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EXTENDED TO AUGUST 15, 2017

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**2015**  
Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

|                                                                                                                                                                                                                                                                                                                |                                                                                                            |  |                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>CHEROKEE PRESERVATION FOUNDATION, INC.</b>                             |  | <b>D</b> Employer identification number<br><b>56-2272253</b>                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                | Doing business as                                                                                          |  | <b>E</b> Telephone number<br><b>828-497-5550</b>                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>PO BOX 504</b> |  |                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                | City or town, state or province, country, and ZIP or foreign postal code<br><b>CHEROKEE, NC 28719</b>      |  | <b>G</b> Gross receipts \$ <b>7,506,855.</b>                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                | <b>F</b> Name and address of principal officer <b>BOBBY RAINES</b><br><b>SAME AS C ABOVE</b>               |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number |

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: **WWW.CHEROKEEPRESERVATIONFDN.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **L** Year of formation: **2001** **M** State of legal domicile: **NC**

## Part I Summary

|                                                                                              |                                                                                                                                                                             |                                                                                             |                     |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------|
| <b>Activities &amp; Governance</b>                                                           | <b>1</b> Briefly describe the organization's mission or most significant activities <b>TO PROTECT, PRESERVE, AND ENHANCE THE OVERALL WELL-BEING OF THE CHEROKEE PEOPLE.</b> |                                                                                             |                     |
|                                                                                              | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                             |                                                                                             |                     |
|                                                                                              | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)                                                                                                  | <b>3</b>                                                                                    | <b>15</b>           |
|                                                                                              | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)                                                                                      | <b>4</b>                                                                                    | <b>15</b>           |
|                                                                                              | <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)                                                                                       | <b>5</b>                                                                                    | <b>10</b>           |
|                                                                                              | <b>6</b> Total number of volunteers (estimate if necessary)                                                                                                                 | <b>6</b>                                                                                    | <b>0</b>            |
|                                                                                              | <b>Revenue</b>                                                                                                                                                              | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12              | <b>7a</b>           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34                      |                                                                                                                                                                             | <b>7b</b>                                                                                   | <b>0.</b>           |
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                       |                                                                                                                                                                             | <b>Prior Year</b>                                                                           | <b>Current Year</b> |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                        |                                                                                                                                                                             | <b>7,501,221.</b>                                                                           | <b>7,500,000.</b>   |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      |                                                                                                                                                                             | <b>0.</b>                                                                                   | <b>0.</b>           |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           |                                                                                                                                                                             | <b>668,745.</b>                                                                             | <b>6,855.</b>       |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) |                                                                                                                                                                             | <b>0.</b>                                                                                   | <b>0.</b>           |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   |                                                                                                                                                                             | <b>8,169,966.</b>                                                                           | <b>7,506,855.</b>   |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                      |                                                                                                                                                                             | <b>4,210,227.</b>                                                                           | <b>4,060,882.</b>   |
| <b>Expenses</b>                                                                              |                                                                                                                                                                             | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | <b>0.</b>           |
|                                                                                              | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                    | <b>920,937.</b>                                                                             | <b>872,477.</b>     |
|                                                                                              | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)                                                                                                          | <b>0.</b>                                                                                   | <b>0.</b>           |
|                                                                                              | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-14e)                                                                                                      | <b>0.</b>                                                                                   | <b>0.</b>           |
|                                                                                              | <b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                        | <b>513,313.</b>                                                                             | <b>316,322.</b>     |
|                                                                                              | <b>19</b> Revenue less expenses - Subtract line 18 from line 12                                                                                                             | <b>5,644,477.</b>                                                                           | <b>5,249,681.</b>   |
|                                                                                              | <b>20</b> Total assets (Part X, line 16)                                                                                                                                    | <b>2,525,489.</b>                                                                           | <b>2,257,174.</b>   |
|                                                                                              | <b>21</b> Total liabilities (Part X, line 26)                                                                                                                               | <b>Beginning of Current Year</b>                                                            | <b>End of Year</b>  |
|                                                                                              | <b>22</b> Net assets or fund balances - Subtract line 21 from line 20                                                                                                       | <b>26,791,984.</b>                                                                          | <b>31,013,915.</b>  |
|                                                                                              |                                                                                                                                                                             | <b>1,638,395.</b>                                                                           | <b>1,582,889.</b>   |
|                                                                                              | <b>25,153,589.</b>                                                                                                                                                          | <b>29,431,026.</b>                                                                          |                     |

## Part II Signature Block

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

|                               |                                                                                                                                       |                                                                                                                                                                                                        |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sign Here</b>              | <b>Signature of officer</b> <i>BOBBY RAINES</i>                                                                                       | <b>Date</b> <b>2-19-19</b>                                                                                                                                                                             |
|                               | <b>BOBBY RAINES, EXECUTIVE DIRECTOR</b><br>Type or print name and title                                                               |                                                                                                                                                                                                        |
| <b>Paid Preparer Use Only</b> | <b>Print/Type preparer's name</b><br><b>AMY BIBBY</b>                                                                                 | <b>Preparer's signature</b> <i>AMY BIBBY</i>                                                                                                                                                           |
|                               | <b>Firm's name</b> <b>DIXON HUGHES GOODMAN LLP</b><br><b>Firm's address</b> <b>500 RIDGEFIELD COURT</b><br><b>ASHEVILLE, NC 28806</b> | <b>Date</b> <b>02/11/19</b><br><b>Check if self-employed</b> <input type="checkbox"/><br><b>PTIN</b> <b>P00445891</b><br><b>Firm's EIN</b> <b>56-0747981</b><br><b>Phone no.</b> <b>(828) 254-2254</b> |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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**Part III** Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission

**TO INCREASE THE QUALITY OF LIFE OF THE EASTERN BAND OF CHEROKEE INDIANS AND STRENGTHEN THE WESTERN NORTH CAROLINA REGION.**

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code \_\_\_\_\_) (Expenses \$ 5,033,763. including grants of \$ 4,060,882.) (Revenue \$ \_\_\_\_\_)

**THE CHEROKEE PRESERVATION FOUNDATION IS A 501(C)(3) PUBLICLY SUPPORTED ORGANIZATION THAT ACCOMPLISHES ITS EXEMPT PURPOSE AND MISSION AS A GRANTMAKER, CONVENER, PARTNERSHIP BROKER AND COMMUNITY BUILDER.**

**PLEASE SEE OUR EXTENDED STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS IN SCHEDULE O.**

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

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

- 4d Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **5,033,763.**

Form 990 (2015)

**Part IV Checklist of Required Schedules**

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

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**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                     | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                              |     | X  |
| <b>20b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                             |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                             | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                                 |     | X  |
| <b>23</b> 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? If "Yes," complete Schedule J                                                      |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                           |     | X  |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                        |     |    |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                                               |     |    |
| <b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                  |     |    |
| <b>25a</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                               |     | X  |
| <b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                      |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 |     | X  |
| <b>27</b> 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 |     | X  |
| <b>28</b> 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)                                                                                                              |     |    |
| <b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                                                                                                                                  |     | X  |
| <b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                                                                                                               |     | X  |
| <b>28c</b> 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                                                                                   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                                                                                                                                  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M                                                                                                                                  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br>If "Yes," complete Schedule N, Part I                                                                                                                                                                                     |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II                                                                                                                                                                      |     | X  |
| <b>33</b> 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                                                                                                                      |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1                                                                                                                                                                  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                  |     | X  |
| <b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                                                        |     |    |
| <b>36</b> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                  |     | X  |
| <b>37</b> 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                                                                             |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                                                                                                                                                                                            |     |    |
| <b>Note.</b> All Form 990 filers are required to complete Schedule O                                                                                                                                                                                                                                                | X   |    |

Form 990 (2015)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

|     |                                                                                                                                                                                                                                            | Yes | No |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                              | 23  |    |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                           | 0   |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                   | 1c  | X  |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                             | 10  |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).        | 2b  | X  |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | 3a  | X  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.                                                                                                                              | 3b  |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a  | X  |
| b   | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                              |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | 5a  | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                           | 5b  | X  |
| c   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                         | 5c  |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6a  | X  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                              | 6b  |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                       |     |    |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                            | 7a  | X  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            | 7b  |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                       | 7c  | X  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                         | 7d  |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                            | 7e  | X  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                               | 7f  | X  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                           | 7g  |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                         | 7h  |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                             | 8   |    |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                           |     |    |
| a   | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         | 9a  |    |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                          | 9b  |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                              |     |    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                  | 10a |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                               | 10b |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                             |     |    |
| a   | Gross income from members or shareholders.                                                                                                                                                                                                 | 11a |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                               | 11b |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                          | 12a |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                     | 12b |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                    |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                           | 13a |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                 | 13b |    |
| c   | Enter the amount of reserves on hand.                                                                                                                                                                                                      | 13c |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 | 14a | X  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                 | 14b |    |

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

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

☒**Section A. Governing Body and Management**

- 1a** Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.
- 1b** Enter the number of voting members included in line 1a, above, who are independent
- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?
- 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5** Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6** Did the organization have members or stockholders?
- 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?
- 7b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a** The governing body?
- b** Each committee with authority to act on behalf of the governing body?
- 9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     | X  |
| <b>3</b>  |     | X  |
| <b>4</b>  |     | X  |
| <b>5</b>  |     | X  |
| <b>6</b>  |     | X  |
| <b>7a</b> | X   |    |
| <b>7b</b> |     | X  |
| <b>8a</b> | X   |    |
| <b>8b</b> | X   |    |
| <b>9</b>  |     | X  |

