (PLEASE SEE THE RESPONSE TO PART VI, LINE 7A ON SCHEDULE O) IN ADDITION, INDIVIDUAL FOUNDATION DIRECTORS ARE ALSO REPRESENTATIVES OF VARIOUS ORGANIZATIONS THAT RECEIVE FOUNDATION GRANT AWARDS AS THESE RECIPIENT ORGANIZATIONS ARE EITHER EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR ARE GOVERNMENTAL SUBDIVISIONS, THEY DO NOT MEET THE CRITERIA OF AN INTERESTED PERSON PER THE DEFINITION BY THE INTERNAL REVENUE SERVICE, HOWEVER, IT IS THE DESIRE OF THE FOUNDATION TO DISCLOSE THESE RELATIONSHIPS NONETHELESS IT IS THE POLICY OF THE FOUNDATION THAT DIRECTORS BE EXCLUDED FROM VOTING ON DECISIONS REGARDING THE ORGANIZATIONS THEY REPRESENT THIS LIST CONTAINS PAST AND PRESENT GRANT RECIPIENTS TO WHICH CURRENT DIRECTORS OF THE FOUNDATION (AT THE TIME OF THE GRANT) SERVED ON THE GOVERNING BODY
		- CHEROKEE BOYS CLUB/BIRDTOWN COMMUNITY CLUB - CHEROKEE BOYS CLUB/CHEROKEE DAY OF CARING - CHEROKEE BOYS CLUB/CHEROKEE CENTRAL SCHOOLS - CHEROKEE BOYS CLUB/CHEROKEE HIGH SCHOOL - CHEROKEE BOYS CLUB/CHEROKEE RESERVATION COOPERATIVE EXTENSION - CHEROKEE BOYS CLUB/CHEROKEE YOUTH COUNCIL - CHEROKEE BOYS CLUB/COMMUNITY DEVELOPMENT COORDINATOR GRANT - CHEROKEE BOYS CLUB/OCONALUFTEE INSTITUTE FOR CULTURAL ARTS - CHEROKEE INDIAN HOSPITAL - COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA/WNC PARTNERS FOR NONPROFIT SUCCESS - COUNTY OF JACKSON - EASTERN BAND OF CHEROKEE INDIANS - CHEROKEE BOTTLED WATER - EASTERN BAND OF CHEROKEE INDIANS - CHEROKEE CHOICES PROGRAM - EASTERN BAND OF CHEROKEE INDIANS - CHEROKEE NATIVE AMERICAN BUSINESS DEVELOPMENT OFFICE - EASTERN BAND OF CHEROKEE INDIANS - CHEROKEE YOUTH CENTER - EASTERN BAND OF CHEROKEE INDIANS - COMMUNITY EDUCATION & RECREATION SERVICES DIVISION - EASTERN BAND OF CHEROKEE INDIANS - DEPARTMENT OF TRANSPORTATION - EASTERN BAND OF CHEROKEE INDIANS - ENVIRONMENTAL AND NATURAL RESOURCES PROGRAM - EASTERN BAND OF CHEROKEE INDIANS - EMPLOYMENT DEPARTMENT - EASTERN BAND OF CHEROKEE INDIANS - EXECUTIVE OFFICE - EASTERN BAND OF CHEROKEE INDIANS - GEOGRAPHICAL INFORMATION SYSTEM OFFICE - EASTERN BAND OF CHEROKEE INDIANS - HEALTH AND MEDICAL DIVISION - EASTERN BAND OF CHEROKEE INDIANS - HEART TO HEART CHILD ADVOCACY CENTER - EASTERN BAND OF CHEROKEE INDIANS - MARKETING AND PROGRAM - EASTERN BAND OF CHEROKEE INDIANS - BAND OF CHEROKEE INDIANS - MARKETING AND PROMOTION PROGRAM - EASTERN BAND OF CHEROKEE INDIANS - CHEROKEE INDIANS - OFFICE OF PLANNING AND DEVELOPMENT - EASTERN BAND OF CHEROKEE INDIANS - TRANSIT DEPARTMENT - FRIENDS OF GREAT SMOKY MOUNTAINS NATIONAL PARK - COUNTY OF GRAHAM, COOPERATIVE EXTENSION - MUSEUM OF THE CHEROKEE INDIAN - MUSEUM OF THE CHEROKEE INDIANS-NOWBIRD CHEROKEE LANGUAGE PROGRAM - SMOKY MOUNTAINS ALTIONAL PARK - COUNTY OF GRAHAM, COOPERATIVE EXTENSION - MUSEUM OF THE CHEROKEE INDIAN - MUSEUM OF THE CHEROKEE INDIANS/NOWBIRD CHEROKEE LANGUAGE PROGRAM - SMOKY M

LANGUAGE PROGRAM - WESTERN CAROLINA UNIVERSITY - DEPARTMENT OF GEOSCIENCES & NATURAL

RESOURCE MANAGEMENT - WESTERN CAROLINA UNIVERSITY - ENGLISH DEPARTMENT - WESTERN CAROLINA UNIVERSITY - HUNTER LIBRARY - WESTERN CAROLINA UNIVERSITY LEADERSHIP CENTER - WESTERN CAROLINA UNIVERSITY/REVITALIZATION OF TRADITIONAL CHEROKEE ARTISAN RESOURCES

