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# Form **990**

# **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)

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements

<u> </u>	For th	<u>e 2011 calen</u>	dar year, or tax year begin	ning	, 2011, and	lending			,			
В	Check if	applicable.	C Name of organization Wes	tern North Carolin	a Allia	nce		D Employ	er Identifi	cation Number		
	Add	dress change	Doing Business As					56-3	14226	91		
	Na	me change	Number and street (or P O box	of mail is not delivered to street addr)		Room/suite	•	E Telepho	ne numbe	r		
	Inst	ual return	29 North Market	Street		610		(828	3) 25	8-8737		
	$\vdash$	minated	City, town or country		State ZIP	code + 4			,			
	H	ended return	Asheville		NC 28	3801		G Gross re	vocante S	577,632		
	$\vdash$	plication pending	F Name and address of principal	officer	1.0 20		a) Isthesa	group return		X No		
	_~	plication perioring	1	h Market St Asheville	NC 28	1	•	affiliates inclu		Yes	No No	
	Tou	averant status	· — · · · · · · · · · · · · · · · · · ·	·······			If 'No,' a	attach a list. (s	see instruc	tions)	□•	
<u>+</u> -		exempt status		) <b>(</b> insert no )   494	17(a)(1) or	527						
<u>J</u>			w.wnca.org	<del></del>			•	exemption nu				
K		of organization	X Corporation Trust	Association Other ►	L Year o	of Formation	1984	1 Mis	tate of leg	al domicile NC		
Pa	ırt I	Summar						1 -				
		-	_	or most significant activities:					olina 1	Alliance (WNCA	<u>) is to</u>	
8				dvocates for livab			s_and	l	<b>-</b> -			
Activities & Governance	-	the natu	rai environment o	of Western North C	arolina.	<u></u>						
9	- ا		<del></del>	- <del> </del>								
ő				discontinued its operations of							1.4	
≪			-	ing body (Part VI, line 1a) of the governing body (Part VI,					3		14 14	
8				alendar year 2011 (Part V, line					5		11	
2 <del>2</del>				ecessary)					6		300	
Y E			· ·	art VIII, column (C), line 12					7 a	<del></del>	0.	
Y det	1			om Form 990-T, line 34					7 b		0.	
	-	ivet uni elateu	DUSINESS TAXABLE INCOME IN	511 F 61111 930-1, tille 54		<del></del>		rior Year	<del>'''</del>	Current V		
SCANNED	8	Contributions	and grants (Part VIII June 1)	1)		ł	<u></u>		62	Current Ye		
2 ቂ			- ·	•				444,8			,912.	
3 5		-	·	g)				23,5		112,	,249.	
3	1		, , , , , , , , , , , , , , , , , , , ,	lines 3, 4, and 7d)					94.		394.	
ຶ່				s 5, 6d, 8c, 9c, 10c, and 11e)				11,2			<u>,889.</u>	
				must equal Part VIII, column (A				480,0	23.	560	,444.	
	1			column (A), lines 1-3)								
	1	· ·	· · · · · · · · · · · · · · · · · · ·	column (A), line 4)								
ø	15	Salaries, othe	er compensation, employee i	benefits (Part IX, column (A), I	nes 5-10) .			207,1	25.	277	,664.	
136	16 a	Professional f	fundraising fees (Part IX, col	umn (A), line 11e)		[				7,	<u>,</u> 196.	
Expenses	ь	Total fundrais	sing expenses (Part IX, colur	mn (D), line 25) ►	34,	155.			1			
ũ	17	Other expens	es (Part IX. column (A) line	s 11a-11d, 11f-24e)				179,3	40	252	,462.	
				ual Part IX column (A), line 2				386,4			, 322.	
				from line 12 RECF				93,5				
- 2		Neveriue iess	expenses Subtract line to	nomine 12	<u>VED : </u>	<del>: [ : :  </del>	<u> </u>		$\overline{}$		,122.	
100 or	20	T-4-14- /	Dad V Iraa 40)	4	, ,	<i>-√∥</i> r	Beginnin	g of Curren		End of Ye		
Asset Balar			Part X, line 16)	8 AUG 15	2012	3∦		218,8			<u>, 456.</u>	
ž Ę	i		s (Part X, line 26)		4916. JU			19,2			<u>,865.</u>	
			fund balances Subtract line	21 from/line 20	····   (?	?[]		199,6	26.	197	<u>,591.</u>	
Pa	<u>art II</u>	Signatur	re Block	LUGDEN	117	1						
Und	er penalti	es of penury, I dec	dare that I have examined his return,	including accompanying schedules and information of which preparer has any kr	statements, and	to the best o	my knowi	ledge and bel	ef, it is tru	e, correct, and		
	piete De	caration of prepar	en (outer train onicer) is based on all i			<del></del>						
			Andry			****		8/9/1.	2			
Sig	gn	Signatu	re of officer				Da	te				
He		▶ Jull	e Mayfield				Execu	itive I	Direc	tor		
		Type by	print name and title									
		Print/Type p	reparer's name	Preparer's signature	O Da	te		Check	ıt F	TIN		
Pa	id	Stephe	en C Corliss	Clephen ( ()x	les las	3/09/1	,	self-employe	-	01333317		
	iu epare			13// 92/	100	-, -, T		- Cripidye	~ 12	<u> </u>		
	e On	lse			<del></del>				<b>-</b> 20	2571677		
-	J J II	Firm's addre						Fim's EIN ► 20-2571677				
			ASHEVILLE	NC NC	28801-	1434		Phone no	(828	) 236-020	16	
Ma	y the I <u>F</u>	RS discuss this	s return with the preparer sh	iown above? (see instructions	· · · · · ·		<u></u>		<u></u>	X Yes	No	

BAA		<u> </u>	Fo	rm <b>990</b> (2011)
46	le Total program service expenses ► 451,717.	·		
40		Revenue \$		)
	d Other program services (Describe in Schedule O )		<u></u>	
			<del>-</del>	
40	c (Code:) (Expenses \$ including grants of \$	) (Revenue	\$	)
<b>4</b> t	(Code) (Expenses \$ including grants of \$			
				<del></del>
	See Form 990, Page 2, Part III, Line 4a (continued)			
	Broad River; (10) managing the Environmental Quality Institute			
	ponds; (8) planning for the French Broad River paddle trail; (9) hos			
	(6) engaging in bacteria monitoring on the Swannanoa River to ide (7) advocating improved monitoring and remediation of ground			
	permit violators to address the violations; (5) identifying erosion			
	of fire as a management tool in parts of WNC; (4) preparing approach	es to chronic wa	stewater	discharge
	areas on public lands to protect threatened or endangered plants; (			
	to protect old growth areas and reduce road incursions; (2) controllin			
	WNCA's core program areas are citizen engagement, public lands, 2011 included: (1) negotiating with the U.S. Forest Service of			
<b>4</b> a	a (Code) (Expenses \$ 451,717. including grants of \$	0.) (Revenue	\$	75 <b>,</b> 683.)
			·	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to rothers, the total expenses, and revenue, if any, for each program service reported	eport the amount of gr	ants and allo	ocations to
4	Describe the organization's program service accomplishments for each of its three largest pr	ogram services, as mi	easured by e	xpenses
3	<ul> <li>Did the organization cease conducting, or make significant changes in how it conducts, any if 'Yes,' describe these changes on Schedule O</li> </ul>	program services?	Yes	X No
_	If 'Yes,' describe these new services on Schedule O.			
	Form 990 or 990-EZ?		Yes	X No
2	Did the organization undertake any significant program services during the year which were	not listed on the prior		
	che indicatat che ilonnicit of mestern north carotina.	<b></b>		
	empower citizens to be advocates for livable communities the natural environment of Western North Carolina.	and		
	The mission of Western North Carolina Alliance (WNCA) is	<u> to </u>		
1	Then, account the organization of the control of th			
	Check if Schedule O contains a response to any question in this Part III			
	rt III Statement of Program Service Accomplishments	· · · · · · · · · · · · · · · · · · ·		
Form	m <b>990</b> (201,1) Western North Carolina Alliance	56-1	422691	Page 2