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

- 10a** Did the organization have local chapters, branches, or affiliates?
- b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
- 11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- 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.
- b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.
- 13** Did the organization have a written whistleblower policy?
- 14** Did the organization have a written document retention and destruction policy?
- 15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- a** The organization's CEO, Executive Director, or top management official
- b** Other officers or key employees of the organization
- 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?
- b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

|            | Yes | No |
|------------|-----|----|
| <b>10a</b> |     | X  |
| <b>10b</b> |     |    |
| <b>11a</b> | X   |    |
| <b>12a</b> | X   |    |
| <b>12b</b> | X   |    |
| <b>12c</b> |     | X  |
| <b>13</b>  | X   |    |
| <b>14</b>  | X   |    |
| <b>15a</b> | X   |    |
| <b>15b</b> | X   |    |
| <b>16a</b> |     | X  |
| <b>16b</b> |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **BARBARA E MCNARY CPA - (828) 452-9680**  
**62 ALLENS CREEK RD, WAYNESVILLE, NC 28786**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A)<br>Name and Title                         | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                               |                                                                                     | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) LUKE HYDE<br>CHAIRMAN                     | 2.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (2) CHIEF MICHELL HICKS<br>BOARD MEMBER       | 1.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (3) TERRI HENRY<br>BOARD MEMBER               | 1.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (4) RONNIE BEALE<br>BOARD MEMBER              | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (5) JAY EAGLEMAN<br>BOARD MEMBER              | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (6) BARBARA VICKNAIR<br>BOARD MEMBER          | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (7) BILL BOYUM<br>BOARD MEMBER                | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (8) JANELL RATTLER<br>BOARD MEMBER            | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (9) WANDA LAWLESS<br>BOARD MEMBER             | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (10) MARY JANE FERGUSON<br>BOARD MEMBER       | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (11) BILL GIBSON<br>BOARD MEMBER              | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (12) MORGAN OWLE CRISP<br>BOARD MEMBER        | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (13) BOBBY RAINES<br>EXECUTIVE DIRECTOR       | 50.00                                                                               |                                                                                                              |                       | X       |              |                              |        | 94,488.                                                              | 0.                                                                        | 9,449.                                                                                        |
| (14) ANNETTE CLAPSADDLE<br>EXECUTIVE DIRECTOR | 50.00                                                                               |                                                                                                              |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (15) CHARLES MYERS<br>DIRECTOR FOR STRATEGY   | 40.00                                                                               |                                                                                                              |                       |         |              | X                            |        | 105,099.                                                             | 0.                                                                        | 10,510.                                                                                       |
|                                               |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                               |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                               |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                                   |                                                                                                                                             |                |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|----------------------|-------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1 a</b> Federated campaigns                                                                                                              | <b>1a</b>      |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>b</b> Membership dues                                                                                                                    | <b>1b</b>      |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>c</b> Fundraising events                                                                                                                 | <b>1c</b>      |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>d</b> Related organizations                                                                                                              | <b>1d</b>      |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>e</b> Government grants (contributions)                                                                                                  | <b>1e</b>      |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above                                                  | <b>1f</b>      | 7,500,000.           |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>g</b> Noncash contributions included in lines 1a-1f \$                                                                                   |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>h Total.</b> Add lines 1a-1f                                                                                                             |                |                      | 7,500,000.           |                                                 |                                         |                                                                    |
| <b>Program Service<br/>Revenue</b>                                | <b>Business Code</b>                                                                                                                        |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>2 a</b>                                                                                                                                  |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>b</b>                                                                                                                                    |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>c</b>                                                                                                                                    |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>d</b>                                                                                                                                    |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>e</b>                                                                                                                                    |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>f</b> All other program service revenue                                                                                                  |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>g Total.</b> Add lines 2a-2f                                                                                                             |                |                      |                      |                                                 |                                         |                                                                    |
| <b>Other Revenue</b>                                              | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)                                                    |                |                      | 6,855.               |                                                 |                                         | 6,855.                                                             |
|                                                                   | <b>4</b> Income from investment of tax-exempt bond proceeds                                                                                 |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>5</b> Royalties                                                                                                                          |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>6 a</b> Gross rents                                                                                                                      | (i) Real       | (ii) Personal        |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>b</b> Less rental expenses                                                                                                               |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>c</b> Rental income or (loss)                                                                                                            |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>d</b> Net rental income or (loss)                                                                                                        |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory                                                                        | (i) Securities | (ii) Other           |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>b</b> Less cost or other basis<br>and sales expenses                                                                                     |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>c</b> Gain or (loss)                                                                                                                     |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>d</b> Net gain or (loss)                                                                                                                 |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c) See<br>Part IV, line 18 | <b>a</b>       |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>b</b> Less direct expenses                                                                                                               | <b>b</b>       |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>c</b> Net income or (loss) from fundraising events                                                                                       |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>9 a</b> Gross income from gaming activities See<br>Part IV, line 19                                                                      | <b>a</b>       |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>b</b> Less direct expenses                                                                                                               | <b>b</b>       |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>c</b> Net income or (loss) from gaming activities                                                                                        |                |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>10 a</b> Gross sales of inventory, less returns<br>and allowances                                                                        | <b>a</b>       |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>b</b> Less cost of goods sold                                                                                                            | <b>b</b>       |                      |                      |                                                 |                                         |                                                                    |
|                                                                   | <b>c</b> Net income or (loss) from sales of inventory                                                                                       |                |                      |                      |                                                 |                                         |                                                                    |
| <b>Miscellaneous Revenue</b>                                      |                                                                                                                                             |                | <b>Business Code</b> |                      |                                                 |                                         |                                                                    |
| <b>11 a</b>                                                       |                                                                                                                                             |                |                      |                      |                                                 |                                         |                                                                    |
| <b>b</b>                                                          |                                                                                                                                             |                |                      |                      |                                                 |                                         |                                                                    |
| <b>c</b>                                                          |                                                                                                                                             |                |                      |                      |                                                 |                                         |                                                                    |
| <b>d</b> All other revenue                                        |                                                                                                                                             |                |                      |                      |                                                 |                                         |                                                                    |
| <b>e Total.</b> Add lines 11a-11d                                 |                                                                                                                                             |                |                      |                      |                                                 |                                         |                                                                    |
| <b>12 Total revenue.</b> See instructions.                        |                                                                                                                                             |                |                      | 7,506,855.           | 0.                                              | 0.                                      | 6,855.                                                             |

**Part IX** Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII                                                                                                                         | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                                | 4,060,882.            | 4,060,882.                      |                                        |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22                                                                                                                           |                       |                                 |                                        |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16                                                                    |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members                                                                                                                                                                     |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees                                                                                                                            |                       |                                 |                                        |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                       |                       |                                 |                                        |                             |
| 7 Other salaries and wages                                                                                                                                                                            | 661,773.              | 544,805.                        | 116,968.                               |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                  |                       |                                 |                                        |                             |
| 9 Other employee benefits                                                                                                                                                                             | 210,704.              | 170,165.                        | 40,539.                                |                             |
| 10 Payroll taxes                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 11 Fees for services (non-employees)                                                                                                                                                                  |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                          |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                               | 508.                  |                                 | 508.                                   |                             |
| c Accounting                                                                                                                                                                                          | 16,800.               |                                 | 16,800.                                |                             |
| d Lobbying                                                                                                                                                                                            |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                             |                       |                                 |                                        |                             |
| f Investment management fees                                                                                                                                                                          |                       |                                 |                                        |                             |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)                                                                                              | 1,500.                | 975.                            | 525.                                   |                             |
| 12 Advertising and promotion                                                                                                                                                                          |                       |                                 |                                        |                             |
| 13 Office expenses                                                                                                                                                                                    | 144,358.              | 119,433.                        | 24,925.                                |                             |
| 14 Information technology                                                                                                                                                                             |                       |                                 |                                        |                             |
| 15 Royalties                                                                                                                                                                                          |                       |                                 |                                        |                             |
| 16 Occupancy                                                                                                                                                                                          | 13,699.               | 11,670.                         | 2,029.                                 |                             |
| 17 Travel                                                                                                                                                                                             | 54,899.               | 46,664.                         | 8,235.                                 |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                     |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings                                                                                                                                                             | 8,400.                | 7,140.                          | 1,260.                                 |                             |
| 20 Interest                                                                                                                                                                                           | 1,144.                | 1,144.                          |                                        |                             |
| 21 Payments to affiliates                                                                                                                                                                             |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                          |                       |                                 |                                        |                             |
| 23 Insurance                                                                                                                                                                                          | 6,851.                | 2,722.                          | 4,129.                                 |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |                                        |                             |
| a GRANTEE COMMUNICATIONS                                                                                                                                                                              | 32,541.               | 32,541.                         |                                        |                             |
| b JONES-BOWMAN LEADERSHIP                                                                                                                                                                             | 14,950.               | 14,950.                         |                                        |                             |
| c EMERGING PROGRAMMING OP                                                                                                                                                                             | 11,596.               | 11,596.                         |                                        |                             |
| d ECONOMIC DEVELOPMENT                                                                                                                                                                                | 4,157.                | 4,157.                          |                                        |                             |
| e All other expenses                                                                                                                                                                                  | 4,919.                | 4,919.                          |                                        |                             |
| 25 Total functional expenses. Add lines 1 through 24e                                                                                                                                                 | 5,249,681.            | 5,033,763.                      | 215,918.                               | 0.                          |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |                                        |                             |

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

|                                                                     |                                                                                                                                                                                                                                                                                                                     | (A)<br>Beginning of year |             | (B)<br>End of year |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|--------------------|
| <b>Assets</b>                                                       | 1 Cash - non-interest-bearing                                                                                                                                                                                                                                                                                       | 105,078.                 | 1           | 3,638.             |
|                                                                     | 2 Savings and temporary cash investments                                                                                                                                                                                                                                                                            | 5,653,260.               | 2           | 7,678,138.         |
|                                                                     | 3 Pledges and grants receivable, net                                                                                                                                                                                                                                                                                |                          | 3           |                    |
|                                                                     | 4 Accounts receivable, net                                                                                                                                                                                                                                                                                          | 13,086.                  | 4           | 13,921.            |
|                                                                     | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                                                                                                                                               |                          | 5           |                    |
|                                                                     | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L |                          | 6           |                    |
|                                                                     | 7 Notes and loans receivable, net                                                                                                                                                                                                                                                                                   |                          | 7           |                    |
|                                                                     | 8 Inventories for sale or use                                                                                                                                                                                                                                                                                       |                          | 8           |                    |
|                                                                     | 9 Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                             | 327,857.                 | 9           | 327,857.           |
|                                                                     | 10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                                                            | 10a 400,455.             |             |                    |
|                                                                     | b Less accumulated depreciation                                                                                                                                                                                                                                                                                     | 10b 228,897.             | 10c         | 171,558.           |
|                                                                     | 11 Investments - publicly traded securities                                                                                                                                                                                                                                                                         | 20,545,733.              | 11          | 22,818,803.        |
|                                                                     | 12 Investments - other securities. See Part IV, line 11                                                                                                                                                                                                                                                             |                          | 12          |                    |
|                                                                     | 13 Investments - program-related. See Part IV, line 11                                                                                                                                                                                                                                                              |                          | 13          |                    |
|                                                                     | 14 Intangible assets                                                                                                                                                                                                                                                                                                |                          | 14          |                    |
|                                                                     | 15 Other assets. See Part IV, line 11                                                                                                                                                                                                                                                                               |                          | 15          |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 26,791,984.                                                                                                                                                                                                                                                                                                         | 16                       | 31,013,915. |                    |
| <b>Liabilities</b>                                                  | 17 Accounts payable and accrued expenses                                                                                                                                                                                                                                                                            | 93,864.                  | 17          | 35,603.            |
|                                                                     | 18 Grants payable                                                                                                                                                                                                                                                                                                   | 1,544,531.               | 18          | 1,547,286.         |
|                                                                     | 19 Deferred revenue                                                                                                                                                                                                                                                                                                 |                          | 19          |                    |
|                                                                     | 20 Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                      |                          | 20          |                    |
|                                                                     | 21 Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                                                                                                            |                          | 21          |                    |
|                                                                     | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L                                                                                                                             |                          | 22          |                    |
|                                                                     | 23 Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                   |                          | 23          |                    |
|                                                                     | 24 Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                     |                          | 24          |                    |
|                                                                     | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D                                                                                                                                            |                          | 25          |                    |
|                                                                     | 26 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                                                                | 1,638,395.               | 26          | 1,582,889.         |
| <b>Net Assets or Fund Balances</b>                                  | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.                                                                                                                                                                 |                          |             |                    |
|                                                                     | 27 Unrestricted net assets                                                                                                                                                                                                                                                                                          | 25,153,589.              | 27          | 29,431,026.        |
|                                                                     | 28 Temporarily restricted net assets                                                                                                                                                                                                                                                                                |                          | 28          |                    |
|                                                                     | 29 Permanently restricted net assets                                                                                                                                                                                                                                                                                |                          | 29          |                    |
|                                                                     | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                                                                                                                                                                                          |                          |             |                    |
|                                                                     | 30 Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                               |                          | 30          |                    |
|                                                                     | 31 Paid-in or capital surplus, or land, building, or equipment fund                                                                                                                                                                                                                                                 |                          | 31          |                    |
|                                                                     | 32 Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                 |                          | 32          |                    |
|                                                                     | 33 <b>Total net assets or fund balances</b>                                                                                                                                                                                                                                                                         | 25,153,589.              | 33          | 29,431,026.        |
| 34 <b>Total liabilities and net assets/fund balances</b>            | 26,791,984.                                                                                                                                                                                                                                                                                                         | 34                       | 31,013,915. |                    |