Software ID: Software Version:

EIN: 56-2272253

Name: CHEROKEE PRESERVATION FOUNDATION INC

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHEVILLE ART MUSEUM ASSOCIATION INCPO BOX 1717 ASHEVILLE,NC 28802	56-6060776	501(C)(3)	19,980				ENVIRONMENTAL PRESERVATION
ASHEVILLE ART MUSEUM ASSOCIATION INCPO BOX 1717 ASHEVILLE.NC 28802	56-6060776	501(C)(3)	19,950				ENVIRONMENTAL PRESERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHATOOGA CONSERVANCY8 SEQUOIA HILLS LANE CLAYTON,GA 30525	58-2121969	501(C)(3)	14,000				ENVIRONMENTAL PRESERVATION
CHEROKEE BOYS CLUBPO BOX 507 CHEROKEE,NC 28719	56-0819154	501(C)(3)	80,000				ENVIRONMENTAL PRESERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEROKEE BOYS CLUBPO BOX 507 CHEROKEE,NC 28719	56-0819154	501(C)(3)	2,126				ENVIRONMENTAL PRESERVATION
CHEROKEE BOYS CLUBCHEROKEE CENTRAL SCHOOLSPO BOX 507 CHEROKEE, NC 28719	56-0819154	501(C)(3)	150,000				CULTURAL PRESERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEROKEE BOYS CLUBCHEROKEE COOPERATIVE EXTENSIONPO BOX 507 CHEROKEE,NC 28719	56-0819154	501(C)(3)	90,392				CULTURAL PRESERVATION
CHEROKEE BOYS CLUBCHEROKEE DAY OF CARING COMMITTEEPO BOX 507 CHEROKEE,NC 28719	56-0819154	501(C)(3)	25,685				CULTURAL PRESERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEROKEE BOYS CLUBCHEROKEE RESERVATION COOPERATIVE EXTENSIONPO BOX 507 CHEROKEE, NC 28719	56-0819154	501(C)(3)	8,250				ENVIRONMENTAL PRESERVATION
CHEROKEE BOYS CLUBCHEROKEE RESERVATION COOPERATIVE EXTENSIONPO BOX 507 CHEROKEE, NC 28719	56-0819154	501(C)(3)	97,383				CULTURAL PRESERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEROKEE BOYS CLUBCOMMUNITY DEVELOPMENT COORDINATOR GRANTPO BOX 507 CHEROKEE, NC 28719	56-0819154	501(C)(3)	49,500				EMPLOYMENT OPPORTUNITIES
CHEROKEE BOYS CLUBCOMMUNITY DEVELOPMENT COORDINATOR GRANTPO BOX 507 CHEROKEE, NC 28719	56-0819154	501(C)(3)	58,000				EMPLOYMENT OPPORTUNITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEROKEE BOYS CLUBSNOWBIRD COMMUNITY LIBRARYPO BOX 507 CHEROKEE,NC 28719	56-0819154	501(C)(3)	16,885				ENVIRONMENTAL PRESERVATION
CHEROKEE BROADBAND ENTERPRISEPO BOX 507 CHEROKEE,NC 28719	01-0953499	501(C)(3)	4,577				ECONOMIC DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEROKEE HIGH SCHOOL PO BOX 507 CHEROKEE,NC 28719	56-0819154	501(C)(3)	26,450				ENVIRONMENTAL PRESERVATION
CHEROKEE HISTORICAL ASSOCIATION INC- NEGOTIOATED OPERATING SUPPORT PMT PO BOX 398 CHEROKEE,NC 28719	56-0623957	501(C)(3)	250,000				ECONOMIC DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEROKEE TALENTS INCQUALLA ARTS AND CRAFTS MUTUALPO BOX 310 CHEROKEE,NC 28719	26-0758806	501(C)(3)	17,828				CULTURAL PRESERVATION
CHEROKEE TALENTS INCQUALLA ARTS AND CRAFTS MUTUALPO BOX 310 CHEROKEE,NC 28719	26-0758806	501(C)(3)	107,350				CULTURAL PRESERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COASTLAND MINISTRIES 5368 NC HWY 16 S MORAVIAN FALLS, NC 28654	56-2087110	501(C)(3)	5,000				CULTURAL PRESERVATION
COMMUNITY FOUNDATION OF WNCPO BOX 1888 ASHEVILLE, NC 28802	56-1223384	501(C)(3)	80,000				ECONOMIC DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EBCI- CHEROKEE CHOICESPO BOX 455 CHEROKEE,NC 28719	56-0572090	TRIBAL GOVERNMENT	10,000				CULTURAL PRESERVATION
EBCI -CHEROKEE NATIVE AMERICAN BUSINESS DEVELOPMENT OFFICEPO BOX 455 CHEROKEE,NC 28719	56-0572090	TRIBAL GOVERNMENT	44,626				ECONOMIC DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EBCIDEPARTMENT OF TRANSPORTATIONPO BOX 455 CHEROKEE,NC 28719	56-0572090	TRIBAL GOVERNMENT	374,000				ENVIRONMENTAL PRESERVATION
EBCIHEALTH AND MEDICAL DIVISIONPO BOX 455 CHEROKEE,NC 28719	56-0572090	TRIBAL GOVERNMENT	20,000				CULTURAL PRESERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EBCI-DEPARTMENT OF TRANSPORTATIONPO BOX 455 CHEROKEE,NC 28719	56-0572090	TRIBAL GOVERNMENT	90,000				ENVIRONMENTAL PRESERVATION
EBCI-DEPARTMENT OF TRANSPORTATIONPO BOX 455 CHEROKEE,NC 28719	56-0572090	TRIBAL GOVERNMENT	500,000				ECONOMIC DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EBCI-KITUWAH PRESERVATION & EDUCATION PROGRAMPO BOX 455 CHEROKEE,NC 28719	56-0572090	TRIBAL GOVERNMENT	162,447				CULTURAL PRESERVATION
EBCI-KITUWAH PRESERVATION & EDUCATIONAL PROGRAM PO BOX 455 CHEROKEE.NC 28719	56-0572090	TRIBAL GOVERNMENT	19,500				CULTURAL PRESERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EBCI-MARKETING & PROMOTIONPO BOX 455 CHEROKEE,NC 28719	56-0572090	TRIBAL GOVERNMENT					ECONOMIC DEVELOPMENT
EBCI-MARKETING & PROMOTION PROGRAMPO BOX 455 CHEROKEE, NC 28719	56-0572090	TRIBAL GOVERNMENT					ECONOMIC DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EBCI-OFFICE OF PLANNING AND DEVELOPMENTPO BOX 455 CHEROKEE,NC 28719	56-0572090	TRIBAL GOVERNMENT					ECONOMIC DEVELOPMENT
EBCI-QUALLA PUBLIC LIBRARYPO BOX 455 CHEROKEE,NC 28719	56-0572090	TRIBAL GOVERNMENT					CULTURAL PRESERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EBCI-TRIBAL HISTORIC PRESERVATION OFFICEPO BOX 455 CHEROKEE,NC 28719	56-0572090	TRIBAL GOVERNMENT	20,000				CULTURAL PRESERVATION
FIRST NATIONS DEVELOPMENT INSTITUTEQUALLA FINANCIAL FREEDOM351 COFFMAN ST STE 200 LONGMONT,CO 80501	54-1254491	501(C)(3)	20,000				ECONOMIC DEVELOPMENT

