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Click on the question-mark icons to display help windows.	
The Information provided will enable you to file a more complete return and reduce the chances the IRS has to contact yo	u.

Form **990-EZ** 

# **Short Form Return of Organization Exempt From Income Tax**

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

2016

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ĀI	For the	2016 calend	ar year, or tax year beginning January 1 , 201	6, and ending	Decemb	per 31 , 20 16
_	Check If ap		C Name of organization he	<del></del>	D Employer	identification number ha
	Address c	change	Walnut Cove Members Association, Inc.		1	61-1698757
	Name cha	ange	Number and street (or P O. box, if mail is not delivered to street address) ha	Room/suite	E Telephone	number
_	initiai retui		994 Clovertop Lane, c/o K. J. K. Findlay	1	] :	828-650-7102
록.		m/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group E	xemotion
==	Amended Application		Arden NC USA 28704-9166		Number	•
_		ting Method:	☑ Cash ☐ Accrual Other (specify) ▶	Н		if the organization is not
	Nebsite	•	utCoveMembers.com	"		attach Schedule B
jΤ	ax-exen	npt status (che	eck only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1)	or □527	•	990-EZ, or 990-PF)
_			. Corporation Trust Association Other		·	
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 c		l assets	<del></del>
(Pa	rt II, coli	umn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		🕨	\$
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balar	ces (see the	instructio	ns for Part I)
			the organization used Schedule O to respond to any questio	•		· —
hε	1		ons, gifts, grants, and similar amounts received		11	T = = = = = = = = = = = = = = = = = = =
he			ervice revenue including government fees and contracts		2	<del></del>
'n.	1		ip dues and assessments		3	<del></del>
lic.		Investment	•		4	
	5a	Gross amo	ount from sale of assets other than inventory 5	a l		
	ь		or other basis and sales expenses	<del></del>		
	C	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from	n line 5a)	50	; [
	6		nd fundraising events	•		
	а	Gross inc	ome from gaming (attach Schedule G if greater than		<b>\</b>	
5	1	\$15,000) .		a		
Revenue	b	Gross inco	ome from fundraising events (not including \$	of contribution	ns	
æ	l	from fundr	aising events reported on line 1) (attach Schedule G if the	-	}	Ì
	1	sum of suc	ch gross income and contributions exceeds \$15,000) 6	o 📗		<b>[</b>
	С	Less: direc	ct expenses from gaming and fundraising events 6			
	d		e or (loss) from gaming and fundraising events (add lines 6a a	nd 6b and su	btract	
	i	line 6c) .		· · · ·	· · 60	
	7a	Gross sale	s of inventory, less returns and allowances	<u> </u>		
	Ь	Less: cost	of goods sold	<u> </u>		ļ
	C	Gross prof	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		70	;
	8		nue (describe in Schedule O)		8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	A	. ▶ 9	<del></del>
	10		d similar amounts paid (list in Schedule O)	UEIVFF	10	<del></del>
	11	•	aid to or for members		- 11 11	<del></del>
ĕ	12		1901 = (110)	ביחל ל ת	180 13	
Expenses	13		al fees and other payments to independent contractors in	A T 5014.		<del></del>
Š	14		y, rent, utilities, and maintenance		12 14	
Ш	1		ublications, postage, and shipping	MAIN TO	15	
	16		enses (describe in Schedule O) 📠	ALTERNATION AND AND ADDRESS OF THE PARTY OF	16	
_	17		enses. Add lines 10 through 16	<del></del>	17	<del></del>
ts	18		(deficit) for the year (Subtract line 17 from line 9)	AW (	18	-545
<b>S</b> 86	19		s or fund balances at beginning of year (from line 27, column (a ar figure reported on prior year's return)	4)) (must agree	l l	0.450
Ž	000	=		· · · · ·	19	<del></del>
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		20	
	21		or fund balances at end of year. Combine lines 18 through 20	<u> </u>	. ▶ 21	<u> </u>
-or	rapen	work Keauct	tion Act Notice, see the separate instructions.	at. No 106421		Form <b>990-EZ</b> (2016)