Form 990 (2015)

**Part XI** Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

|    |                                                                                                               |    |             |
|----|---------------------------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | 1  | 7,506,855.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2  | 5,249,681.  |
| 3  | Revenue less expenses Subtract line 2 from line 1                                                             | 3  | 2,257,174.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 25,153,589. |
| 5  | Net unrealized gains (losses) on investments                                                                  | 5  | 2,020,263.  |
| 6  | Donated services and use of facilities                                                                        | 6  |             |
| 7  | Investment expenses                                                                                           | 7  |             |
| 8  | Prior period adjustments                                                                                      | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                          | 9  | 0.          |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 29,431,026. |

**Part XII** Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

|                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                      | No                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2b Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            |

Form 990 (2015)

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

## Open to Public Inspection

Name of the organization

CHEROKEE PRESERVATION FOUNDATION, INC.

Employer identification number

56-2272253

|               |                                                                                                       |
|---------------|-------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Reason for Public Charity Status</b> (All organizations must complete this part ) See instructions |
|---------------|-------------------------------------------------------------------------------------------------------|

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 07
- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s)

| g Provide the following information about the supported organization(s) |          |                                                                              |                                                             |    |                                                   |                                                 |
|-------------------------------------------------------------------------|----------|------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
| (i) Name of supported organization                                      | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|                                                                         |          |                                                                              | Yes                                                         | No |                                                   |                                                 |
|                                                                         |          |                                                                              |                                                             |    |                                                   |                                                 |
|                                                                         |          |                                                                              |                                                             |    |                                                   |                                                 |
|                                                                         |          |                                                                              |                                                             |    |                                                   |                                                 |
|                                                                         |          |                                                                              |                                                             |    |                                                   |                                                 |
|                                                                         |          |                                                                              |                                                             |    |                                                   |                                                 |
|                                                                         |          |                                                                              |                                                             |    |                                                   |                                                 |
| Total                                                                   |          |                                                                              |                                                             |    |                                                   |                                                 |

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                         | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                                  | 6681820. | 7502514. | 7500925. | 7501221. | 7500000. | 36686480. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 6681820. | 7502514. | 7500925. | 7501221. | 7500000. | 36686480. |
| 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 <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |          |          |          |          |          | 36686480. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                    | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4                                                                                                            | 6681820. | 7502514. | 7500925. | 7501221. | 7500000. | 36686480. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 310,792. | 557,518. | 563,009. | 668,745. | 6,855.   | 2106919.  |
| 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 VI.)                              | 10,000.  |          |          |          |          | 10,000.   |
| 11 <b>Total support.</b> Add lines 7 through 10                                                                                  |          |          |          |          |          | 38803399. |
| 12 Gross receipts from related activities, etc. (see instructions)                                                               |          |          |          |          | 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** ☐

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                              | 14 | 94.54 % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                    | 15 | 93.73 % |
| 16a <b>33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>                                                                                                                                                                 |    |         |
| b <b>33 1/3% support test - 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>                                                                                                                                                                         |    |         |
| 17a <b>10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>    |    |         |
| b <b>10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |    |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                                  |    |         |

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                     | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6</b> Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8</b> Public support. (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                           | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                            |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                               |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                        |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                          |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                                               |          |          |          |          |          |           |
| <b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                                                |          |          |          |          |          |           |
| <b>14</b> 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 <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |   |
|--------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                       |           |   |
|-------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a** 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b** 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV** Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
  - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
  - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
  - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
  - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
  - b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
  - c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
  - b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
  - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|     | Yes | No |
|-----|-----|----|
|     |     |    |
| 1   |     |    |
| 2   |     |    |
| 3a  |     |    |
| 3b  |     |    |
| 3c  |     |    |
| 4a  |     |    |
| 4b  |     |    |
| 4c  |     |    |
| 5a  |     |    |
| 5b  |     |    |
| 5c  |     |    |
| 6   |     |    |
| 7   |     |    |
| 8   |     |    |
| 9a  |     |    |
| 9b  |     |    |
| 9c  |     |    |
| 10a |     |    |
| 10b |     |    |

**Part IV** Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

|            | Yes | No |
|------------|-----|----|
|            |     |    |
| <b>11a</b> |     |    |
| <b>11b</b> |     |    |
| <b>11c</b> |     |    |

**Section B. Type I Supporting Organizations**

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

|          | Yes | No |
|----------|-----|----|
|          |     |    |
| <b>1</b> |     |    |
|          |     |    |
| <b>2</b> |     |    |

**Section C. Type II Supporting Organizations**

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

|          | Yes | No |
|----------|-----|----|
|          |     |    |
| <b>1</b> |     |    |

**Section D. All Type III Supporting Organizations**

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

|          | Yes | No |
|----------|-----|----|
|          |     |    |
| <b>1</b> |     |    |
|          |     |    |
| <b>2</b> |     |    |
|          |     |    |
| <b>3</b> |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>2a</b> |     |    |
|           |     |    |
| <b>2b</b> |     |    |
|           |     |    |
| <b>3a</b> |     |    |
|           |     |    |
| <b>3b</b> |     |    |

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

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

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

| Section B - Minimum Asset Amount |                                                                                                                                | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) |                |                             |
| a                                | Average monthly value of securities                                                                                            | 1a             |                             |
| b                                | Average monthly cash balances                                                                                                  | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets                                                                               | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                        | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> )                                   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets                                                                   | 2              |                             |
| 3                                | Subtract line 2 from line 1d                                                                                                   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                 | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                               | 5              |                             |
| 6                                | Multiply line 5 by .035                                                                                                        | 6              |                             |
| 7                                | Recoveries of prior-year distributions                                                                                         | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                             | 8              |                             |

| Section C - Distributable Amount |                                                                                                                                                                          |   | Current Year |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                    | 1 |              |
| 2                                | Enter 85% of line 1                                                                                                                                                      | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                   | 3 |              |
| 4                                | Enter greater of line 2 or line 3                                                                                                                                        | 4 |              |
| 5                                | Income tax imposed in prior year                                                                                                                                         | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                             | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) |   |              |

Schedule A (Form 990 or 990-EZ) 2015

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

| Section D - Distributions |                                                                                                                                          |  | Current Year |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes                                                                    |  |              |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |  |              |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    |  |              |
| 4                         | Amounts paid to acquire exempt-use assets                                                                                                |  |              |
| 5                         | Qualified set-aside amounts (prior IRS approval required)                                                                                |  |              |
| 6                         | Other distributions (describe in Part VI) See instructions                                                                               |  |              |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6                                                                                 |  |              |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |  |              |
| 9                         | Distributable amount for 2015 from Section C, line 6                                                                                     |  |              |
| 10                        | Line 8 amount divided by Line 9 amount                                                                                                   |  |              |

| Section E - Distribution Allocations (see instructions) |                                                                                                                                                   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1                                                       | Distributable amount for 2015 from Section C, line 6                                                                                              |                             |                                        |                                           |
| 2                                                       | Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)                                                  |                             |                                        |                                           |
| 3                                                       | Excess distributions carryover, if any, to 2015                                                                                                   |                             |                                        |                                           |
| a                                                       |                                                                                                                                                   |                             |                                        |                                           |
| b                                                       |                                                                                                                                                   |                             |                                        |                                           |
| c                                                       |                                                                                                                                                   |                             |                                        |                                           |
| d                                                       | From 2013                                                                                                                                         |                             |                                        |                                           |
| e                                                       | From 2014                                                                                                                                         |                             |                                        |                                           |
| f                                                       | <b>Total</b> of lines 3a through e                                                                                                                |                             |                                        |                                           |
| g                                                       | Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| h                                                       | Applied to 2015 distributable amount                                                                                                              |                             |                                        |                                           |
| i                                                       | Carryover from 2010 not applied (see instructions)                                                                                                |                             |                                        |                                           |
| j                                                       | Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   |                             |                                        |                                           |
| 4                                                       | Distributions for 2015 from Section D, line 7 \$                                                                                                  |                             |                                        |                                           |
| a                                                       | Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| b                                                       | Applied to 2015 distributable amount                                                                                                              |                             |                                        |                                           |
| c                                                       | Remainder Subtract lines 4a and 4b from 4                                                                                                         |                             |                                        |                                           |
| 5                                                       | Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |                                        |                                           |
| 6                                                       | Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |                                        |                                           |
| 7                                                       | <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c                                                                                |                             |                                        |                                           |
| 8                                                       | <b>Breakdown of line 7</b>                                                                                                                        |                             |                                        |                                           |
| a                                                       |                                                                                                                                                   |                             |                                        |                                           |
| b                                                       |                                                                                                                                                   |                             |                                        |                                           |
| c                                                       | Excess from 2013                                                                                                                                  |                             |                                        |                                           |
| d                                                       | Excess from 2014                                                                                                                                  |                             |                                        |                                           |
| e                                                       | Excess from 2015                                                                                                                                  |                             |                                        |                                           |

Schedule A (Form 990 or 990-EZ) 2015

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

OMB No 1545-0047

**2015**Open to Public  
Inspection▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

CHEROKEE PRESERVATION FOUNDATION, INC.