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		_x_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	_ 8		х_
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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	<b>b</b> Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		х
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		х
	<b>d</b> 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	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u> X</u>
	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	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
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		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		_x_
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) Western North Carolina Alliance
Part IV Checklist of Required Schedules (continued)

			Yes	No
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		Х
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 27 If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002 <sup>3</sup> If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25	24a		X
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
(	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
ŀ	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		Х
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	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)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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? If 'Yes,' complete Schedule R, Part I	33		х
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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	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	35b		х
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> 'Yes,' <i>complete Schedule R, Part V, line 2</i>	36		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	x	
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rai	Check if Schedule O contains a response to any question in this Part V				П
	Check in Schedule O contains a response to any question in this rail v		_ 1	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a  3	Г	100	-100
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors	· · · · · · · · · · · · · · · · · · ·	1 1	'	
C	gambling) winnings to prize winners?		1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-				
	ments, filed for the calendar year ending with or within the year covered by this return	2a  11			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	•			
	Did the organization have unrelated business gross income of \$1,000 or more during the year	7	3a		<u> </u>
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature	or other authority over, a	ا ا		<b></b>
	financial account in a foreign country (such as a bank account, securities account, or other fin	nancial account) <sup>9</sup>	4a		X
b	If 'Yes,' enter the name of the foreign country	<del></del>			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fi		_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5 b		X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c	<u></u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?	nd did the organization	6a		<u>x</u>
b	If 'Yes,' did the organization include with every solicitation an express statement that such conot tax deductible?	ntributions or gifts were	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 pa	artly for goods and			
	services provided to the payor?	arty for goods and	7a		<u> </u>
-	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 wh Form 8282?	ich it was required to file	7 c		x
ч	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	<del></del>		├^
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal l		7 e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization		<del>- ' '</del>		
g	as required?	iii iile Fuiiii 0033			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form $1098\text{-}\mathrm{C}^2$	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supportin supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	g organizations. Did the ave excess business	8		
9	Sponsoring organizations maintaining donor advised funds.				$\Box$
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?		9ь		
	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 facilities	10b	1		1
	Section 501(c)(12) organizations. Enter	· · · · · · · · · · · · · · · · · · ·	1		
	Gross income from members or shareholders	11 a			1
b	Gross income from other sources (Do not net amounts due or paid to other sources		] '		1
	against amounts due or received from them )	11 b	ļ		ĺ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	-		•
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	_	13a		<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule	eU	1	}	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13ь			
_	Enter the amount of reserves on hand	136	1		
_	Did the organization receive any payments for indoor tanning services during the tax year?	1 1301	14a	<del></del>	Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	chedule O	14a	<b> </b>	├^
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Form 990 (2011)

Form 990 (2011) Western North Carolina Alliance 56-1422691 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Х Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 b 14 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 Х 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O q Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х **b** Other officers of key employees of the organization 15b 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 Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 161 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > North Carolina Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request 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 during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization 20

TEEA0106 01/23/12

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See 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	n nor any r	elated	org	anız	zatio	n com	npen	sated any current office	cer, director, or trustee	e
(A) Name and title	(B) Average hours per week	(do no	t che	Pos ck me	tion ore the	an one n an offi ustee)	box.	(D)  Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	adividual frances or director	ansblutionel trustee	Offi ei	Key employee	Highest coinnerisated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Linda Tatsapaugh										
Chair	1.00	X		Х				0.	0.	0.
(2) Edward Pritchett										
First Vice-Chair	1.00	Х		X				0.	0.	0.
_(3)_Greg_Kidd										
Secretary	1.00	Х		Х				0.	0.	0.
_(4)_Matt_Raker										
Treasurer	1.00	X		Х				0.	0.	0.
_(5)_Bill_Crawford										
Board	1.00	Х	<u> </u>					0.	0.	0.
(6) Tom Lowe										
Board	1.00	Х					ļ	0.	0.	0.
_(7)_Teresa_Buckwalter Board	1.00	х						0.	0.	0.
(8) Stan Schnitzer										
Board	1.00	Х						0.	0.	0.
(9) Julie White										
Board	1.00	Х	ĺ		1			0.	0.	0.
(10) Norma Ivey										
Board	1.00	Х						0.	0.	0.
(11) Julie Lehman										
Board	1.00	Х						0.	0.	0.
(12) Callie Moore								··· -		
Board	1.00	Х						0.	0.	0.
(13) Robin Smith										
Board	1.00	Х						0.	0.	. 0.
(14) Erick Zenteno										
Board	1.00	X _						0.	0.	0.

TEEA0107 07/06/11

Form 990 (2011) Western North Carolina A. Part VII Section A. Officers, Directors, Trust				plo	ye	es, a	and	Highest Com	56-1422691 pensated Employer	oyees	(con	age <b>8</b> it)
					C)	<del></del>						
(A) Name and title	(B) Average hours per	erage box, un ours officer			rson	s both	an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimated amount of oth compensation		
	week (describ e hours for related organi- zations in Sch O)	rector	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	fr orga an	om the anization d related inization	n d
(15) Julie Mayfield Executive Director	55.00			х				42,628.	0.		3,3	26.
(16)								•			•	
(17)												
(18)												
(19)												
(20)					<b>}-</b> ··						-	
(21)										-		
(22)												
(23)	-											
(24)	-											
(25)												
1 b Sub-total	_						<b>&gt;</b>	42,628.	0.		3,3	326.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	Α.						<b>&gt;</b>	42,628.	0.		٦ 3	326.
2 Total number of individuals (including but not limited	to tho	se li	sted	abo	ve)	who	rece			e comp		
from the organization											Yes	No
3 Did the organization list any <b>former</b> officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such in</i>	or trust <i>dıvıdua</i>	ee, l	кеу е	emp	loye	e, or	hıg	hest compensated	employee	3		Х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	oortable an \$15	e cor	nper )0? /	nsat f 'Ye	ion a	and o	othe lete	r compensation fro Schedule J for	om			
<ul><li>such individual</li><li>Did any person listed on line 1a receive or accrue co</li></ul>	ompens	saţio	n fro	m a	iny ι	ınreļa	ated	l organization or ir	ndıvıdual	4		х
for services rendered to the organization? If 'Yes,' consection B. Independent Contractors	ompiete	9 50	neau	iie J	TOF	sucn	per	rson		5		<u> </u>
Complete this table for your five highest compensate compensation from the organization. Report comper	ed inde	pend for t	lent	con	tract	ors t	hat	received more tha	in \$100,000 of	av vear		
(A)		101	.110 0	aici	iuai	ycai	CIR	(B	)	((	<del></del>	
Name and business addres	s							Description	of services	Compe	nsatio	n ———
2 Total number of independent contractors (including	but not	lımı	ted t	o th	ose	lister		love) who received	I more than		-	
\$100,000 in compensation from the organization												