	· · · · · · · · · · · · · · · · · · ·			_			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAHAM COUNTY COOPERATIVE EXTENSION 4-HPO BOX 486 ROBBINSVILLE,NC 28771	56-6000302	501(C)(3)	10,000				CULTURAL PRESERVATION
HAYWOOD COUNTY COOPERATIVE EXTENSION 4-H215 N MAIN ST T WAYNESVILLE,NC 28786	56-6000930	501(C)(3)	20,000				CULTURAL PRESERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN BIZWORKS153 S LEXINGTON AVE ASHEVILLE,NC 28801	56-1733266	501(C)(3)	4,000				ECONOMIC DEVELOPMENT
MOUNTAIN MEDIATION SERVICESPO BOX 1627 BRYSON CITY, NC 28713	56-1865642	501(C)(3)	3,750				ECONOMIC DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MURPHY PUBLIC LIBRARY PO BOX 130 MURPHY,NC 28906	56-6001299	501(C)(3)	21,500				CULTURAL PRESERVATION
MUSEUM OF THE CHEROKEE INDIANPO BOX 1599 CHEROKEE.NC 28719	56-0944327	501(C)(3)	172,000				CULTURAL PRESERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSEUM OF THE CHEROKEE INDIANPO BOX 1599 CHEROKEE,NC 28719	56-0944327	501(C)(3)	20,000				CULTURAL PRESERVATION
NORTH CAROLINA STATE UNIVERSITY3118 B JORDAN HALL RALEIGH,NC 28695	56-6000756	501(C)(3)	139,861				ENVIRONMENTAL PRESERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA STATE UNIVERSITY - RTCAR PROGRAM SUPPORT3118 B JORDAN HALL RALEIGH, NC 28695	56-6000756	501(C)(3)	33,534				ENVIRONMENTAL PRESERVATION
ON TRACK FINANCIAL EDUCATION50 S FRENCH BROAD AVE 227 ASHEVILLE,NC 28801	56-1056077	501(C)(3)	4,250				ECONOMIC DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR THE FUTURE OF BRYSON CITY & SWAIN COUNTYCHEROKEE CHAMBER OPO BOX 721 BRYSON CITY,NC 28713	56-2199609	501(C)(3)	45,225				ECONOMIC DEVELOPMENT
REVITALIZATION OF TRADITIONAL CHEROKEE ARTISAN RESOURCES PROGRAM SUPPORTPO BOX 456 CHEROKEE.NC 28719		501(C)(3)	13,548				CULTURAL PRESERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEQUOYAH BIRTHPLACE MUSEUMPO BOX 69 VONORE,TN 37885	56-0944327	501(C)(3)	20,000				CULTURAL PRESERVATION
SEQUOYAH BIRTHPLACE MUSEUMPO BOX 69 VONORE,TN 37885	56-0944327	501(C)(3)	15,000				ENVIRONMENTAL PRESERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMOKEY MOUNTAIN ELEMENTARY SCHOOL884 US HWY 441 N WHITTIER, NC 28789	56-6001054	JACKSON COUNTY	10,000				CULTURAL PRESERVATION
SOUTHWESTERN COMMISSIONWESTERN REGION EDUCATION SERVICE ALLIANCE125 BONNIE LANE SYLVA,NC 28779	56-0896753	501(C)(3)	166,500				ECONOMIC DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWESTERN COMMUNITY COLLEGEOCONALUFTEE INSTITUTE FOR CULTURAL ARTS447 COLLEGE DR SYLVA,NC 28779	23-7322352	501(C)(3)	19,745				ECONOMIC DEVELOPMENT
STECOAH VALLEY ARTS CRAFTS & EDUCATIONAL CENTER121 SCHOOL HOUSE RD ROBBINSVILLE.NC 28771	56-1935344	501(C)(3)	7,219				ECONOMIC DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SEQUOYAH FUND INC PO BOX 1200 CHEROKEE,NC 28719	31-1619784	501(C)(3)	1,000,000				ECONOMIC DEVELOPMENT
WATERSHED ASSOCIATION OF THE TUCKASEGEE RIVERPO BOX 2593 BRYSON CITY, NC 28713	58-1767801	501(C)(3)	9,500				ENVIRONMENTAL PRESERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN CAROLINA UNIVERSITYCHEROKEE STUDIESHWY 107 CULLOWHEE,NC 28723	56-6001440	501(C)(3)	153,941				CULTURAL PRESERVATION
WESTERN NORTH CAROLINA REGIONAL EDUCATION FOUNDATION 1459 SAND HILL RD ENKA,NC 28728	26-2885036	501(C)(3)	20,000				WORKFORCE DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILD SOUTH16 EAGLE ST STE 200 ASHEVILLE,NC 28801	56-2173810	501(C)(3)	35,500				CULTURAL PRESERVATION
WILD SOUTH16 EAGLE ST STE 200 ASHEVILLE,NC 28801	56-2173810	501(C)(3)	7,500				ECONOMIC DEVELOPMENT