Employer identification number

56-2272253

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

organization answered "Yes" on Form 990, Part IV, line 6

|                                                                                                                                                                                                                                                                       | (a) Donor advised funds | (b) Funds and other accounts                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year                                                                                                                                                                                                                                         |                         |                                                          |
| 2 Aggregate value of contributions to (during year)                                                                                                                                                                                                                   |                         |                                                          |
| 3 Aggregate value of grants from (during year)                                                                                                                                                                                                                        |                         |                                                          |
| 4 Aggregate value at end of year                                                                                                                                                                                                                                      |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

|                                                                                              |                                                                             |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space                                          |                                                                             |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|                                                                                                                                            | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements                                                                                                   | 2a                              |
| b Total acreage restricted by conservation easements                                                                                       | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a)                                                       | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

|                                                     |            |
|-----------------------------------------------------|------------|
| (i) Revenue included on Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X            | ▶ \$ _____ |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

|                                                   |            |
|---------------------------------------------------|------------|
| a Revenue included on Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X             | ▶ \$ _____ |

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

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532051  
11-02-15

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☒ Public exhibition  
 b ☐ Scholarly research  
 c ☒ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

|                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 20,544,583.      | 19,773,104.    | 15,884,908.        | 13,350,923.          | 9,853,169.          |
| b Contributions                                  |                  | 783,000.       | 2,096,000.         | 611,000.             | 1,500,000.          |
| c Net investment earnings, gains, and losses     | 2,274,220.       | -11,521.       | 1,792,196.         | 1,922,985.           | 1,997,754.          |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 22,818,803.      | 20,544,583.    | 19,773,104.        | 15,884,908.          | 13,350,923.         |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 100.00 %

b Permanent endowment ▶ %

c Temporarily restricted endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | X  |
| 3a(ii) |     | X  |
| 3b     |     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

| Description of property                                                                               | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                               |                                      |                                 |                              |                |
| b Buildings                                                                                           |                                      |                                 |                              |                |
| c Leasehold improvements                                                                              |                                      |                                 |                              |                |
| d Equipment                                                                                           |                                      | 282,444.                        | 161,443.                     | 121,001.       |
| e Other                                                                                               |                                      | 118,011.                        | 67,454.                      | 50,557.        |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 171,558.       |

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**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|----------------------------------------------------------------------|----------------|----------------------------------------------------------|
| (1) Financial derivatives                                            |                |                                                          |
| (2) Closely-held equity interests                                    |                |                                                          |
| (3) Other                                                            |                |                                                          |
| (A)                                                                  |                |                                                          |
| (B)                                                                  |                |                                                          |
| (C)                                                                  |                |                                                          |
| (D)                                                                  |                |                                                          |
| (E)                                                                  |                |                                                          |
| (F)                                                                  |                |                                                          |
| (G)                                                                  |                |                                                          |
| (H)                                                                  |                |                                                          |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)     |                |                                                          |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability                                    | (b) Book value |
|--------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                           |                |
| (2)                                                                |                |
| (3)                                                                |                |
| (4)                                                                |                |
| (5)                                                                |                |
| (6)                                                                |                |
| (7)                                                                |                |
| (8)                                                                |                |
| (9)                                                                |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

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

|   |                                                                                 |    |    |  |
|---|---------------------------------------------------------------------------------|----|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12              |    |    |  |
| a | Net unrealized gains (losses) on investments                                    | 2a |    |  |
| b | Donated services and use of facilities                                          | 2b |    |  |
| c | Recoveries of prior year grants                                                 | 2c |    |  |
| d | Other (Describe in Part XIII)                                                   | 2d |    |  |
| e | Add lines 2a through 2d                                                         |    | 2e |  |
| 3 | Subtract line 2e from line 1                                                    |    | 3  |  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1             |    |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |    |  |
| b | Other (Describe in Part XIII)                                                   | 4b |    |  |
| c | Add lines 4a and 4b                                                             |    | 4c |  |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5  |  |

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

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

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

**Part XIII. Supplemental Information.**

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

**PART III, LINE 4:**

THE ORGANIZATION MAINTAINS ITS COLLECTION TO HELP PRESERVE CULTURAL  
ARTWORK FOR FUTURE GENERATIONS TO ENJOY.

**PART V, LINE 4:**

THE ENDOWMENT FUND REPRESENTS AMOUNTS SET ASIDE IN A LONG-TERM INVESTMENT  
FUND. THE OBJECTIVE OF THE FUND IS TO EMPHASIZE LONG-TERM GROWTH OF  
CAPITAL AND TO BUILD A CORPUS THAT WILL HELP SUSTAIN THE FOUNDATION'S  
OPERATIONS IN THE FUTURE. THE FUND IS NOT REPORTED AS RESTRICTED SINCE  
THERE ARE NO DONOR-IMPOSED STIPULATIONS. INCLUDED IN THE ENDOWMENT FUND  
INVESTMENT PORTFOLIO ARE MONIES DESIGNATED FOR TWO LEADERSHIP AWARD FUNDS.

THE OBJECTIVE OF THE FUNDS IS TO EMPHASIZE SHORT-TERM GROWTH OF CAPITAL,

**Part XIII** Supplemental Information *(continued)*

WHILE SIMULTANEOUSLY PROTECTING THE CORPUS FROM THE EFFECTS OF INFLATION,  
TO ALLOW FOR THE AWARDING OF ANNUAL LEADERSHIP AWARDS. THE FUNDS ARE NOT  
REPORTED AS RESTRICTED SINCE THERE ARE NO DONOR-IMPOSED STIPULATIONS.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**CHEROKEE PRESERVATION FOUNDATION, INC.**

**Part I General Information on Grants and Assistance**

Employer identification number  
**56-2272253**

**2015**  
Open to Public  
Inspection

OMB No 1545-0047

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

| 1 (a) Name and address of organization or government                                                       | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY - 2305 RENARD SE STE 200 - ALBUQUERQUE, NM 87106           | 73-1023474 | 501(C)(3)                     | 71,365.                  | 0.                                |                                                       |                                        | ECONOMIC AND WORKFORCE DEVELOPMENT |
| BENT CREEK INSTITUTE AT THE NORTH CAROLINA ARBORETUM - 100 FREDERICK LAW OLMSTED WAY - ASHEVILLE, NC 28806 | 56-1712373 | 501(C)(3)                     | 40,885.                  | 0.                                |                                                       |                                        | ENVIRONMENTAL PRESERVATION         |
| CHATTOGA CONSERVANCY 8 SEQUOIA HILLS LANE CLAYTON, GA 30525                                                | 58-2121969 | 501(C)(3)                     | 9,500.                   | 0.                                |                                                       |                                        | ENVIRONMENTAL PRESERVATION         |
| CHEROKEE BOYS CLUB PO BOX 507 CHEROKEE, NC 28719                                                           | 56-0819154 | 501(C)(3)                     | 82,650.                  | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| CHEROKEE BOYS CLUB PO BOX 507 CHEROKEE, NC 28719                                                           | 56-0819154 | 501(C)(3)                     | 84,500.                  | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| CHEROKEE BOYS CLUB/CHEROKEE CENTRAL SCHOOLS - PO BOX 507 - CHEROKEE, NC 28719                              | 56-0819154 | 501(C)(3)                     | 134,062.                 | 0.                                |                                                       |                                        | ECONOMIC DEVELOPMENT               |

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

**3** Enter total number of other organizations listed in the line 1 table

47.