<u>  Par</u>	t VIII   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
GIFTS, GRANTS	1 a Federated campaigns1 ab Membership dues1 b26,818.c Fundraising events1 c13,588.d Related organizations1 de Government grants (contributions)1 e53,449.				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f 334,057.  g Noncash contributions included in lns 1a-1f \$ 2,560.  h Total. Add lines 1a-1f	427,912.			
3 I	Business Code				
Ē	2a EQI Water Testing Fees 541380	70,592.	70,592.	0.	0.
22	b Invasive Plant Control Cheoah River 541900	36,565.	36,565.	0.	0.
) }	c Equinox Environmental Project 541900	5,092.	5,092.	0.	0.
ISE	d	,,,,,			
RA	f All other program service revenue				
8	g Total. Add lines 2a-2f	112,249.		<del></del>	
-	Investment income (including dividends, interest and other similar amounts)	394.	0.	0.	394.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal	-			
	<b>6a</b> Gross rents 1,500.				
	b Less' rental expenses				
	c Rental income or (loss) 1,500.		_	_	
	d Net rental income or (loss)	1,500.	0.	0.	1,500.
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	<b>b</b> Less cost or other basis and sales expenses				
	c Gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ 13,588. of contributions reported on line 1c)				
8	See Part IV, line 18 a 32,616.				
풀	<b>b</b> Less direct expenses <b>b</b> 17,188.				
	c Net income or (loss) from fundraising events  9a Gross income from gaming activities	15,428.		0.	15,428.
	See Part IV, line 19 a				
	b Less direct expenses c Net income or (loss) from gaming activities				]
	10a Gross sales of inventory, less returns and allowances	_		<del></del>	
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				•
	Miscellaneous Revenue Business Code			<del>_</del> _	
	11a Miscellaneous 900099	2,961.	0.	0.	2,961.
	b				
	с				
	d All other revenue				
	e Total. Add lines 11a-11d	2,961.	-		ļ
	12 Total revenue. See instructions	560,444.	112,249.	<u>0.</u>	20,283.

### 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)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
Grants and other assistance to governments and organizations in the United States. See	5	expenses	general expenses	expenses
Part IV, line 21  2 Grants and other assistance to individuals in the United States See Part IV, line 22	1			
3 Grants and other assistance to governments organizations, and individuals outside the United States. See Part IV, lines 15 and 16	3,			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	46,327.	30,753.	10,991.	4,583.
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	196,634.	173,952.	6,600.	16,082.
Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	2,310.	1,946.	167.	197.
9 Other employee benefits	7,421.	6,253.	537.	631.
10 Payroll taxes	24,972.	21,040.	1,808.	2,124.
11 Fees for services (non-employees)	24,512.	21,040.	1,000.	2,124.
a Management				
<b>b</b> Legal	3,974.	3,974.	0.	0.
c Accounting	15,019.	0.	15,019.	0.
<b>d</b> Lobbying	10,013			
e Professional fundraising services See Part IV, line 17	7,196.			7,196.
f Investment management fees	7,200,0			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<b>q</b> Other	19,066.	18,837.	0.	229.
12 Advertising and promotion	0.	0.	0.	0.
13 Office expenses	22,584.	16,733.	5,126.	725.
14 Information technology	14,134.	13,822.	312.	0.
15 Royalties				
16 Occupancy	33,331.	26,850.	6,481.	0.
17 Travel	23,196.	23,196.	0.	0.
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,874.	5,179.	695.	0.
20 Interest				
21 Payments to affiliates				·
22 Depreciation, depletion, and amortization	5,967.	4,774.	1,193.	0.
23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expense in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )	7,274.	5,819.	1,455.	0.
a Chapters-Conservation Project	ts 49,384.	49,384.	0.	0.
b Chapters-Meetings & Travel	1,414.	1,414.	0.	0.
C Environmental Quality Institute Program-Ot		33,880.	0.	0.
d Equipment	3,898.	3,898.	0.	0.
e All other expenses	13,467.	10,013.	1,066.	2,388.
<ul> <li>Total functional expenses. Add lines 1 through 24e</li> <li>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</li> <li>Check here  if following</li> </ul>	537,322.	451,717.	51,450.	34,155.
SOP 98-2 (ASC 958-720)				
301 30.5 (M3C 330.750)				Form <b>990</b> (2011)

Part Part	X	Balance Sheet	-			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		89,691.	1	92,391.
	2	Savings and temporary cash investments	,	81,428.	2	22,002.
	3	Pledges and grants receivable, net		10,700.	3	54,423.
.	4	Accounts receivable, net .		31.	4	75.
!	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	s, trustees, key employees, I of Schedule L		5	
		Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)		6		
A	7	Notes and loans receivable, net			7	
SETS	8	Inventories for sale or use			8	
S	9	Prepaid expenses and deferred charges		800.	9	3,150.
1	0 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 51,383.			
		Less accumulated depreciation	10b 14,024.	32,121.	10 c	37,359.
1		Investments – publicly traded securities		1,489.	11	1,432.
1:		Investments – other securities See Part IV, line 11			12	_,
1	3	Investments – program-related See Part IV, line 11			13	
1.		Intangible assets			14	<del>*</del>
1		Other assets See Part IV, line 11		2,624.	15	2,624.
1		Total assets. Add lines 1 through 15 (must equal line	34)	218,884.	16	213,456.
1		Accounts payable and accrued expenses	- ,	19,258.	17	15,865.
1	8	Grants payable			18	
1	9	Deferred revenue		19		
Ļ 2	0	Tax-exempt bond liabilities			20	
Å 2	1	Escrow or custodial account liability Complete Part I	/ of Schedule D		21	
A 2 B 1 L 2 T		Payables to current and former officers, directors, trus highest compensated employees, and disqualified per of Schedule L	tees, key employees, sons Complete Part II		22	
1 1 2		Secured mortgages and notes payable to unrelated th	rd parties		23	****
ا ء		Unsecured notes and loans payable to unrelated third	•		24	
2		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	s to related third parties.		25	
2	26	Total liabilities. Add lines 17 through 25		19,258.	26	15,865.
N E		Organizations that follow SFAS 117, check here ▶	X and complete lines			•
F		27 through 29 and lines 33 and 34.				
§ 2	27	Unrestricted net assets		160,787.	27	159,336.
ASSET 2	8	Temporarily restricted net assets		38,839.	28	38,255.
	9	Permanently restricted net assets			29	
R		Organizations that do not follow SFAS 117, check he	re ▶ 🔲 and complete			
F.		lines 30 through 34.	_		1	
FUND 3	0	Capital stock or trust principal, or current funds		30		
- 1	1	Paid-in or capital surplus, or land, building, or equipm	ent fund		31	
<u>لاً</u>   3	2	Retained earnings, endowment, accumulated income,	or other funds		32	
BALANCES 3	3	Total net assets or fund balances		199,626.	33	197,591.
§ 3	4	Total liabilities and net assets/fund balances		218,884.	34	213,456.