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DLN: 93493228029872

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of t	he	organi	zati	on		
CHERO	KEE	PRE:	SERVAT:	ION	FOUNDAT	ION	INC

Employer identification number

56-2272253

Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri			1b		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive I			2		
				┢▔		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that					
	Compensation committee		Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Poor a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	nt from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplement	al non	equalified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro-	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	t comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in					
	in Part III	keys :	Section 33 4330-4(a)(3)(1) Tes, describe	8		No
9	If "Yes" to line 8, did the organization also follow the	rebutt:	able presumption procedure described in Regulations	<u> </u>		
-	section 53 4958-6(c)?		and processing the second of t	9		

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 in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MISC compensation (ii) Bonus & (iii) Other reportable compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
(1) SUSAN JENKINS	(I) (II)	143,100 0	0 0	0	14,310 0	17,713 0	175,123 0	0 0	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

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

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Schedule J (Form 990) 2010

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DLN: 93493228029872

OMB No 1545-0047

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization CHEROKEE PRESERVATION FOUNDATION INC **Employer identification number**

56-2272253

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE GOVERNOR OF THE STATE OF NORTH CAROLINA APPOINTS THE FOUNDATION'S DIRECTORS, TWO OF WHICH ARE SELECTED FROM A LIST OF NOMINEES SUBMITTED BY THE CHIEF OF THE EASTERN BAND OF CHEROKEE INDIANS THE CHIEF AND CHAIRMAN OF THE TRIBAL COUNCIL OF THE EASTERN BAND OF CHEROKEE INDIANS ALSO SERVE AS DIRECTORS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE AUDIT/INVESTMENT COMMITTEE REVIEWS THE FORM 990 IN DETAIL WITH THE GUIDANCE OF ITS FINANCE OFFICER THE FULL BOARD IS PROVIDED WITH A COPY OF THE 990 BEFORE IT IS FILED AND PERFORMS A MORE CURSORY REVIEW OF THE DOCUMENT THE AUDIT/INVESTMENT COMMITTEE MEMBERS AND FINANCE OFFICER ANSWER ALL QUESTIONS BOARD MEMBERS HAVE BEFORE THE 990 DOCUMENT IS FILED

Identifier	Return Reference	Explanation
		EACH YEAR A CONFLICT OF INTEREST DISCLOSURE IS PREPARED BY THE DIRECTORS IN WHICH ARE LISTED ENTITIES TO WHICH A DIRECTOR IS RELATED THE BOARD CHAIRMAN ACTIVELY ENFORCES THE CONFLICT OF INTEREST POLICY DIRECTORS ARE REQUIRED TO RECUSE THEMSELVES FROM VOTING ON MATTERS RELATED TO ENTITIES TO WHICH THEY ARE RELATED PARTIES OR WHERE A POTENTIAL CONFLICT IS PRESENT