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

Schedule I (Form 990) (2015)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) |            |                               |                          |                                   |                                                       |                                        |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                                                         | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CHEROKEE BOYS CLUB/CHEROKEE CENTRAL SCHOOLS - PO BOX 507 - CHEROKEE, NC 28719                                                              | 56-0819154 | 501(C)(3)                     | 21,735.                  | 0.                                |                                                       |                                        | ECONOMIC DEVELOPMENT               |
| CHEROKEE BOYS CLUB/CHEROKEE CENTRAL SCHOOLS - PO BOX 507 - CHEROKEE, NC 28719                                                              | 56-0819154 | 501(C)(3)                     | 20,000.                  | 0.                                |                                                       |                                        | ECONOMIC DEVELOPMENT               |
| CHEROKEE BOYS CLUB/CHEROKEE CHAMBER OF COMMERCE - PO BOX 507 - CHEROKEE, NC 28719                                                          | 56-0819154 | 501(C)(3)                     | 48,400.                  | 0.                                |                                                       |                                        | ECONOMIC DEVELOPMENT               |
| CHEROKEE BOYS CLUB/CHEROKEE CHILDREN'S HOME - PO BOX 507 - CHEROKEE, NC 28719                                                              | 56-0819154 | 501(C)(3)                     | 400,000.                 | 0.                                |                                                       |                                        | ENVIRONMENTAL PRESERVATION         |
| CHEROKEE BOYS CLUB/CHEROKEE CHILDREN'S HOME - PO BOX 507 - CHEROKEE, NC 28719                                                              | 56-0819154 | 501(C)(3)                     | 20,000.                  | 0.                                |                                                       |                                        | ENVIRONMENTAL PRESERVATION         |
| CHEROKEE BOYS CLUB/CHEROKEE CHILDREN'S HOME - PO BOX 507 - CHEROKEE, NC 28719                                                              | 56-0819154 | 501(C)(3)                     | 5,000.                   | 0.                                |                                                       |                                        | ENVIRONMENTAL PRESERVATION         |
| CHEROKEE BOYS CLUB/CHEROKEE HOPE CENTER - PO BOX 507 - CHEROKEE, NC 28719                                                                  | 56-0819154 | 501(C)(3)                     | 111,718.                 | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| CHEROKEE BOYS CLUB/CHEROKEE YOUTH COUNCIL - PO BOX 507 - CHEROKEE, NC 28719                                                                | 56-0819154 | 501(C)(3)                     | 97,870.                  | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| CHEROKEE BOYS CLUB/EBICI COOPERATIVE EXTENSION - PO BOX 507 - CHEROKEE, NC 28719                                                           | 56-0819154 | 501(C)(3)                     | 89,942.                  | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) |            |                               |                          |                                   |                                                       |                                        |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                                                         | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CHEROKEE BOYS CLUB/SNOWBIRD<br>CHEROKEE TRADITIONS - PO BOX 507 -<br>CHEROKEE, NC 28719                                                    | 56-0819154 | 501(C)(3)                     | 40,262.                  | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| CHEROKEE BOYS CLUB/SNOWBIRD<br>COMMUNITY CLUB - PO BOX 507 -<br>CHEROKEE, NC 28719                                                         | 56-0819154 | 501(C)(3)                     | 4,784.                   | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| CHEROKEE HISTORICAL ASSOCIATION<br>PO BOX 398<br>CHEROKEE, NC 28719                                                                        | 56-0623957 | 501(C)(3)                     | 304,442.                 | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| CHEROKEE HISTORICAL ASSOCIATION<br>PO BOX 398<br>CHEROKEE, NC 28719                                                                        | 56-0623957 | 501(C)(3)                     | 19,625.                  | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| CHEROKEE INDIAN HOSPITAL<br>FOUNDATION - 1 HOSPITAL ROAD -<br>CHEROKEE, NC 28719                                                           | 80-0351363 | 501(C)(3)                     | 120,000.                 | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| COMMUNITY FOUNDATION OF WESTERN NC<br>NONPROFIT PATHWAYS - PO BOX 1888 -<br>ASHEVILLE, NC 28802                                            | 56-1223384 | 501(C)(3)                     | 80,450.                  | 0.                                |                                                       |                                        | CAPACITY DEVELOPMENT               |
| COUNCIL ON FOUNDATIONS<br>2121 CRYSTAL DRIVE STE 700<br>ARLINGTON, VA 22202                                                                | 13-6068327 | 501(C)(3)                     | 1,670.                   | 0.                                |                                                       |                                        | CAPACITY DEVELOPMENT               |
| COUNTY OF JACKSON<br>401 GRINDSTAFF COVE RD<br>SYLVA, NC 28779                                                                             | 56-6000310 | 501(C)(3)                     | 9,000.                   | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| EBCI DIVISION OF COMMERCE<br>PO BOX 455<br>CHEROKEE, NC 28719                                                                              | 56-0572090 | TRIBAL GOVERNMENT             | 800,000.                 | 0.                                |                                                       |                                        | ECONOMIC DEVELOPMENT               |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) |            |                               |                          |                                   |                                                       |                                        |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                                                         | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| EBCI KITUWAH PRESERVATION AND EDUCATION PROGRAM - PO BOX 455 - CHEROKEE, NC 28719                                                          | 56-0572090 | TRIBAL GOVERNMENT             | 221,150.                 | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| EBCI TRIBAL HISTORIC PRESERVATION OFFICE - PO BOX 455 - CHEROKEE, NC 28719                                                                 | 56-0572090 | TRIBAL GOVERNMENT             | 20,000.                  | 0.                                |                                                       |                                        | ENVIRONMENTAL PRESERVATION         |
| FRIENDS OF THE GREAT SMOKY MOUNTAINS NATIONAL PARK - 160 S MAIN STREET - WAYNESVILLE, NC 28786                                             | 62-1564782 | 501(C)(3)                     | 62,500.                  | 0.                                |                                                       |                                        | ENVIRONMENTAL PRESERVATION         |
| GRAHAM REVITALIZATION ECONOMIC ACTION TEAM/JUNALUSKA MUSEUM - PO BOX 1209 - ROBBINSVILLE, NC 28771                                         | 11-3780559 | 501(C)(3)                     | 36,476.                  | 0.                                |                                                       |                                        | ENVIRONMENTAL PRESERVATION         |
| MACON COUNTY GOVERNMENT 5 WEST MAIN STREET FRANKLIN, NC 28734                                                                              | 56-6000930 | GOVERNMENTAL                  | 23,896.                  | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| NCSU/REVITALIZATION OF TRADITIONAL CHEROKEE ARTISAN RESOURCES - 3118 B JORDAN HALL - RALEIGH, NC 28695                                     | 56-6000756 | GOVERNMENTAL                  | 89,188.                  | 0.                                |                                                       |                                        | ENVIRONMENTAL PRESERVATION         |
| QUALLA FINANCIAL FREEDOM PO BOX 456 CHEROKEE, NC 28719                                                                                     | 56-0572090 | GOVERNMENTAL                  | 9,000.                   | 0.                                |                                                       |                                        | ECONOMIC AND WORKFORCE DEVELOPMENT |
| SEQUOYAH BIRTHPLACE MUSEUM PO BOX 69 VONORE, TN 37885                                                                                      | 56-0944327 | 501(C)(3)                     | 15,000.                  | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| SEQUOYAH BIRTHPLACE MUSEUM PO BOX 69 VONORE, TN 37885                                                                                      | 56-0944327 | 501(C)(3)                     | 525,000.                 | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) |            |                               |                          |                                   |                                                       |                                        |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                                                         | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SOUTHWESTERN COMMISSION<br>125 BONNIE LANE<br>SYLVA, NC 28779                                                                              | 56-0896753 | 501(C)(3)                     | 50,000.                  | 0.                                |                                                       |                                        | ECONOMIC DEVELOPMENT               |
| THE LAND TRUST FOR THE LITTLE<br>TENNESSEE, INC - PO BOX 1148 -<br>FRANKLIN, NC 28744                                                      | 56-2142199 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | ENVIRONMENTAL<br>PRESERVATION      |
| THE LAND TRUST FOR THE LITTLE<br>TENNESSEE, INC - PO BOX 1148 -<br>FRANKLIN, NC 28744                                                      | 56-2142199 | 501(C)(3)                     | 20,000.                  | 0.                                |                                                       |                                        | ENVIRONMENTAL<br>PRESERVATION      |
| THE MUSEUM OF THE CHEROKEE INDIAN<br>PO BOX 1599<br>CHEROKEE, NC 28719                                                                     | 56-0944327 | 501(C)(3)                     | 19,800.                  | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| THE MUSEUM OF THE CHEROKEE INDIAN<br>PO BOX 1599<br>CHEROKEE, NC 28719                                                                     | 56-0944327 | 501(C)(3)                     | 100,496.                 | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| THE MUSEUM OF THE CHEROKEE INDIAN<br>PO BOX 1599<br>CHEROKEE, NC 28719                                                                     | 56-0944327 | 501(C)(3)                     | 19,975.                  | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| THE NORTH CAROLINA INTERNATIONAL<br>FOLK FESTIVAL, INC - PO BOX 658 -<br>WAYNESVILLE, NC 28786                                             | 56-1369199 | 501(C)(3)                     | 13,555.                  | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| TRI COUNTY COMMUNITY COLLEGE<br>21 CAMPUS CIRCLE<br>MURPHY, NC 28906                                                                       | 56-0896010 | GOVERNMENTAL                  | 3,000.                   | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| WATERSHED ASSOCIATION OF THE<br>TUCKASEGEE RIVER - PO BOX 2593 -<br>BRYSON CITY, NC 28713                                                  | 56-2254501 | 501(C)(3)                     | 4,950.                   | 0.                                |                                                       |                                        | ENVIRONMENTAL<br>PRESERVATION      |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

| (a) Name and address of organization or government                                              | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| WESTERN CAROLINA UNIVERSITY<br>138 OUTREACH CENTER<br>CULLOWHEE, NC 28723                       | 56-6001440 | GOVERNMENTAL                  | 232,873.                 | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| WESTERN CAROLINA UNIVERSITY<br>1 UNIVERSITY WAY<br>CULLOWHEE, NC 28723                          | 56-6001440 | GOVERNMENTAL                  | 19,419.                  | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| WESTERN CAROLINA UNIVERSITY/CHEROKEE STUDIES - PO<br>BOX 310 - CHEROKEE, NC 28719               | 26-0758806 | GOVERNMENTAL                  | 45,052.                  | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
| WESTERN NORTH CAROLINA REGIONAL<br>EDUCATION FOUNDATION - 1459 SAND<br>HILL RD - ENKA, NC 28728 | 26-2885036 | 501(C)(3)                     | 288,530.                 | 0.                                |                                                       |                                        | WORKFORCE DEVELOPMENT              |
| WILD SOUTH<br>16 EAGLE STREET STE 200<br>ASHEVILLE, NC 28801                                    | 56-6001299 | 501(C)(3)                     | 37,500.                  | 0.                                |                                                       |                                        | CULTURAL PRESERVATION              |
|                                                                                                 |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                                                                 |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                                                                 |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                                                                 |            |                               |                          |                                   |                                                       |                                        |                                    |

Schedule I (Form 990)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |

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

PART I, LINE 2:

GRANTS ARE AWARDED THROUGH AN APPLICATION AND INTERNAL REVIEW PROCESS, WITH THE BOARD OF DIRECTORS VOTING ON ALL AWARDS. THE FOUNDATION PUBLISHES ITS FUNDING CRITERIA ON ITS WEBSITE AND WITHIN THE APPLICATION FORM. ALL GRANT RECIPIENTS MUST REPORT AT LEAST ANNUALLY ON THE USE OF GRANT AWARD MONIES, AND MUST SUBMIT A FINAL REPORT UPON COMPLETION OF THE GRANT PROJECT.

THE JONES-BOWMAN LEADERSHIP AWARD PROGRAM IS GOVERNED BY A POLICY THAT SPECIFIES THE CRITERIA FOR ELIGIBILITY AND MAKING AWARDS. ALL LEADERSHIP

**Part IV** Supplemental Information

AWARD PAYMENTS TO AWARDEES ARE PRE-APPROVED BY A COMMITTEE WHO DETERMINES IF THE AWARD MEETS THE CRITERIA AS SPECIFIED IN THE POLICY.

## SCHEDULE I, PART II:

RECIPIENT ORGANIZATIONS OF CERTAIN GRANTS AND ASSISTANCE HAVE A CERTAIN RELATIONSHIP WITH THE FOUNDATION--DIRECTORS OF THE FOUNDATION ARE APPOINTED BY THE GOVERNOR OF THE STATE OF NORTH CAROLINA. CERTAIN DIRECTORS ARE SELECTED FROM A LIST PROVIDED BY THE CHIEF OF THE EASTERN BAND OF CHEROKEE INDIANS. (PLEASE SEE THE RESPONSE TO PART VI, LINE 7A ON SCHEDULE O.) IN ADDITION, INDIVIDUAL FOUNDATION DIRECTORS ARE ALSO REPRESENTATIVES OF VARIOUS ORGANIZATIONS THAT RECEIVE FOUNDATION GRANT AWARDS. AS THESE RECIPIENT ORGANIZATIONS ARE EITHER EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR ARE GOVERNMENTAL SUBDIVISIONS, THEY DO NOT MEET THE CRITERIA OF AN INTERESTED PERSON PER THE DEFINITION BY THE INTERNAL REVENUE SERVICE; HOWEVER, IT IS THE DESIRE OF THE FOUNDATION TO DISCLOSE THESE RELATIONSHIPS NONETHELESS. IT IS THE POLICY OF THE FOUNDATION THAT DIRECTORS BE EXCLUDED FROM VOTING ON DECISIONS REGARDING THE ORGANIZATIONS THEY REPRESENT.

THIS LIST CONTAINS PAST AND PRESENT GRANT RECIPIENTS TO WHICH CURRENT DIRECTORS OF THE FOUNDATION (AT THE TIME OF THE GRANT) SERVED ON THE GOVERNING BODY.