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213,456. Form **990** (2011)

Form	990 (2011) Western North Carolina Alliance	56-1422691		Pa	age <b>12</b>
Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		60,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	37,3	<u>322.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		<u>23,1</u>	22.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	99,6	<u>526.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		25,1	<u> 157.</u>
	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1	97,5	591.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
-				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	ssued on a			
	X Separate basis Consolidated basis Both consolidated and separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a		х
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3b		
BAA			Forn	990	(2011)

TEEA0112 07/06/11

# SCHEDULE A (Form 990 or 990-EZ)

**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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number													
Western North Carolina Alliance 56-1422691  Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.													
Part	1	Rea	ason for Pub	lic Charity Status	(All organizations	must d	comple	te this	part.)	See II	nstruct	tions.	
The o	gai	nızatı	on is not a priva	te foundation because	it is (For lines 1 through	gh 11, cl	heck on	y one b	ox)				
1		A ch	urch, convention	of churches or assoc	ation of churches desci	ribed in s	section	170(b)(1	)(A)(i).				
2		A sc	hool described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	)							
3	П	A ho	spital or a coope	erative hospital service	organization described	in sect	ion 1 <b>70</b> (	b)(1)(A)	(iii).				
4	П				in conjunction with a ho					эх1хах	iii) Ente	er the hospital's	
			e, city, and state		•	•			•	~ ~ ~	. ,		
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(bX1)(A)(v).												
6													
7	in section 170(bX1)(A)(vi). (Complete Part II )												
8	닏						•						
9													
10					-		-						
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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												
		а 🗌	Туре І	<b>b</b> Type II	c Type III	– Func	tionally	integrate	ed		d $\square$	Type III - Other	
е													
f		If the	e organization re k this box	ceived a written deteri	mination from the IRS ti	hat is a	Type I,	Гуре II о	r Type I	II suppo	rting org	ganization,	
g		Sinc	e August 17, 200	06, has the organization	on accepted any gift or	contribu	ition fron	n any of	the foll	owing p	ersons?		
		(i)	A person who o	directly or indirectly co erning body of the sup	ntrols, either alone or to	ogether	with per	sons des	scribed i	n (II) ar	ıd (III)	Yes	No
		(ii)	=	er of a person describ								11 g (i) 11 g (ii)	
			•	•	escribed in (i) or (ii) ab	0.02							
h					supported organization							11 g (iii)	
			me of supported			T /					1		
			organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column ( your go	Is the zation in i) listed in overning ment?	the organ colum your su	n (ı) of 📗	(vi) li organiz colun organize U S	ation in nn (i) ed in the	(vii) Amount of sup	port
						Yes	No	Yes	No	Yes	No		
(A)		_											
<b>/D</b> \													
(B)						<del> </del>							
(C)													
				,	-						_		
(D)										<del> </del>			
(E)													
<u>\-/</u>										-			<del></del>
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.)

Sec	tion A. Public Support	<u>-</u>					
	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		1				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activi	ties, etc (see ins	tructions)			12	
13	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						
	tion C. Computation of Pu					· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 20	,	• ,	e 11, column (f))		14	<u>%</u>
	Public support percentage from 2	·	•			15	%%
16 a	a 33-1/3% support test – 2011. If the and stop here. The organization				I the line 14 is 33-	1/3% or more, chec	k this box
t	b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17 a	7a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization   □						
t	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-a	and-circumstances	test, check this b	ox and stop here.	Explain in Part IV I	
18	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a,			
BAA					Sc	chedule A (Form 990	or 990-EZ) 2011

# 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)

	to quality drider the tests is	steu below, please	complete Fait II )				
	tion A. Public Support			<del></del>		<del></del>	
	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions and membership fees						
	and membership fees received (Do not include	240 112	266 054	202 700	444 062	407 010	1 605 541
2	any 'unusùal grants ') Gross receipts from admis-	242,113.	266,854.	303,799.	444,863.	427,912	1,685,541.
2	sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	1,880.	27.	7,284.	38,670.	155,893	203,754.
3	Gross receipts from activities	·		,			
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the		<del></del>	-			
•	organization's benefit and						
	either paid to or expended on						
5	its behalf The value of services or			<del></del>		<del></del>	
_	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	243,993.	266,881.	311,083.	483,533.	583,805	1,889,295.
	Amounts included on lines 1.	243,993.	200,001.	311,003.	403,333.	363,803	1,889,295.
, ,	2, and 3 received from						
	disqualified persons	165,000.	150,000.	150,000.	225,000.	239,975	929,975.
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year						
_	Add lines 7a and 7b	165,000.	150,000.	150,000.	225 000	220 075	000 075
_		165,000.	150,000.	150,000.	225,000.	239,975	929,975.
8	Public support (Subtract-line 7c from line 6)						959,320.
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·				1 303/3201
	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
	Amounts from line 6	243,993.	266,881.	311,083.	483,533.	583,805	
	Gross income from interest,	210,330.	200,0011	311,000.	103,033.	303,003	1,005,255.
	dividends, payments received						
	on securities loans, rents, royalties and income from						
	similar sources	1,478.	866.	233.	394.	394	. 3,365.
t	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b	1,478.	866.	233.	394.	394	3,365.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part IV)	137.	1,094.	2,554.	3,298.	4,461	11,544.
13	Total support. (Add ins 9, 10c, 11, and 12)	245,608.	268,841.	313,870.	487,225.	588,660	1,904,204.
14	First five years. If the Form 990 i	s for the organizat	ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3	3)
<u></u>	organization, check this box and	<del></del>					<u> </u>
	tion C. Computation of Pul			10 1 10		Т	
15	Public support percentage for 20	•	• •	13, column (f))		15	50.38 %
16	Public support percentage from 2					16	<u>  46.11 %</u>
Sec	tion D. Computation of Inv	<u>estment Incon</u>	ne Percentage				
17	Investment income percentage for	or <b>2011</b> (line 10c, c	olumn (f) dıvıded	by line 13, colum	n (f))	17	0.18 %
18	Investment income percentage fr	om <b>2010</b> Schedule	A, Part III, line 17	7		18	0.24 %
19 a	33-1/3% support tests - 2011. If	the organization d	id not check the b	ox on line 14, an	d line 15 is more	than 33-1/3%, ai	nd line 17 \
	is not more than 33-1/3%, check	this box and stop	here. The organize	ation qualifies as	a publicly suppor	ted organization	► <u> </u> X
b	33-1/3% support tests - 2010. If	the organization d	id not check a box	on line 14 or lin	e 19a, and line 16	is more than 33	3-1/3%, and
20	Ine 18 is not more than 33-1/3% <b>Private foundation.</b> If the organiz		-	- ,			ization
	Private toungation. It the organiz	auon did not chec	k a pox on line 14	. 19a. or 19b. che	eck this dox and s	ee instructions	▶   1

Schedule	A (Form 990 or 990-EZ) 2011	Western North	Carolina A	Alliance	56-1422691	Page 4
Part IV	Supplemental Informa Part II, line 17a or 17b (See instructions).	tion. Complete this ; and Part III, line	part to provid 12. Also compl	e the explanations ete this part for any	required by Part II, line y additional information	10;
Other_	Income Part III, L	ine_12				<b>-</b> -
Descri	ption: Miscellaneo	<u> 18 </u>			· <b>-</b>	
2007:_	137					
2008:_	1094.			<b>-</b>		
2009:_	2554					
2010:_	3298.					
	4461					
					<b>-</b>	
					<b></b>	
<b></b>						
		<b></b>				
		<del>_</del>				
				<b>-</b>		

#### SCHEDULE C (Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

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

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

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Department of the Treasury Internal Revenue Service

function activities

line 17b

(6)

Complete if the organization is described below.