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPARABILITY OF SALARIES DATA FOR ALL STAFF MEMBERS IS GATHERED FROM THE FOLLOWING SOURCES, FORMS 990 OF SIMILIAR ORGANIZATIONS IN NORTH CAROLINA, LOCAL ORGANIZATIONS, AND AN ANNUAL SALARY AND BENEFITS SURVEY FROM THE COUNCIL ON FOUNDATIONS PHILANTHROPIC TRADE ORGANIZATION SALARIES ARE PROPOSED BY THE BOARD CHAIRMAN AND EXECUTIVE DIRECTOR EACH YEAR DURING THE BUDGETING AND ANNUAL STAFF EVALUATION PROCESSES THEN, THE PROPOSED SALARIES ARE PRESENTED IN THE DRAFT BUDGET SUBMITTED TO THE BOARD

Identifier	Return Reference	Explanation
		PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE. IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT WWW. GUIDESTAR ORG

Identifier	Return Reference	Explanation
	, ,	ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST TO ANY INDIVIDUAL OR ORGANIZATION. THE FOUNDATION OFTEN SHARES ITS INTERNAL INFORMATION IN AN EFFORT TO ASSIST OTHER ORGANIZATIONS IN ADOPTING BEST PRACTICES

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	· · ·	NET UNREALIZED LOSSES ON INVESTMENTS -359,337 RETURN OF PRIOR GRANTS 57,718 TOTAL TO FORM 990, PART XI, LINE 5 -301,619

	ldentifier	Return Reference	Explanation
I		FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	MISSION AND SUPPORTING ACTIVITIES - THE MISSION OF THE FOUNDATION IS TO NOREASE THE QUALITY OF LIFE OF THE BASTERN BAND OF CHERCKEE INDIANS ("EBCI") AND STRENSTHEIN THE WESTERN NOR THE CASCIOURA REGION WE ACCOMPLISH THIS MISSION AS A GRANITAKER, CONVENIES. PARTINESSHIP BROK ER AND COMMUNITY BUILDER IN THESEROLES. WE 1) AWARD GRANITS TO NORPORT OF GRANIZATIONS, SCHOOLS AND HOHER TEARNING INSTITUTIONS ONO REAR TRIBAL LANDS IN THE SEVEN WESTERNINGST COUNTIES OF NORTH CAROLINA, 2) BRING TOCCHHER GROUPS WITH COMMON INTERESTS AND GOALS TO SHAPE CHAS, COMBINE EFFORTS AND RESOURCES, POWER COMBINE OF THE CAROLINA, 2) BRING TOCCHHER GROUPS WITH COMMON INTERESTS AND GOALS TO SHAPE CHAS, COMBINE EFFORTS AND RESOURCES. AND LEVERAGE RESOURCES FROM VARIOUS FLUNDING ORGA NIZATIONS, 3) INTERESTED AND COLOR THE FLUNDING ORGANIZATION STATE, AND INTERESTED AND GOALS AND CREATE PARTINERSHIPS SO OTHER FLUNDING ORGANIZATIONS WILL INVEST IN PROJECTS AND GROUPS IN WESTERN IN ORTH CAROLINA, AND 4) BUILD THE CARACITY OF NON-ROSTES ON THE GUALLA BOUNDARY (THE BOC'S HOME) AND THE SEVEN SUFRICUMORING COUNTES INCLUDES ONE-YEAR GRANTS, SOME OF WHICH ARELESS THAN 320,000 AND USED FOR CAPACITY, PLANINGS AND PROJECT SPECIFIC PURPOSES, AND LARGER GRANTS THAT ARE FOR PROJECT SPECIFIC. PERSERVATION AND CARD THE MACREMENT PURPOSES THE FOUNDATION AND CARD ENHALDESS THE PURPOSES. THE FOUNDATION ALSO AWARDS A LIMITED NUMBER OF DESCRIFIONARY GRANTS FOR CONVENING AND PARTINERING OFFORTUMIES DURING SA 305,129 SINCE BEGINNING OFFRATIONS IN 2022, THE FO UNDATION HAS AWARDS A LIMITED NUMBER OF DESCRIFIONARY GRANTS FOR CONVENING AND PARTINERING OFFORTUMIES DURING SA 305,129 SINCE BEGINNING OFFRATIONS IN 2022, THE FO UNDATION HAS AWARDS AT INTERESORY AT THE FOUNDATION HAS AWARDS A LIMITED SA 305,129 SINCE BEGINNING OFFRATIONS IN 2022, THE FOUNDATION HAS AWARDS A LIMITED SA 305,129 SINCE BEGINNING OFFRATIONS IN 2022, THE FOUNDATION HAS AWARDS A LIMITED SA 305,129 SINCE BEGINNING OFFRATIONS IN 2022, THE FOUNDATION HAS AWARDS TO FALL SHAP AND AWARDS AND AWARDS AN