## FORM 990, SCHEDULE I, PART II

- BLUE RIDGE NATIONAL HERITAGE AREA
- CHATTOOGA CONSERVANCY
- CHEROKEE BOYS CLUB

**Part IV** Supplemental Information

- CHEROKEE BOYS CLUB - COMMUNITY DEVELOPMENT COORDINATOR GRANT
- CHEROKEE BOYS CLUB - FUNDRAISING MATCHING PAYMENT ON SPRING 12 GRANT

#983

- CHEROKEE BOYS CLUB/BIRDTOWN COMMUNITY FREE LABOR GROUP
- CHEROKEE BOYS CLUB/CHEROKEE CENTRAL SCHOOLS
- CHEROKEE BOYS CLUB/CHEROKEE COOPERATIVE EXTENSION
- CHEROKEE BOYS CLUB/CHEROKEE YOUTH COUNCIL
- CHEROKEE BOYS CLUB/SNOWBIRD CHEROKEE TRADITIONS
- CHEROKEE CHAMBER OF COMMERCE
- CHEROKEE DAY OF CARING GRANT (CPF IS FISCAL AGENT)
- CHEROKEE HISTORICAL ASSOCIATION
- COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA
- COUNTY OF JACKSON
- COWEE POTTERY SCHOOL, LTD
- EASTERN BAND OF CHEROKEE INDIANS DIVISION OF COMMERCE
- EBCI - COMMUNITY & RECREATION SERVICES
- EBCI - ECONOMIC & COMMUNITY DEVELOPMENT
- EBCI - PUBLIC RELATIONS
- EBCI/ECONOMIC & COMMUNITY DEVELOPMENT
- EBCI/KITUWAH PRESERVATION & EDUCATION PROGRAM
- FRIENDS OF GREAT SMOKY MOUNTAIN NATIONAL PARK
- GRAHAM COUNTY SCHOOLS
- GRAHAM REVITALIZATION ECONOMIC ACTION TEAM
- HAYWOOD COUNTY COOPERATIVE EXTENSION
- JONES-BOWMAN LEADERSHIP AWARDS
- MUSEUM OF THE CHEROKEE INDIAN
- NC STATE UNIVERSITY/REVITALIZATION OF TRADITIONAL CHEROKEE ARTISAN

**RESOURCES**

**Part IV** Supplemental Information

- NORTH CAROLINA COMMUNITY FOUNDATION/NC NETWORK OF GRANTMAKERS
- RAVEN ROCK CEREMONIAL GROUNDS/GREEN CORN CEREMONY (CPF IS FISCAL AGENT)
- SEQUOYAH BIRTHPLACE MUSEUM
- SWAIN COUNTY HIGH SCHOOL
- THE LAND TRUST FOR THE LITTLE TENNESSEE INC
- THE NORTH CAROLINA INTERNATIONAL FOLK FESTIVAL, INC
- WATERSHED ASSOCIATION OF THE TUCKASEGEE RIVER
- WESTERN CAROLINA UNIVERSITY
- WESTERN CAROLINA UNIVERSITY CHEROKEE STUDIES
- WESTERN NORTH CAROLINA REGIONAL EDUCATION FOUNDATION
- WILD SOUTH

## FORM 990, SCHEDULE I, PART II

GRANTS ARE PRESENTED BY TYPE THEN RECIPIENT FOR THE YEAR. IN SOME CASES, A RECIPIENT WILL BE PRESENTED MULTIPLE TIMES ON SCHEDULE I.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

CHEROKEE PRESERVATION FOUNDATION, INC.

Employer identification number  
56-2272253

FORM 990, PART III, LINE 4A

**STATEMENT OF PROGRAM ACCOMPLISHMENTS:**

THE MISSION OF THE CHEROKEE PRESERVATION FOUNDATION (CPF) IS TO  
INCREASE THE QUALITY OF LIFE OF THE EASTERN BAND OF CHEROKEE INDIANS  
(EBCI) AND STRENGTHEN THE WESTERN NORTH CAROLINA REGION. CPF  
ACCOMPLISHES THIS MISSION AS A GRANT MAKER, CONVENER, PARTNERSHIP  
BROKER AND COMMUNITY BUILDER. IN THESE ROLES, WE AWARD GRANTS TO  
NONPROFIT ORGANIZATIONS, SCHOOLS AND HIGHER LEARNING INSTITUTIONS ON OR  
NEAR TRIBAL LANDS IN THE SEVEN WESTERNMOST COUNTIES OF NORTH CAROLINA.  
IN ADDITION, WE BRING TOGETHER GROUPS WITH COMMON INTERESTS AND GOALS  
TO SHARE IDEAS, COMBINE EFFORTS AND RESOURCES, AND LEVERAGE RESOURCES  
FROM VARIOUS FUNDING ORGANIZATIONS. WE THEN NETWORK WITH REGIONAL,  
STATE AND NATIONAL ORGANIZATIONS TO SEEK AND CREATE PARTNERSHIPS  
ENABLING OTHER FUNDING ORGANIZATIONS TO INVEST IN PROJECTS AND GROUPS  
IN WESTERN NORTH CAROLINA, BUILDING THE CAPACITY OF NONPROFITS ON THE  
QUALLA BOUNDARY (THE EBCI'S HOMELAND) AND THE SURROUNDING REGION.

DURING TWO GRANT FUNDING CYCLES IN FISCAL YEAR 2016, THE BOARD APPROVED  
41 GRANTS AND LEADERSHIP AWARDS TOTALING \$4,773,951.

STRATEGIC INITIATIVES - IN ADDITION TO MAKING HIGH-QUALITY, ONE-YEAR  
GRANTS, THE FOUNDATION PURSUES GRANT MAKING OPPORTUNITIES WHERE  
INVESTMENTS CAN EFFECT SYSTEMIC CHANGE AND POSITIVE LONG-TERM RESULTS.  
SUCH MULTI-YEAR GRANT MAKING INTEGRATES PLANNING, GRANTS, CLUSTER  
EVALUATION AND STRATEGIC COMMUNICATION. THE FOLLOWING STRATEGIC

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INITIATIVES ILLUSTRATE THE FOUNDATION'S MULTI-YEAR PROGRAMMING

ACTIVITIES:

CULTURAL PRESERVATION

CHEROKEE LANGUAGE INITIATIVE

THE CHEROKEE LANGUAGE REVITALIZATION INITIATIVE, ONE OF THE CPF'S MOST RECOGNIZABLE CULTURAL PRESERVATION EFFORTS, EXEMPLIFIES A COMMUNITY-BASED APPROACH TO COLLABORATIVE PROBLEM SOLVING. WITH OVER 12 YEARS OF SUPPORT FROM THE FOUNDATION, THE PARTNERS CONTINUE TO TAKE STRATEGIC ACTIONS TOWARD PROGRESS. IN 2016, THE FOUNDATION CONTINUED TO SUSTAIN THESE EFFORTS BY SUPPORTING THE DEVELOPMENT OF A NEW SECOND LANGUAGE 'LEARNING LEVEL ONE' MOBILE DEVICE APPLICATION. CHEROKEE LANGUAGE TEACHERS WILL USE THIS TOOL IN THE CLASSROOM FOR INSTRUCTION AND TO ASSIGN HOMEWORK.

LEADERSHIP AND CIVIC PARTICIPATION

TIMES OF CHANGE ARE TIMES OF OPPORTUNITY, BUT ONLY IF WE ARE SECURE IN OUR IDENTITY AND LEADERSHIP SKILLS. THE EMERGENCE OF A SOLID LEADERSHIP BASE IS ESSENTIAL IN MAINTAINING A SUSTAINABLE COMMUNITY. TO HELP THE CHEROKEE TRIBE DEVELOP NEW LEADERS, THE FOUNDATION HAS DEVELOPED A PROGRESSION OF LEADERSHIP PROGRAMMING, FOR YOUTH AND ADULT EBCI MEMBERS. THE GOAL OF THESE CULTURAL-BASED LEADERSHIP INITIATIVES IS TO PRODUCE A SELFLESS, GIVING GENERATION, GROUNDED IN TRADITIONAL CHEROKEE VALUES, THAT POSSESSES CONTEMPORARY LEADERSHIP SKILLS.

CHEROKEE YOUTH LEADERSHIP - THE CHEROKEE YOUTH COUNCIL'S (CYC) MISSION IS TO EMPOWER LOCAL YOUTH TO HAVE A "VOICE" ON ISSUES THAT MATTER TO THEM. CYC IS FOCUSED ON STRENGTHENING ITS PARTICIPATION AND

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CONTRIBUTION TO THE CHEROKEE COMMUNITY. IN 2015, THE CYC PROVIDED YOUTH WITH THE OPPORTUNITY TO IDENTIFY, DEVELOP, AND ASSESS PROJECTS THAT DIRECTLY IMPACTED THE CHEROKEE COMMUNITY. APPROXIMATELY FORTY YOUTH PARTICIPATE IN BIWEEKLY MEETINGS TO PLAN AND IMPLEMENT PROJECTS. THESE PROJECTS HAVE FOCUSED ON ENVIRONMENTAL PRESERVATION, YOUTH EDUCATIONAL ACTIVITIES, AND CREATING PUBLIC AWARENESS ON TEEN PREGNANCY AND BULLYING ISSUES.

CULTURAL EXCHANGE PROGRAM - THE COSTA RICA ECO-STUDY TOUR ENTERS ITS 12TH YEAR PROVIDING A UNIQUE EXPERIENCE FOR CHEROKEE AND WESTERN NORTH CAROLINA YOUTH. THE FOUNDATION COLLABORATES WITH THE CHEROKEE EXTENSION OFFICE TO OFFER THIS LIFE-ENHANCING PROGRAM. IN JULY, THE 2016 COSTA RICA PARTICIPANTS HELD A COMMUNITY PRESENTATION THAT HIGHLIGHTED THE TRIP. STUDENTS AND ALUMNI PRESENTED INDEPENDENTLY ON THE IMPACT OF THE PROGRAM. EACH YEAR THE STUDENTS AND CHAPERONES HOLD MULTIPLE FUNDRAISERS TO PROVIDE A GIFT TO THE INDIGENOUS COSTA RICAN TRIBE THEY VISIT. THE 2016 FUNDRAISING WAS VERY SUCCESSFUL. A FACEBOOK PAGE CONTINUES TO CONNECT WITH CURRENT AND PREVIOUS COHORTS.

CHEROKEE DAY OF CARING - THE CHEROKEE DAY OF CARING (CDC), AN ANNUAL EVENT ON THE QUALLA BOUNDARY AND TRIBAL LANDS IN CHEROKEE COUNTY AND SNOWBIRD, IS A COLLABORATIVE EFFORT BETWEEN THE FOUNDATION, EBCI AND HARRAH'S CHEROKEE CASINO RESORT. THE EVENT IS BASED ON THE CHEROKEE TRADITION OF GA-DU-GI (HELPING HANDS), MEANING HELPING FELLOW NEIGHBORS WHEN THEY ARE IN NEED. THE 11TH ANNUAL CHEROKEE DAY OF CARING WAS HELD IN 2016. THERE WERE 10 PROJECTS COMPLETED IN ALL 10 QUALLA BOUNDARY COMMUNITIES WITH 275+ VOLUNTEERS PARTICIPATING. THE DAY OF CARING DINNER CELEBRATION HELD AT HARRAH'S CASINO RESORT HOSTED 400 ATTENDEES

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WITH 10 QUIET HEROES RECOGNIZED. A PROMOTIONAL SHORT VIDEO FOR THE  
EVENT WAS PRODUCED AND IS FEATURED ON THE FOUNDATION'S WEBSITE.