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

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

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,

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

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III Name of organization Employer identification number 56-1422691 Western North Carolina Alliance Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures ▶\$ 3 Volunteer hours Part I-B | Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 **►**\$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 4a Was a correction made? b If 'Yes.' describe in Part IV Part I-C | Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

	amount of political contribution	For each organization listed, enter the amons received that were promptly and directly action committee (PAC). If additional space	delivered to a separ.	ate political organization	Also enter the n, such as a separate
	(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

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

Did the filing organization file Form 1120-POL for this year?

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 201	Western Nort	h Carolina Alli	2000	56-1422	.601 Dans 3
	the organization			filed Form 5768 (el	
A Check ► If the filin	g organization belong	s to an affiliated group (a	and list in Part IV each	affiliated group member's	name.
<del></del>		hare of excess lobbying e		3	•
B Check ► I If the filin	ig organization check	ed box A and 'limited con	trol' provisions apply		
(The term	Limits on Lobbyin 'expenditures' mean	g Expenditures s amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence publi	opinion (grass roots lob	bying)	0.	
<b>b</b> Total lobbying expenditu		· · · · ·	:	1,000.	
c Total lobbying expenditu	res (add lines 1a and	1b)	-	1,000.	
d Other exempt purpose e	xpenditures			536,322.	
e Total exempt purpose ex	penditures (add lines	1c and 1d)		537,322.	
f Lobbying nontaxable am both columns	ount Enter the amou	nt from the following table	e ın	105,598.	
If the amount on line 1e, colu	ımn (a) or (b) ıs Th	e lobbying nontaxable a	mount is		
Not over \$500,000	21	% of the amount on line 1e			
Over \$500,000 but not over \$1,	000,000 \$	00,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	1,500,000 \$	75,000 plus 10% of the excess	over \$1,000,000	+	
Over \$1,500,000 but not over \$	17,000,000 \$	225,000 plus 5% of the excess o	over \$1,500,000		
Over \$17,000,000	\$	,000,000			
g Grassroots nontaxable a	mount (enter 25% of	line 1f)		26,400.	
h Subtract line 1g from lin	e 1a If zero or less, e	enter -0-		0.	
i Subtract line 1f from line	e 1c If zero or less, e	nter -0-		0.	
j If there is an amount oth section 4911 tax for this		r line 1h or line 1i, did the	e organization file Form	4720 reporting	Yes No
(Som	ne organizations that	Year Averaging Period U made a section 501(h) el below. See the instruction	ection do not have to c	omplete all of the five 1 2f.)	
, , .	Lobby	ing Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) Total
2a Lobbying non-taxable amount	63,364	. 54,155.	81,233.	105,598.	304,350.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					456,525.

f Grassroots lobbying expenditures

BAA

c Total lobbying expenditures

**d** Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2011

0.

1,846.

76,088.

114,132.

1,000.

26,400.

523.

0.

20,308.

279.

0.

13,539.

44.

0.

15,841.

# Schedule C (Form 990 or 990-EZ) 2011 Western North Carolina Alliance 56-1422691 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

each 'Yes' response to lines 1a through 1ı below, provide in Part IV a detailed description he lobbying activity		(a)		(b)	
ne loubying activity	Yes	No	An	nount	
During the year, did the filing organization attempt to influence foreign, national, state or local					
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					_
f Grants to other organizations for lobbying purposes?					_
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total Add lines 1c through 1i					
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		İ			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					_
art III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5)	, or			
section 501(c)(6).			-	Yes	I
Were substantially all (90% or more) dues received nondeductible by members?			1	1.03	Ė
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		┢
Did the organization agree to carry over lobbying and political expenditures from the prior year?			2	1	⊢
Dues, assessments and similar amounts from members		1			
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2b			
c Total		2c			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			_
Aggregate amount reported in section 0000(e)(1)(A) notices of nondeductible section 102(e) dues		3			_
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poli-					
expenditure next year?		5			_
Taxable amount of lobbying and political expenditures (see instructions)				-	
Taxable amount of lobbying and political expenditures (see instructions)  Int IV Supplemental Information		<u> </u>			

Schedule C	(Form 990 or 990-EZ) 2011 Western North Carolina Alliance	<u> 56-1422691</u>	Page <b>4</b>
Part IV	(Form 990 or 990-EZ) 2011 Western North Carolina Alliance Supplemental Information (continued)		
		<del></del>	
			<del>-</del> -
			•

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

2011

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TARTITIE	of the organization		Employer Identification fulliber
Wor	stern North Carolina Alliance		56-1422691
Pai		r Advised Funds or Other Similar Fur o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(2)
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don funds are the organization's property, subject t	or advisors in writing that the assets held in doi o the organization's exclusive legal control?	nor advised Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private bene	s, and donor advisors in writing that grant fund: he benefit of the donor or donor advisor, or for a fit?	s can be any other Yes No
Pa	rt II   Conservation Easements. Compl	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e.g., re	ecreation or education) Preservation	of an historically important land area
	X Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in t	he form of a conservation easement on the
			Held at the End of the Tax Year
	a Total number of conservation easements		2a
	b Total acreage restricted by conservation easer		2b
	c Number of conservation easements on a certif	• • • • • • • • • • • • • • • • • • • •	2c
(	d Number of conservation easements included in structure listed in the National Register		2d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or terminate	ed by the organization during the
4	Number of states where property subject to co	nservation easement is located >	<del></del>
5	Does the organization have a written policy req and enforcement of the conservation easement	garding the periodic monitoring, inspection, han its it holds?	dling of violations,  Yes X No
6	<b>•</b>	g, inspecting, and enforcing conservation ease	
7	Amount of expenses incurred in monitoring, in \$	specting, and enforcing conservation easement	s during the year
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	tion X Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and of the organization's financial statements that de	expense statement, and balance sheet, and scribes the organization's accounting for
Pa	rt III Organizations Maintaining Colle	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.
1:	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	s held for public exhibition, education, or resear	ue statement and balance sheet works of ch in furtherance of public service, provide,
ĺ	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	SFAS 116 (ASC 958), to report in its revenue s d for public exhibition, education, or research in	statement and balance sheet works of art, furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1	►\$ ►\$
	(ii) Assets included in Form 990, Part X		▶\$
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets fo 116 (ASC 958) relating to these items	r financial gain, provide the following
i	a Revenues included in Form 990, Part VIII, line	1	▶\$
	<b>b</b> Assets included in Form 990, Part X		<b>►</b> \$