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	UNCILS DURING 2011, THE CYC SUPPORTED THE NEW SEVEN CLANS GRANT COUNCIL (SCGC) WHICH ACCE PTS YOUTH-WRITTEN GRANT APPLICATIONS FOR YOUTH-LED PROJECTS ON THE QUALLA BOUNDARY, ESPECI ALLY THOSE THAT ADDRESS DRUG AND ALCOHOL ADDICTION, SUICIDE DISEASE AND ILLNESS, POVERTY AND HOMELESSNESS OR ABUSE THE CYC ALSO BEGAN TO CREATE A PRODUCT CONCEPT FOR A HEALTHY, P. RE-PACKAGED FAMILY MEAL THAT WOULD HELP TRIBAL MEMBERS WITH OR AT RISK FOR A HEALTHY, P. RE-PACKAGED FAMILY MEAL THAT WOULD HELP TRIBAL MEMBERS WITH OR AT RISK FOR A HEALTHY, P. RE-PACKAGED FAMILY MEAL THAT WOULD HELP TRIBAL MEMBERS WITH OR A RISK FOR A HEALTHY, P. RE-PACKAGED FAMILY MEAL THAT WOULD HELP TRIBAL MEMBERS WITH ON THE CYC ATTENDED THE ANNUAL UNITED NATIONAL INDIAN TRIBAL YOUTH (UNITY) CONFERENCE IN MINNEAPOLIS AND CONDUCTED A YOUTH LEADERSHIP WORKSHOP AT WHICH THEY PRESENTED TO OVER 100 YOUTH THE TEEN PREGNANCY DVD THEY PRODUCED IN 2010 CHEROKEE DAY OF CARING - THE FOUNDATION PARTINERS WITH THE EBCI AND HARRAHS CHEROKEE CASINO AND RESORT TO IMPROVE AND ENHANCE COMMUNITY CIVIC PARTICIPATION THROUGH THE CHEROKEE DAY OF CARING THIS EVENT, BASED ON THE CHEROKEE TRADITION OF "GA-DU-GI" (HELPING HANDS), BRINGS TOGETHER MANY VOLUNTEERS TO PARTICIPATE IN IMPROVEMENT ACTIVITIES IN THE TEN QUALLA BOUNDARY COMMUNITIES IN 2011, 240 VOLUNTEERS PARTICIPATED, AND THEY RECEIVED SIGNIFICANT SUPPORT FROM THE EBCI FACILITIES DEPARTMENT AND THE BECHENDAMY OF COMMUNITY DEVELOPMENT DIVISION, WHICH COMPLED HEAD THE HOUSING AND SUPPLIED PROJECT LEADERS COSTA RICA ECO-STUDY TOUR - THE FOUNDATION, IN COOPERATION WITH THE ECHEROKEE TO PARTICIPATION OF THE DOUBLATION, IN COOPERATION WITH THE CHEROKEE YOUTH THE ESCI SHAD THE SEVEN FOR A CULTURAL EXCHANGE PROGRAM ALLOWS SELECTED YOUTH FROM THE WESTERN NORTH CAROLINA REGION TO EXPERIENCE A CHAPERONED, TENDAY, IS COUNTY TO THE ASSESS OF THE COUNDATION WITH THE ENDAY, ECO-STUDY TOUR - THE FOUNDATION THE PROSENS TO THE PAST SEVEN YEARS, THE COSTA RICA CULTURAL EXCHANGE PROGRAM ALLOWS SELECTED YOUTH FROM THE PAST YEAR BULISTMENT

Identifier	Return Reference	Explanation
		ADULT LEADERSHIP PROGRAM — THERGHT PATH, A LEADERSHIP DEVELOPMENT REGGRAM FOR ADULT MEM BESS OF THE EBIC, COMPLETED ITS NAUGURAL YEAR IN 2011 THE 12 MONTH PROGRAM WORKS TO BRID GE THE PAST AND PRESENT BY COVERING TRADITIONAL AND CULTURAL ELEMENTS IN DEPTH, AS WELL AS INTRODUCING CONTEMPORATY LEADERSHIP DEVELOPMENT COMPRISTOR FOR THE ROGRAM INCLUES OPPORT UNTIES TO LEARN ABOUT CULTURAL VALUES, CHEROKEE SOCIAL SYSTEMS AND GRUDER ROLLS. THE CHER CKELLANGUAGE, GOVERNANCE, HEALTHY LIVING, ARTISTIC EXPRESSION, THE NATURAL WORLD AND THE REMITCHMENT, SPORTS AND RECREATION, STORY TELLING AND HUMOR, AND INDIGENOUS PEOPLES AND THE REMITCHMENT, SPORTS AND RECREATION, STORY TELLING AND HUMOR, AND INDIGENOUS PEOPLES AND THE READERSHIP INITIATIVES, COMMUNITY PROGRAMS AND TREAL HEROES IT ALSO INCOMPORATES CONTEMPORARY CONCEPTS SUCH AS THE PRESONALTY ASSESSMENT TOOL KNOWN AS MYERS BRIGGS THE THE RECADERSHIP INITIATIVES, COMMUNITY PROGRAMS AND TREAL HEROES IT ALSO INCOMPORATES CONTEMPORARY CONCEPTS SUCH AS THE PRESONALTY ASSESSMENT TOOL KNOWN AS MYERS BRIGGS THE THE RECHAPT AND A CLOSE ECONOMIC DEVELOPMENT OF A CLOSE ECONOMIC DEVELOPMENT OF A CLOSE ECONOMIC DEVELOPMENT OF A DIVERSE SUST ANABLE ECONOMY ON THE GUILLA BOUNDARY AND OTHER TRADITIONS FOR DEVELOPMENT OF A DIVERSE SUST ANABLE ECONOMY ON THE GUILLA BOUNDARY AND OTHER TRADITIONS AND THOSE ATTRACTIONS MARKETISED EFFORTS TO MAKE THE GUILLA BOUNDARY AND EXPRENDING AUTHORS. AND THOSE ATTRACTONS MARKETISED IN LEARNING ABOUT THE EQUILLA BOUNDARY A HERITAGE DESTINATION THAT ATTRACTS VISIONS INTERSTED IN LEARNING ABOUT THE EXPLANCE HISTORY AND EXPRENDING AUTHORS FORCES THAT ARE POSTIVLY CHANGING THE COURSE OF LOCAL BUSINESS DEVILOPMENT THE SEQUOYAH FUND, FOR EXAMPLE, HAS MADE EXPRENDING AUTHORS FORCES THAT ARE POSTIVLY CHANGING THE COURSE OF LOCAL BUSINESS DEVILOPMENT THE SEQUOYAH FUND, FOR EXAMPLE, HAS MADE LOW-COST LOANS TO MERCE AND THE EBICS DEVELOPMENT THE EBICS DEVELOPMENT THE SEQUOYAH FUND, FOR EXAMPLE HAS MADE EXPRENDING FORCES THAT ARE POSTIVLY OF A SAMPLE AND THE PROVID