JONES -BOWMAN LEADERSHIP AWARD PROGRAM - THE AWARDS HELP RECIPIENTS  
DEVELOP LEADERSHIP COMPETENCIES THROUGH FORMAL EDUCATION AND FIRSTHAND  
LEADERSHIP EXPERIENCES. FUNDING IS AWARDED BASED ON THE PARTICIPANTS'  
(FELLOWS) APPROVED LEADERSHIP LEARNING PLANS WHICH OUTLINE THREE AREAS  
OF FOCUS: LEADERSHIP, CULTURE AND EDUCATION. THE PROGRAM FELLOWS CHOSE  
TO GIVE BACK TO THE ELDERS IN THE COMMUNITY FOR THEIR GROUP SERVICE  
PROJECT AND SPEND TIME DECORATING A CHRISTMAS TREE, GIVING HOMEMADE  
ORNAMENTS, A FRUIT BASKET, AND SPREADING SOME HOLIDAY CHEER TO SOME WHO  
MIGHT NOT OTHERWISE HAVE A TREE AND COMPANY. THIS TIME SPENT WITH  
ELDERS PROVIDED THE STUDENTS WITH THE OPPORTUNITY TO HONOR THE PAST AS  
THE ELDERS SHARED STORIES FROM THEIR CHILDHOOD HOLIDAYS. TWO FELLOWS  
AND ONE MENTOR ATTENDED THE AISES LEADERSHIP SUMMIT IN ALBUQUERQUE, NM.  
AT THE SUMMIT, FELLOWS ATTENDED PROFESSIONAL DEVELOPMENT WORKSHOPS,  
LEARNED ABOUT DIFFERENT LEADERSHIP STYLES, WORKED TOGETHER WITH  
MENTORS, AND GAINED MOTIVATION TO CONTINUE TO STRIVE FOR EXCELLENCE AS  
ROLE MODELS FOR YOUNG NATIVES. ONE FELLOW WAS INSTRUMENTAL IN THE  
RE-CREATION OF THE NATIVE AMERICAN STUDENT ASSOCIATION (NASA) ON THE  
UNC ASHEVILLE CAMPUS, WHERE HE SERVED AS PRESIDENT. MENTORS OF THE  
PROGRAM PROVIDED THE FELLOWS WITH VALUABLE TRAINING DURING THE RETREAT  
TO ENHANCE THEIR COMMUNICATION SKILLS, PUBLIC SPEAKING ABILITIES, AND  
CULTURAL AWARENESS BY PROVIDING THE STUDENTS WITH A BOOK ON THE  
CHEROKEE LANGUAGE.

RIGHT PATH CULTURAL LEADERSHIP PROGRAM -- THIS 12-MONTH LEADERSHIP  
DEVELOPMENT PROGRAM FOR ADULT MEMBERS OF THE EBCI BEGAN IN 2011 AND

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WORKS TO BRIDGE THE PAST AND PRESENT BY COVERING IN-DEPTH TRADITIONAL AND CULTURAL ELEMENTS, WHILE INTRODUCING CONTEMPORARY LEADERSHIP DEVELOPMENT COMPETENCIES. THE PROGRAM INCLUDES OPPORTUNITIES TO LEARN ABOUT CHEROKEE CULTURAL VALUES, SOCIAL SYSTEMS AND GENDER ROLES, LANGUAGE, GOVERNANCE, HEALTHY LIVING AND ARTISTIC EXPRESSION. ALONG WITH THE COULTER PROGRAM, RIGHT PATH IS LOCATED AT WESTERN CAROLINA UNIVERSITY AND IS UNDER THE GUIDANCE OF AN EXPERIENCED PROGRAM DIRECTOR. IN 2016, RIGHT PATH HAD ITS FIFTH CLASS GRADUATE FROM THE PROGRAM WITH INITIAL RESULTS SHOWING A HUGE INCREASE IN CULTURAL AWARENESS.

MYRON COULTER REGIONAL LEADERSHIP PROGRAM -- MYRON COULTER REGIONAL LEADERSHIP PROGRAM SEEKS TO PROVIDE OPPORTUNITIES FOR PARTICIPANTS TO WORK COLLABORATIVELY ON REGIONAL CHALLENGES. UTILIZING A HOLISTIC APPROACH, THE COULTER LEADERSHIP PROGRAM VIEWS THE CONNECTIVITY OF THE REGION AS A STRENGTH, VERSUS THE COMMON MINDSET OF COMPETITION. PARTICIPANTS ARE ENCOURAGED TO WORK FOR THE GREATER GOOD BY IMPLEMENTING REGIONAL PROJECTS, LAYING THE FOUNDATION AND CREATING A SUSTAINABLE FUTURE FOR WESTERN NORTH CAROLINA. AFTER SEVERAL SUCCESSFUL YEARS, 2016 CONTINUED TO BRING THE PROGRAM TO A HIGHER LEVEL WITH NEW PARTICIPANT SELECTION POLICIES AND IMPLEMENTATION OF A CODE OF CONDUCT.

FORM 990, PART III, LINE 4A - CONTINUED

ECONOMIC DEVELOPMENT

OVER THE YEARS, THE FOUNDATION PROVIDED SIGNIFICANT GRANT FUNDING FOR DEVELOPMENT OF A DIVERSE, SUSTAINABLE ECONOMY ON THE QUALLA BOUNDARY AND OTHER TRIBAL LANDS. THE FOUNDATION CONTINUES TO MAKE SIGNIFICANT INVESTMENTS IN THE EBCI'S PRINCIPAL CULTURAL ATTRACTIONS THROUGH

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MARKETING EFFORTS DISTINGUISHING THE QUALLA BOUNDARY AS A HERITAGE  
DESTINATION AND ATTRACTING VISITORS INTERESTED IN LEARNING ABOUT THE  
EBCI'S HISTORY AND AUTHENTIC CHEROKEE CULTURE.

#### ENTREPRENEURIAL/SMALL BUSINESS DEVELOPMENT

EBCI ENTERPRISE DEVELOPMENT WORKS TOGETHER WITH THE SEQUOYAH FUND, A  
CERTIFIED COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, TO TRAIN AND  
DEVELOP ENTREPRENEURS ENABLING THEM TO QUALIFY FOR LOW INTEREST LOANS  
TO BEGIN THEIR BUSINESS VENTURES OR IMPROVE AN EXISTING BUSINESS. THE  
SEQUOYAH FUND CONTINUES WORKING TOWARD ITS GOAL TO BE FULLY CAPITALIZED  
AT \$20 MILLION. IN 2015, THE SEQUOYAH FUND ROLLED OUT ITS  
"AUTHENTICALLY CHEROKEE" BRANDING CONCEPT WHICH WAS PART OF THE  
COMMUNITY ENGAGEMENT PROCESS OF THE QUALLA 2020 ECONOMIC DEVELOPMENT  
INITIATIVE. MULTIPLE COMMUNITY INPUT SESSIONS INCLUDED EXPLORATION WITH  
EXPERIENCED CONSULTANTS ABOUT ECONOMIC DIVERSIFICATION OPPORTUNITIES  
FOR THE EBCI AND SURROUNDING AREAS

#### TOURISM

TOURISM CONTINUES TO BE AN ESSENTIAL LEADER OF THE ECONOMIC ENGINE ON  
THE QUALLA BOUNDARY AND WESTERN NORTH CAROLINA. THE FOUNDATION SUPPORTS  
EFFORTS TO SUSTAIN ESTABLISHED TOURISM-RELATED BUSINESSES AND TO HELP  
GENERATE NEW ATTRACTIONS THAT CREATE DEMAND FOR RESTAURANTS, LODGING,  
AND OTHER SERVICE-ORIENTATED BUSINESSES. THESE EFFORTS WILL DRIVE  
EMPLOYMENT AND GROW THE TAX BASE FOR EBCI TRIBAL GOVERNMENT REVENUE. IN  
2015, ORGANIZATIONS REPORTED GAINS IN METRICS INCLUDING TRIBAL LEVY TAX  
AND VISITORS TO ATTRACTIONS.

THE QUALLA 2020 INITIATIVE HAS PRODUCED ONE GRANT WHICH WAS RECOMMENDED

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FOR FUNDING. WORK IS STILL ONGOING AS TO GETTING OTHER ORGANIZATIONS RESPONSIBLE FOR QUALLA 2020 ACTIONS PLANS TO SUBMIT GRANTS FOR THOSE PROJECTS. CHEROKEE HISTORICAL ASSOCIATION REPORTED IMPROVED VISITATION NUMBERS, PARTIALLY AS A RESULT OF EXTENDED SEASON FUNDING THROUGH CPF.

#### REVITALIZATION OF CHEROKEE CULTURAL BUSINESS DISTRICTS

THE EBCI IS MOVING FORWARD WITH PHASE 3 OF A STREETScape PROJECT BY BUILDING PARTNERSHIPS AND SECURING APPROVALS FOR EASEMENTS AND PERMITS. THE FOUNDATION EXPECTS CONSTRUCTION OF THE CULTURAL DISTRICT TO MATCH THE DOWNTOWN CHEROKEE AREA WILL BE UNDERWAY BY 2016. IN 2015, THE ACTION PLAN REGARDING THE CULTURAL DISTRICT UNDERWENT SOME RECONSTRUCTION TO INCORPORATE COMMUNITY INPUT. ALSO, THE QUALLA 2020 COMMITTEE DEVELOPED A VISION FOR COMPREHENSIVE DISTRICTING AND CREATED CONCEPTUAL DRAWINGS TO SHARE WITH STAKEHOLDERS

#### CHEROKEE MARKETING

THE FOUNDATION HAS SUPPORTED THE COLLECTIVE MARKETING EFFORTS OF ATTRACTIONS AND ORGANIZATIONS KNOWN AS THE GREATER CHEROKEE TOURISM COUNCIL (GCTC) SINCE 2010. THE GCTC IS LED BY EBCI COMMERCE DEPARTMENT AND COMPRISES THE CHEROKEE CULTURAL PARTNERS (CHEROKEE HISTORICAL ASSOCIATION, OPERATING THE UNTO THESE HILLS THEATER AND THE OCONALUFTEE INDIAN VILLAGE; THE MUSEUM OF THE CHEROKEE INDIAN; AND QUALLA ARTS & CRAFTS MUTUAL), SEQUOYAH NATIONAL GOLF CLUB, CHEROKEE CHAMBER OF COMMERCE, EBCI TRANSIT, EBCI FISH AND GAME, AND EBCI PARKS & RECREATION. IN 2015, REVISIONS TO MARKETING PLANS WERE IMPLEMENTED, AND THE EBCI CONTINUED TO IMPROVE ITS NEW WEBSITE.