Schedule <b>D</b> (Form 990) 2011 Weste	ern North C	arolina Alli	lance	56-142	2691		Page 2
Part III Organizations Mainta	ining Collection	ons of Art, Histo	orical Treasures, o	or Other Similar Ass	ets (co		
3 Using the organization's acquisite items (check all that apply):						-	
a 🔲 Public exhibition		<b>d</b> 🗌 Loan	or exchange programs				
<b>b</b> Scholarly research		e 🗌 Other					
c Preservation for future genera	ations						
4 Provide a description of the organ Part XIV					ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be m	aintained as part o	f the organization's coll	lection?	Yes		No
Part IV Escrow and Custodia line 9, or reported an	I Arrangement amount on Fo	t <b>s.</b> Complete if rm 990, Pa <mark>r</mark> t X,	the organization at line 21.	nswered 'Yes' to Fo	rm 990,	Part	IV,
1 a is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary	for contributions or oth	er assets not	Yes		] No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and co	omplete the following	ng table				
					Amount		
c Beginning balance				1 c			
<b>d</b> Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f			_
2a Did the organization include an a		90, Part X, line 21?			Yes	L	No
b If 'Yes,' explain the arrangement			111/ 11 5	000 D 11/1			
Part V Endowment Funds. Co							
4.0	(a) Current year	(b) Prior yea	ar (c) Two years ba	ck (d) Three years back	(e) Fo	our years	back
1 a Beginning of year balance					+		
<b>b</b> Contributions					+		
<ul> <li>Net investment earnings, gains, and losses</li> </ul>							
<b>d</b> Grants or scholarships	_						
<ul> <li>Other expenditures for facilities and programs</li> </ul>							
f Administrative expenses							
<b>g</b> End of year balance	·						
2 Provide the estimated percentage	•		e 1g, column (a)) held a	as			
a Board designated or quasi-endow		<b>%</b>					
<b>b</b> Permanent endowment	·						
c Temporarily restricted endowmen The percentages in lines 2a, 2b, a		% ıal 100%					
3a Are there endowment funds not in organization by:	n the possession o	of the organization	that are held and admir	nistered for the		Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		·
<b>b</b> If 'Yes' to 3a(ii), are the related o	rganizations listed	i as required on Sc	hedule R?		3b		
4 Describe in Part XIV the intended	_				<del></del>		
Part VI Land, Buildings, and	Equipment. Se	ee Form 990, P	art X, line 10.				
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	( <b>d)</b> Bo	ook va	lue
1 a Land							
<b>b</b> Buildings							
c Leasehold improvements	<u> </u>		34,508.	1		31,	204.
<b>d</b> Equipment	<u> </u>		16,875.	10,720.		6,	155.
e Other			<u> </u>	1			
Total. Add lines 1a through 1e (Column	n (d) must equal l	Form 990, Part X, c	olumn (B), line 10(c) )	<b>_</b>		<u>37</u> ,	359.

BAA

Schedule **D** (Form 990) 2011

Part VII   Investments - Other Securities, See Form 990, Part X, Inse 12.	Schedule D (Form 990) 2011 Western North Car	olina Alliance	56-142	2691 Page :
(a) Description of Security or Category (colding name of Security) (1) Financial derivatives (2) Closely held equity interests (3) Other (4) (5) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Part VII Investments - Other Securities. See	Form 990, Part X,	line 12.	
(1) Francial derivatives (2) Closely-held equity interests (3) Other (4) (2) Closely-held equity interests (3) Other (4) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) Security Deposit (2) (2) (1) Security Deposit (2) (2) (3) (9) (1) Security Deposit (2) (2) (3) (9) (1) Security Deposit (2) (3) (1) Security Deposit (2) (4) Description (b) Book value (b) Book value (c) Closely (c) Security Deposit (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) Security Deposit (2) (4) Description (b) Book value (c) Description (b) Book value (c) Security Deposit (2) (3) (4) (5) (6) (6) (7) (8) (9) (1) Security Deposit (2) (4) Description (b) Book value (c) Description (c) Security Deposit (c) Security Deposit (c) Description (c) Des	(a) Description of security or category	1	(c) Method of valuate	
(2) Closely-held equity interests (3) Other (4) (5) (6) (7) (7) (8) (9) (9) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19			oost or cha-or-year mark	tet value
(3) Other	• •			
(4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				<del>-</del>
(G)				
(C)				
(2)				
(£)				
(5)				
Company   Comp	<u></u>			_
Contact   Column (b) must equal Form 990 Part X, column (B) line 12   Total,   Column (b) must equal Form 990 Part X, column (B), line 15	(G)			
Total.   Column (b) must equal Form 990. Part X, column (B) line 12   Part VIII   Investments — Program Related. See Form 990, Part X, line 13.	<u>(H)</u>			
Part VIII   Investments - Program Related. See Form 990, Part X, Inne 13.				
(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value  (d) (3) (4) (5) (6) (6) (7) (8) (9) (10) Total. (Column (b) must equal from 990, Part X, column (B) line 13) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (c) must equal from 990, Part X, column (B) line 13) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal from 990, Part X, column (B) line 15) (6) (7) (8) (9) (9) (10) Total. (Column (b) must equal from 990, Part X, column (B), line 15) (a) Description  (b) Book value (c) (c) (d) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(1)   Cost or end-of-year market value   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (10)			line 13.	
(1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (10) Total. (Column (b) must equal form 390, Part X, column (B), line 15) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal form 390, Part X, column (B), line 15) (9) (10) (10) Total. (Column (b) must equal form 390, Part X, column (B), line 15) (9) (10) (10) (10) (10) (10) (10) (10) (10	(a) Description of investment type	(b) Book value	(c) Method of valuate	ion.
(\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$)	(1)		Cost or end-or-year mark	tet value
(3) (4) (5) (6) (7) (8) (9) (10) Tatal. (Column (t) must equal Form 990, Part X, column (B) line 13)  (1) Security Deposit (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15)  (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15)  (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15)  (a) Description of liability (b) Book value (1) Federal uncome taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (11)				-
(4) (5) (6) (7) (8) (9) (10) Total, (Column (it) must equal Form 990, Part X, column (B) line 13) ▶    Part X   Other Assets. See Form 990, Part X, column (B), line 15)				_
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal form 930, Part X, column (8) line 13)  Part IX   Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) Security Deposit 2, 624. (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15)  Part X   Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11)			*	<del></del>
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(7) (8) (9) (10) Total. (Column (a)) must equal Form 990, Part X, column (B) line 13)    Part IX   Other Assets. See Form 990, Part X, column (B), line 15.    (a) Description   (b) Book value		, , , , , , , , , , , , , , , , , , ,		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  (a) Description (b) Book value  (c) (a) (b) Book value  (d) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15)  Part X   Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (c) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15)  Part X   Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (c) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	<del></del>			<del>-</del>
(9) (10) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)    Part IX   Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value 2, 624.  (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15)    Part X   Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (9) (10) (10) (11)			· · · · · · · · · · · · · · · · · · ·	<del></del>
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Total. (Column (b) must equal Form 990, Part X, Inne 15.   (a) Description   (b) Book value   (1) Security Deposit   (2, 624. (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (10)   (1)   (10)   (1				
(a) Description (b) Book value  (1) Security Deposit 2, 624.  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15)  Part X   Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (10)  (11)	Total. (Column (b) must equal Form 990, Part X, column (B) line 13)			-
(1) Security Deposit 2,624. (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X. column (B), line 15)  Part X   Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Part IX Other Assets. See Form 990, Part X,	line 15.		
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(3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15)  Part X   Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	(1) Security Deposit			2,624.
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15)  Part X   Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	(2)	· · · · · · · · · · · · · · · · · · ·		
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15)  Part X   Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				·
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(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15)  Part X   Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	(6)			
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15)  Part X   Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
(10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15 )				
Total. (Column (b) must equal Form 990, Part X, column (B), line 15)         ▶         2,624.           Part X         Other Liabilities. See Form 990, Part X, line 25.         (a) Description of liability         (b) Book value           (1) Federal income taxes         (2)         (3)         (4)           (5)         (6)         (7)         (8)         (9)           (10)         (11)         (11)         (11)         (11)		· .		<del>-</del>
Part X   Other Liabilities. See Form 990, Part X, line 25.   (a) Description of liability   (b) Book value				
(a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				2,624.
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	<u> </u>			
(2) (3) (4) (5) (6) (7) (8) (9) (10)		(b) Book value		
(3) (4) (5) (6) (7) (8) (9) (10)			<u> </u>	
(4) (5) (6) (7) (8) (9) (10)				
(5) (6) (7) (8) (9) (10) (11)				
(6) (7) (8) (9) (10) (11)		-	<u> </u>	
(7) (8) (9) (10) (11)	<del></del>		<del> </del>	
(8) (9) (10) (11)	<del></del>		<del> </del>	
(9) (10) (11)	<del></del>	<del></del>	<del> </del>	
(10) (11)			<del></del>	
(11)			<del></del>	
			<del></del>	
	Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	<b>•</b>		