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CUL ERP INITI ERA PREI CHE APP. THA SER EXP. PREI AW/ ASK BY SUS STA CON CON FOU VIRC AND PAR AND OUV 10-V ENV 10-V ENV 10-V	S PRESERVED AND USED RTCAR HAS BEEN SUCCESSFULLY ADDRESSING INTERTWINING ISSUES INVOLV ING ILTURE AND THE ENVIRONMENT TODAY, A YOUNGER GENERATION OF ARTISANS IS COMMITTED TO P PETUATING CHEROKEE TRADITIONS, AND SUPPLIES OF KEY RESOURCES ARE ON THE RISE. THE RTCAR THATIVE IS OPERATED THROUGH NORTH CAROLINA STATE UNIVERSITY'S CHEROKEE RESERVATION COOP ATIVE EXTENSION AND PARTNERS WITH THE EBCIS ENVIRONMENTAL PLANNING OFFICE AND TRIBAL HI STORIC ESERVATION OFFICE, AS WELL AS WESTERN CAROLINA UNIVERSITY'S CHEROKEE STUDIES PROG RAM AND EROKEE CENTER DURING 2011, AN RTCAR GRANT HELPED FUND THE EXHIBITION, "A TISKET", A TASKET "PALACHIAN, CHEROKEE AND LOW COUNTRY BASKETS" AT THE ASHEVILLE ART MUSEUM AN OTHER GRANT AT HAD BEEN INTENDED TO RESTORE SEVEN ACRES OF RIVER CANE RESULTED INSTEAD IN THE FOREST RIVICE PLANNING A 29-ACRE CANE MANAGEMENT AREA, WITH HALF FOR CANE RESTORATION OR PANSION OF EXISTING CANE RICAR COLLABORATED WITH QUALLA ARTS AND CRAFTS MUTUAL IN EPPARING A NOMINATION FOR CHEROKEE ARTIST FOR A \$5,000 FIRST PROPLES FUND COMMUNITY SPIR IT WARD, WHICH WAS AWARDED IN MARCH 2011 TO THE MASTER BASKET WEAVER, WHO MENTORS YOUNG B SKET MAKERS IN CLASSES AT CHEROKEE HIGH SCHOOL RTCAR IS ONE OF SEVERAL INITIATIVES BEING DONE IT HE FOUNDATION THAT IS SERVING AS A MODEL FOR OTHER COMMUNITYS IN INDIAN COUNTRY IS INSTAINABLE ENVIRONMENTAL PRACTICES INITIATIVE THE FOUNDATION HAS BEEN IMPLEMENTING A SU AND ELEVATION AND EFFICIENCY, AND GREEN BUSINESSES ESTABLISHED BY CHEROKEE BIRREPREDURS, THE MUNDATION PREVIOUSLY HOSTED A SERIES OF CONVENINGS THAT INCLUDED BEG'S HOUSING AND EN ROMENTAL OFFICES, THE CHEROKEE BOYS CLUB, THE CHEROKEE RESERVATION COOPERATIVE EXTENSION, ID DOCAL BUSINESS OWNERS, COMMUNITY MEMBERS AND YOUTH THESE VISIONING SESSIONS ALLOWED RICHORATE OF PRESPECTIVES ON THE ENVIRONMENTAL DISCRESSIONS ALLOWED