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CHEROKEE CULTURAL PARTNERS

THE FOUNDATION DESIGNATED A GROUP OF NONPROFIT ORGANIZATIONS WHOSE MISSION IS THE PRESERVATION AND PERPETUATION OF THE CHEROKEE CULTURE AS THE CHEROKEE CULTURAL PARTNERS (CCP). THE CCP CONSISTS OF THE CHEROKEE HISTORICAL ASSOCIATION, THE MUSEUM OF THE CHEROKEE INDIAN, AND QUALLA ARTS & CRAFTS MUTUAL. THE FOUNDATION CONTINUES TO WORK WITH THE CCP ON SEPARATE, BUT RELATED INITIATIVES. IN 2015, THE FOUNDATION SUPPORTED THE MUSEUM'S NEW 5-10 YEAR BUSINESS PLAN THROUGH GRANT MAKING ACTIVITIES. ADDITIONALLY, IN 2015, THE CHEROKEE HISTORICAL ASSOCIATION HAS RECEIVED CPF SUPPORT FOR THEIR RECENTLY COMPLETED BUSINESS PLAN.

WORKFORCE DEVELOPMENT

THE EBCI AND WESTERN NORTH CAROLINA MUST BE PREPARED FOR CURRENT AND FUTURE OPPORTUNITIES IN FIELDS OF TECHNOLOGY, MATHEMATICS, SCIENCE, CLEAN ENERGY AND GREEN BUSINESS. SEE K-20 EDUCATION & CAREER DEVELOPMENT SECTION FOR THE 2015 HIGHLIGHTS.

K-20 EDUCATION & CAREER DEVELOPMENT

WESTERN REGION EDUCATION SERVICE ALLIANCE (WRESA) IS OFFERING RESOURCES TO FURTHER IMPLEMENT THE STEM-E FRAMEWORK IN CHEROKEE CENTRAL SCHOOLS (CCS) AND ADDITIONAL TURNKEY TRAINING FOR OTHER DISTRICTS ACROSS THE REGION. THE FOUNDATION ALSO CONTINUES TO SUPPORT LEAS' EFFORTS TO PARTNER WITH REGIONAL HIGHER EDUCATION INSTITUTIONS. CHEROKEE CENTRAL SCHOOLS CONTINUE TO BE A PRIORITY SITE FOR PROGRAM INCUBATION. IN 2015, WRESA OFFERED EXECUTIVE TRAINING AND IMPLEMENTATION WORKSHOPS AT THE CCS.

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## FINANCIAL EDUCATION

THE FINANCIAL EDUCATION PARTNERS CONTINUE TO MEET EVERY THREE MONTHS TO SHARE PROJECTS AND COLLABORATE ON SIMILAR OPPORTUNITIES. IN 2015, THEY ATTENDED A PERSONAL CREDIT COUNSELOR'S COURSE, LEADING TO CREDIT TRAINER CERTIFICATION. QUALLA FINANCIAL FREEDOM HIRED A NEW MANAGER THAT RECEIVED A GRANT FROM THE FOUNDATION TO PROVIDE INTERACTIVE FINANCIAL LITERACY PROGRAMS TO THE EBCI COMMUNITY. THIS PROGRAM CONTINUES TO HOLD THE ANNUAL MONEY MOSH TRAINING AND ONLINE CLASSES FOR THE EBCI GRADUATING SENIORS.

FORM 990, PART III, LINE 4A - CONTINUED

## ENVIRONMENTAL PRESERVATION

REVITALIZATION OF TRADITIONAL CHEROKEE ARTISAN RESOURCES (RTCAR) ESTABLISHED IN 2005, RTCAR WAS THE FOUNDATION'S FIRST ENVIRONMENTAL INITIATIVE AND CONTINUES TO PRODUCE ESSENTIAL TOOLS FOR CULTURAL AND ENVIRONMENTAL PURPOSES. IN 2015, RTCAR CONTINUED ITS RIVER CANE RESTORATION AT THE WELCH FARM IN ANDREWS AND THE CHATTOOGA TOWN SITE IN THE SUMTER NATIONAL FOREST WHILE THE NC WILDLIFE COMMISSION INCORPORATED RIVER CANE ON WILDLIFE RESERVES. RTCAR WELCOMED CONTINUED FUNDING OF THE ENERGY MANAGER POSITION, WHICH IS BECOMING INCREMENTALLY SELF-SUSTAINING. AN IMPORTANT COMPONENT OF THIS POSITION IS THE DEVELOPMENT OF A LARGE-SCALE ENERGY AUDIT FOR THE EBCI. IN ADDITION, THE CANE POPULATION AT COWEE MOUND HAS MULTIPLIED SIGNIFICANTLY SINCE 2007. THERE WERE ALSO SEVERAL WORKSHOPS HELD THAT WERE ATTENDED BY DOZENS OF PARTICIPANTS.

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## WESTERN NORTH CAROLINA

## SEVEN COUNTY REGIONAL INITIATIVES

WNC EDUCATIONAL NETWORK (WNC EDNET), AN AFFILIATE OF WRESA, CONTINUES TO WORK WITH TEACHERS AND STUDENTS IN THE APPLICATION OF TECHNOLOGY IN SCHOOLS ACROSS WESTERN NORTH CAROLINA. THE FOUNDATION WILL BE IMPLEMENTING A STEM-E FRAMEWORK DEVELOPED WITH DISTRICTS FROM ACROSS THE REGION. THE FOUNDATION WILL SUPPORT REGIONAL EFFORTS TO DEVELOP EDUCATIONAL PROGRAMMING THAT ADDRESSES THE NEED FOR A SKILLED AND CREATIVE WORKFORCE. IN 2015, TEACHERS FROM ACROSS THE REGION PARTICIPATED IN SUMMER TRAINING HELD AT CCS. IN ADDITION, THE STAC CONFERENCE WAS HELD AT CCS. WRESA IS NOW IMPLEMENTING SCIENCE KITS AND CURRICULUM TO REGIONAL LEAS THAT WILL LATER BE UTILIZED AT CCS.

## REGIONAL PARTNERSHIP

THE REGIONAL FUNDING PARTNERS OF WNC NONPROFIT PATHWAYS - THE CPF, THE COMMUNITY FOUNDATION OF WNC, MISSION HEALTHCARE FOUNDATION AND THE UNITED WAY OF ASHEVILLE AND BUNCOMBE COUNTY, HAVE SEEN THE INITIAL RESULTS OF A MORE INTENTIONAL AND IN-DEPTH FOCUS ON CAPACITY BUILDING EFFORTS FOR THE 18-COUNTY AREA, WITH MORE EMPHASIS ON THE QUALLA BOUNDARY AND THE SEVEN WESTERNMOST COUNTIES. CPF RECENTLY HELD A CONVENING WITH ALL WNC NONPROFIT PATHWAYS FUNDERS TO MEET ON THE FUTURE OF WNC NONPROFIT PATHWAYS.

## UPDATE ON KEY INITIATIVES: OPPORTUNISTIC GRANT MAKING

## CAPACITY BUILDING

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IN AN EFFORT TO ENSURE THE SUCCESS OF FUNDING, GRANTEES ARE AFFORDED THE OPPORTUNITY TO ATTEND A SERIES OF "SKILL BUILDERS" COURSES WITH THE GOAL OF INCREASING CAPACITY. THE FOUNDATION CONSTANTLY SEEKS FEEDBACK FROM GRANTEES IN AN EFFORT TO MEET THEIR DEMAND, AND RESPOND TO THE INPUT RECEIVED IN OUR ORIGINAL CLASSES. THE FOUNDATION IS EXPECTING THESE CLASSES WILL HELP LOCAL GRANTEES PRODUCE HIGHER QUALITY PROPOSALS IN FUTURE GRANT CYCLES.

IN 2015, WNC NONPROFIT PATHWAYS CONVENED LOCAL GROUPS ON THE QUALLA BOUNDARY TO DISCUSS CAPACITY NEEDS. AFTER SURVEYING GRANTEES, CPF & WNC NONPROFIT PATHWAYS DEVELOPED A PLAN FOR THE SKILL BUILDERS PROGRAM TO ESTABLISH THE BEST POSSIBLE APPROACH MOVING FORWARD. A COMMUNITY CLUB GRANTS PROGRAM WAS LAUNCHED AND PROJECT DEVELOPMENT INITIATED WITH CLUBS. ALSO IN 2015, CPF FUNDED THEIR FIRST COMMUNITY CLUB DISCRETIONARY GRANT APPLICATION FOR THE SNOWBIRD COMMUNITY.

#### EMERGING OPPORTUNITIES

#### ASSESSMENT

IN CONTINUATION OF THE FOUNDATION'S COMMITMENT TO INFORM OUR GRANT MAKING AND INCREASE OUR PARTNERS' ABILITIES TO BETTER EVALUATE THEIR IMPACT, GROWTH AND POTENTIAL, THREE ASSESSMENTS WERE COMPLETED AND SHARED THIS YEAR WITH THE CPF PROGRAMMERS AND THE BOARD OF DIRECTORS. AT THE DECEMBER 2014 CPF BOARD MEETING, DR. DAVID COZZO PRESENTED THE TEN YEAR REVIEW OF THE REVITALIZATION OF TRADITIONAL CHEROKEE ARTISAN RESOURCES (RTCAR). AT THE SEPTEMBER 2015 CPF BOARD MEETING, THE EBCI COMMERCE DIVISION'S ANNUAL MARKETING IMPACT ANALYSIS WAS PRESENTED TO

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THE BOARD. ALSO IN SEPTEMBER, THE DRAFT CHEROKEE LANGUAGE LEVEL II PROFICIENCY ASSESSMENT WAS DELIVERED TO MEMBERS OF THE CHEROKEE LANGUAGE REVITALIZATION INITIATIVE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE GOVERNOR OF THE STATE OF NORTH CAROLINA APPOINTS THE FOUNDATION'S DIRECTORS, TWO OF WHICH ARE SELECTED FROM A LIST OF NOMINEES SUBMITTED BY THE CHIEF OF THE EASTERN BAND OF CHEROKEE INDIANS. THE CHIEF AND CHAIRMAN OF THE TRIBAL COUNCIL OF THE EASTERN BAND OF CHEROKEE INDIANS ALSO SERVE AS DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11:

THE AUDIT/INVESTMENT COMMITTEE REVIEWS THE FORM 990 IN DETAIL WITH THE GUIDANCE OF ITS FINANCE OFFICER. THE FULL BOARD IS PROVIDED WITH A COPY OF THE 990 BEFORE IT IS FILED AND PERFORMS A MORE CURSORY REVIEW OF THE DOCUMENT. THE AUDIT/INVESTMENT COMMITTEE MEMBERS AND FINANCE OFFICER ANSWER ALL QUESTIONS BOARD MEMBERS HAVE BEFORE THE 990 DOCUMENT IS FILED.

FORM 990, PART VI, SECTION B, LINE 15:

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

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FORM 990, PART VI, SECTION C, LINE 18:

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

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.