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedule D (Form 990) 2011 Western North Carolina		5-1422691 Page <b>4</b>
Part XI   Reconciliation of Change in Net Assets from Form 99	00 to Audited Financial Statements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		560,444.
2 Total expenses (Form 990, Part IX, column (A), line 25)		537,322.
3 Excess or (deficit) for the year Subtract line 2 from line 1		23,122.
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
•		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statemen		23,122.
Part XII   Reconciliation of Revenue per Audited Fin		<del></del>
1 Total revenue, gains, and other support per audited financial		1 589,075.
2 Amounts included on line 1 but not on Form 990, Part VIII, Iir	1 1	
a Net unrealized gains on investments	<b>2a</b> -57.	<u> </u>
<b>b</b> Donated services and use of facilities	<b>2b</b> 11,500.	<u>.</u>
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d 17,188.	7
e Add lines 2a through 2d	<del>*************************************</del>	<b>2e</b> 28,631.
3 Subtract line 2e from line 1		3 560,444.
4 Amounts included on Form 990, Part VIII, line 12, but not on	line 1:	300/1111.
a Investment expenses not included on Form 990, Part VIII, line	, I	
	· · · · · · · · · · · · · · · · · · ·	-
b Other (Describe in Part XIV )	4b	-  _
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 99		5 560,444.
Part XIII   Reconciliation of Expenses per Audited Fi	nancial Statements With Expenses per	
1 Total expenses and losses per audited financial statements		1 566,010.
2 Amounts included on line 1 but not on Form 990, Part IX, line	25	
a Donated services and use of facilities	<b>2a</b> 11,500.	<u>.</u>
<b>b</b> Prior year adjustments	2b	]
c Other losses	2c	7
d Other (Describe in Part XIV)	2d 17,188.	]
e Add lines 2a through 2d	1 1,7100	2e 28,688.
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on li	1.	<u>3</u> 537,322.
a Investment expenses not included on Form 990, Part VIII, line b Other (Describe in Part XIV)	4a 4b	-
c Add lines 4a and 4b	40	
5 Total expenses Add lines 3 and 4c. (This must equal Form 9	100 Part I line 19 )	5 537,322.
Part XIV Supplemental Information	90, Fait 1, Illie 16 )	337,322.
	nos 2 5 and 0: Part III lines 1a and 4 Part IV	upon 1h and 2h
Complete this part to provide the descriptions required for Part II, II Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4	4b, and Part XIII, lines 2d and 4b Also complete	this part to provide
any additional information		
Pt XII Line 2d Event Expense \$7,202		
Pt XIII Line 2d Event Expense \$7,202		
Pt II Line 9 As a by-product of its	stream-bank restoration work,	WNCA_
Pt II Line 9 holds four conservation	n easements on small tracts of	property
Pt_II_Line_9bordering_or_accessing	streams on the Watauga River.	
Pt II Line 9 All of the easements we	ere received by donation. As p	ermitted
Pt II Line 9 by generally accepted a	accounting principals, the	<b>-</b>
Pt II Line 9 organization has elected	ed not to recognize the value	
	EA3304 05/25/11	Schedule <b>D</b> (Form 990) 2011
,,,	**********	VI OILLI 2201 COLL

Schedule D (Form 990) 2011 Western North Carolina Alliance	56-1422691	Page <b>5</b>
Part XIV   Supplemental Information (continued)		
Pt II Line 9 of the easements in its financial statements		
Pt XWNCA is exempt from federal income taxes under 501(c)(3) of	the Internal Revenu	ue Code.
Pt X However, the Code also provides that income from certain ac	tivities not relate	ed_to_the
Pt X organization's tax-exempt purpose may be subject to taxa	tion as unrelated b	ousiness
Pt X income. The organization had less than \$1,000 of income.		
Pt Xactivities for 2011 and was therefore not required to file I		
Pt X believes that it has appropriate support for all t		
Pt X as such, does not any uncertain tax positions that are:		
Pt X statements. The Organization's Form's 990 for 200		
Pt X subject to examination by the IRS, generally for three years.	ars after they wer	e <u>filed</u> .
	. <b></b>	
	·	
	· <b></b>	

# SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service	or 19, or	if the organization to the thick the control of the	ation ente n 990 or Fo	red more th orm 990-EZ	nan \$15,000 on Form 99 ⁄  ► See separate inst	90-EZ, line 6a. ructions.	Inspection	
Name of the organization	·		_			Employer identific	ation number	
Western North						56-142269	1	
Part I Fundraising Form 990-Ez	Activities. Comple I filers are not requ	te if the organ	nization an ete this pa	swered 'Ye rt	s' to Form 990, Part IV	, line 17		
1 Indicate whether	the organization ra	ised funds thr	ough any	of the follow	ving activities Check al	II that apply	<u></u>	
a Mail solicitati	ons			е	Solicitation of non-q	-		
<b> ==</b>	email solicitations			f	Solicitation of gover	~		
c Phone solicit				g	Special fundraising	events		
d [_] In-person sol 2a Did the organizat employees listed	ion have a written	or oral agreen VII) or entity i	nent with a n connecti	any individu on with pro	ial (including officers, d fessional fundraising se	irectors, trustees or key ervices?	Yes No	
<b>b</b> If 'Yes,' list the te compensated at I	en highest paid indi least \$5,000 by the	viduals or enti organization	ities (fundr	aisers) pur	suant to agreements ur	nder which the fundrais	er is to be	
(i) Name and addre		(ii) Activity	(III) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization	
or entity (fun	iuraiser)							
			ļ			column (i)		
			Yes	No				
1								
2								
3								
4								
5								
6								
7			<del> </del>			<u>.                                    </u>		
				-				
9								
10								
Total				▶				
	which the organiza	tion is register	ed or licer	sed to soli	cit contributions or has	been notified it is exem	npt from registration	
			- <del>-</del>					
						<del>-</del>	- <b>-</b>	
							<del></del>	
			- <i></i> -			<b></b>	- <b></b>	
				_			<b></b> -	

Schedule G (Form 990 or 990-EZ) 2011 Western North Carolina Alliance 56-1422691 Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) Wailers Show Save French Broad MUIR AND OTHER through column (c)) REVENU (event type) (event type) (total number) 1 Gross receipts 21,076. 14,373. 10,755. 46,204. 2 Less: Charitable contributions 11,388. 2,200. 13,588. 3 Gross income (line 1 minus line 2) 9,688. 14,373. 8,555. 32,616. 4 Cash prizes 5 Noncash prizes DIRECT 6 Rent/facility costs 7 Food and beverages 749 749. EXPENSES 8 Entertainment 7,700. 7,700. 3,504. 9 Other direct expenses 2,202. 3,033. 8,739. 10 Direct expense summary Add lines 4 through 9 in column (d) 17,188. 11 Net income summary Combine line 3, column (d), and line 10 15,428. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (a) Bingo (c) Other gaming (d) Total gaming REVENUE bingo/progressive bingo (add column (a) through column (c)) 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 용 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? No b If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No **b** If 'Yes,' explain

Sche	edule <b>G</b> (Form 990 or 990-EZ) 2011 Western North Carolina Alliance	56-1422	2691	Page 3
11			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for administer charitable gaming?	med to	Yes	No
13	Indicate the percentage of gaming activity operated in	1 1		
	The organization's facility	13a		ક્ર
	no noutside facility	13b		<del></del>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	records.		
	Name •			
	Address ►			
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue	,7	Yes	☐ No
t	o If 'Yes,' enter the amount of gaming revenue received by the organization • \$ and	the amour	nt	
	of gaming revenue retained by the third party ► \$			
•	If 'Yes,' enter name and address of the third party'			
	Name •			
	Address ►			!
16	Gaming manager information			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided			
	□ Director/officer   □ Employee   □ Independent contractor			
17	Mandatory distributions			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retistate gaming license?	ain the	Yes	No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in th	е	
	organization's own exempt activities during the tax year > \$	<del></del>		<u> </u>
Pai	Supplemental Information. Complete this part to provide the explanations require columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applithis part to provide any additional information (see instructions).	icable. /	art I, line Also com	2b, plete
	_			
			<del></del>	

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

56-1422691 Western North Carolina Alliance Pt\_VI, Line\_6 \_\_ The organization does have members, but with no authority Pt\_VI,\_Line\_6\_\_ over\_the\_day-to-day operating decisions of governing body Pt\_VI, Line\_6 \_\_ of the organization. They cannot exercise significant control. \_\_\_\_ Pt VI, Line 7a Members may elect At-Large Steering Committee members only. Pt\_VI, Line 7b \_\_Members do not have control over most Steering Committee decisions; \_\_ Pt\_VI, Line\_7b \_\_however, there are two instances where the possibility for member Pt VI, Line 7b \_\_voting exists if members disagree with the Steering Committee's \_\_\_\_ Pt\_VI, Line 7b decisions. One is if changes are made to the By-Laws and Pt\_VI, Line 7b \_ the other is if changes are made to the Platforms. \_ \_ \_ Pt\_VI, Line\_10b WNCA's Chapters must comply with all of WNCA's policies & procedures, Pt\_VI, Line\_10b \_ but have significant latitude on the issues in which they work \_ Pt\_VI, Line\_10b as long as the issues are consistent with WNCA's Platforms. Pt\_VI, Line\_11a \_ The 990 is prepared by independent accountants, reviewed by management, Pt\_VI, Line 11a presented to the Finance Committee for review, and once it is approved, Pt\_VI, Line\_11a \_ presented\_to the entire Board for final\_approval\_or proposed revision. Pt\_VI, Line 12c According to the Alliance's Conflict of Interest Policy, each director, Pt VI, Line 12c principal officer and member of a committee with governing board-Pt\_VI, Line\_12c\_\_delegated powers shall annually sign a statement, which affirms such person: Pt\_VI, Line\_12c\_\_(a) Has received a copy of the conflicts of interest policy; (b) Has read Pt VI, Line 12c and understands the policy; (c) Has agreed to comply with the policy; (d) Understands Pt\_VI, Line 12c \_ the Organization is charitable and in order to maintain its federal tax Pt\_VI, Line\_12c \_ exemption\_it\_must\_engage primarily\_in\_activities\_which\_accomplish\_\_\_\_ Pt VI, Line 12c one or more of its tax-exempt purposes. Pt VI, Line 12c Any Board Member with a conflict of interest on any specific Pt VI, Line 12c issue informs the Board and abstains from voting on the issue. Pt VI, Line 15 In the annual budgeting process, the Board approves a budget line for aggregate

Name of the organization		Employer identification number
Western North Carolina Alliance		56-1422691
Pt_VI, Line 15salary_expense. T	he Board of Directors sets the	Executive
Pt_VI, Line 15Director_salary_a	fter a performance review and a	recommendation from the
Pt_VI, Line 15 Personnel Committee	ee. Thereafter, individual salar	ies and salary increases
Pt_VI,_Line_15for_employees_are	determined by the Executive Dir	ector using performance
Pt_VI, Line 15 reviews as a basi	.s	
Pt_VI, Line_18	O are available upon request.	
Pt_VI, Line_19By-Laws_are_avail	able on the organization's web	<u>site</u>
Pt_VI, Line 19 Other governing d	locuments, conflict of interest	policy and audited
Pt_VI, Line_19financial_stateme	ents are available upon request	<del></del>
Pt_XIOther net asset char	nges include transfer to Environmen	tal Quality Institue (EQI)
Pt_XIof_\$25,100. WNCA	enabled EQI to operate as a pr	ogram while EQI awaited
Pt_XInon-profit_status.	EQI began separating its operation	s from WNCA toward year-end
Pt_XIat_which_time_WNCA_t	ransferred \$25,100 of EQI's cash to	EQI. Other changes include
Pt_XINet_Investment_Lo	osses_of_\$57	
Pt VI-B, Line 13 The Alliance did	not have a Whistleblower police	y_in_place_as_of
Pt VI-B, Line 13 year-end, but are	in the process of developing	one during 2012.