Identifier	Return Reference	Explanation
		CAPACITY-BUILDING CHALLENGE GRANT NITIATIVE FOR CAPITAL PROJECT FUNDING N 2008, THE FOUNDATION IMPLEMENTED GUIDELINES FOR FUNDING CAPITAL PROJECT INTERES ARE AWARDED CAPACITY BUILDING GRANTES DESIGNED TO ENHANCE THE SKLLS OF THE GRANTEE AND THE SUCCESS OF THE FUTURE PROVED THE CAPACITY GRANTS DESIGNED TO ENHANCE THE SKLLS OF THE GRANTEE AND THE SUCCESS OF THE FUTURE PROJECT THE CAPACITY GRANTS ALLOW GRANTES TO ENGAGE IN TRANING INFOLECT FLANN ING, PROJECT FLANN ING, PROJECT THE CAPACITY GRANTS ALLOW GRANTESS TO ENGAGE IN TRANING INFOLECT THE AWARDING OF FUNDS FOR A CAPITAL PROJECT IS CONTINGENT ON THE GRANTESS ENGAGEMENT IN THESE TRANING OF FUNDS FOR A CAPITAL PROJECT IS CONTINGENT ON THE GRANTESS ENGAGEMENT IN THESE TRANING OF FUNDS FOR A CAPITAL PROJECT IS CONTINGENT ON THE GRANTESS ENGAGEMENT IN THESE TRANING OF FUNDS FOR A CAPITAL PROJECT IS CONTINGENT ON THE GRANTESS ENGAGEMENT IN THESE TRANING OF FUNDS THE RESOLAND CRIGANIZATIONS TO THE FROM THE PROJECT THE RESOLAND CRIGANIZATIONS. THE COMMINITY FOUNDATIONS THE TRANING OF POPORTIVITIES TO THE PROJECT THE RESOLAND CRIGANIZATIONS. THE COMMINITY FOUNDATION FOR THE RESOLATION OF THE FUNDS HAVE A FUND THE PROJECT OF THE FUNDS HAVE THE WINTED WAY OF A SHEVILLE & BUNCOMBE COUNTY HAS RESULTED IN WIND NON-CONPROPED PATH AND SATINGEN FOR THE PROJECT OF THE PROJECT OF THE FUND THE PROJECT OF THE FUND HAVE THE THE THE THE PROJECT OF THE PROJECT O
		KELLOGG FOUNDATION (WKKF) TO INCLUDE EBCI MEMBERS IN THE WKKF'S AMERICA'S RACIAL HEALI NG CONVENING IN ASHEVILLE FOR THESE EFFORTS, WKKF

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	PROVIDE A \$5,000 GRANT TO THE CHEROKEE HEALING AND WELLNESS COALITION A NUMBER OF LESS FORMAL CONVENINGS WERE ALSO HELD, AND THE FOUNDATION SPONSORED ITS ANNUAL COMMUNITY CELEBRATION, WHERE THE PUBLIC WAS INVITED TO VIEW DISPLAYS AND PRESENTATIONS ABOUT GRANTEE PROJECTS EVALUATION OF FOUNDATION GRANTMAKING EVALUATION OF THE SUCCESS OF GRANTS INCREASES THE KNOWLEDGE OF GRANTEES AND POINTS TOWARD THE MOST PRODUCTIVE USE OF TALENT AND RESOURCES THE FOUNDATION USES AN ESTABLISHED EVALUATION FRAMEWORK TO GUIDE GRANTEES IN MEASURING THE IMPACT OF THEIR PROJECTS THE DATA ASSISTS THE FOUNDATION IN EVALUATING ITS IMPACT AS A F UNDING ORGANIZATION EACH YEAR, AN IMPACT ASSESSMENT REPORT DETAILING THE PROGRESS OF KEY PROJECTS, INCLUDING CHALLENGES AND SUCCESSES, IS CREATED FOR THE FOUNDATION'S BOARD AND ST AFF COMMUNICATION WITH KEY AUDIENCES IN AN EFFORT TO KEEP GRANTEES, PARTNERS, THE CHEROKE E AND REGIONAL COMMUNITIES, AND OTHER INTERESTED PARTIES INFORMED OF OPPORTUNITIES, EVENTS AND GRANTEE SUCCESS STORIES, THE FOUNDATION COMMUNICATES THROUGH A COMBINATION OF COMMUNICATIONS TOOLS, INCLUDING AN ANNUAL REPORT TO THE COMMUNITY THAT DOCUMENTS THE PROGRESS OF FOUNDATION-FUNDED PROJECTS AND PROGRAMS, NEWS RELEASES, QUARTERLY NEWSLETTERS, ITS TRADITIONAL WEB SITE (WWW CPFDN ORG), SOCIAL MEDIA, BROCHURES AND ADVERTISEMENTS THE FOUNDATION CREATED AN ENTIRELY NEW WEB SITE DURING 2011, MAKING ITS MAJOR PROGRAMS MORE VISIBLE AND USING VIDEO TO HELP VISITORS UNDERSTAND ISSUES THE FOUNDATION IS HELPING THE EBCI TO ADDRESS AND SUCCESSES THAT ARE BEING ACHIEVED. THE FOUNDATION ALSO TRANSITIONED ITS NEWSLETTER INTO AN ELECTRONIC FORMAT DURING THE YEAR.