Check if the organization used Schedule O to respond to any question in this Part II   Check if the organization used Schedule O to respond to any question in this Part II   Wileymeng 1999   Wile Foot year   22   Cash, savings, and investments   23   23   24   24   25   25   25   25   25   25
2 Cash, savings, and investments
22 Cash, savings, and investments 2,153 22 1,1 23 1,1 24 1,1 25 Total assets (describe in Schedule 0) 24 1 25 Total assets (describe in Schedule 0) 25 Total assets (describe in Schedule 0) 26 Total assets of fund balances (line 27 of column (8) must agree with line 21) 27 1 26 Total assets or fund balances (line 27 of column (8) must agree with line 21) 27 1 27 Net assets or fund balances (line 27 of column (8) must agree with line 21) 27 1 28 Total program service Accomplishments (see the instructions for Part III) 27 1 29 Check if the organization used Schedule O to respond to any question in this Part III 27 1 20 Total assets and a large and concision among describe the regarization's primary exempt purpose? To generate funds for grants to be made to qualified charities are measured by appearse. In a clear and concision emaner, describe the erganization's program service accomplishments for each of its three largest program services are services benefited, and other relevant information for each program title.  28 Distributed grant funds to 31 qualified charities, benefitting thousands of constituents  29 Promoted community awareness events to increase membership and therefore increase levels of charitable gift (Grants \$ 112,859) if this amount includes foreign grants, check here
23 Land and buildings. 23 4 Other assets (describe in Schedule O) 24 5 Total labilities (describe in Schedule O) 25 6 Total labilities (describe in Schedule O) 27 7 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 7 Interest or fund balances (line 27 of column (B) must agree with line 21) 27 7 Interest or fund balances (line 27 of column (B) must agree with line 21) 27 7 Interest or fund balances (line 27 of column (B) must agree with line 21) 27 7 Interest or fund balances (line 27 of column (B) must agree with line 21) 27 7 Interest or fund balances (line 27 of column (B) must agree with line 21) 27 8 Interest or fund balances (line 27 of column (B) must agree with line 21) 27 8 Interest or fund balances (line 27 of column (B) must agree with line 21) 27 8 Interest or fund balances (line 27 of column (B) must agree with line 21) 27 8 Interest or fund balances (line 27 of column (B) must agree with line 21) 27 8 Interest or fund balances (line 27 of column (B) must agree with line 21) 27 8 Interest or fund balances (line 27 of column (B) must agree with line 21) 27 8 Interest or fund balances (line 27 of column (B) must agree with line 21) 27 8 Interest or fund balances (line 27 of column (B) must agree with line 21) 27 8 Interest or fund balances (line 27 of column (B) must agree with line 21) 28 8 Interest or fund balances (line 27 of column (B) must agree with line 21) 28 8 Interest or fund balances (line 28 through 31a) 28 9 Interest or fund balances (line 28 through 31a) 28 9 Interest or fund balances (line 28 through 31a) 28 9 Interest or fund balances (line 28 through 31a) 29 9 Interest or fund balances (line 28 through 31a) 29 9 Interest or fund balances (line 28 through 31a) 29 9 Interest or fund balances (line 28 through 31a) 29 9 Interest or fund balances (line 28 through 31a) 29 9 Interest or fund balances (line 28 through 31a) 29 9 Interest or fund balances (line 28 through 31a) 29 9 Interest or fund balances (line 28 through 31a) 29 9 Interest or fund balances (line
24   Cher assets (describe in Schedule O)   24   2,153   25   1,1
25 Total assets
28   Total liabilities (describe in Schedule O)   27   1.7
Statement of Program Service Accomplishments (see the instructions or Part III)
Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Phate organization spring yeampt purpose? To generate funds for grants to be made to qualified charful the organization's program service accomplishments for each of its three largest program services, organization and solicity of the services provided, the number of errors benefited, and other relevant information for each program title.    Distributed grant funds to 31 qualified charities, benefitting thousands of constituents
Statement of Program Service Accomplishments (see the instructions for Part III)   Check if the organization used Schedule O to respond to any question in this Part III   Par
Serions benefited, and other relevant information for each program title.    28
Grants \$ ) If this amount includes foreign grants, check here
Grants \$   ) If this amount includes foreign grants, check here   30a
List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part I Check if the organization used Schedule O to respond to any question in this Part IV  (a) Name and title  (b) Average hours per week devoted to position (c) Reportable factory compensation (roms W-2/1099-MISC) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (from the week devoted to position)  (b) Average hours per week devoted to position (roms W-2/1099-MISC)) (d) Health benefits, contributions to employee (e) Estimated amount of the compensation (roms W-2/1099-MISC)) (e) Estimated amount of rom the compensation (roms W-2/1099-MISC)) (f) for the paid, enter -0-) (e) Editor Tracy, Secretary  5  -00- (e) Estimated amount of roms (roms W-2/1099-MISC) (f) for the paid, enter -0-) (e) Estimated amount of the compensation (roms W-2/1099-MISC) (f) for the paid, enter -0-) (e) Estimated amount of the compensation (roms W-2/1099-MISC) (f) for the paid, enter -0-) (e) Estimated amount of the compensation (roms W-2/1099-MISC) (f) for the paid, enter -0-) (e) Estimated amount of the compensation (roms W-2/1099-MISC) (f) for the paid, enter -0-) (e) Estimated amount of the compensation (roms W-2/1099-MISC) (f) for the paid, enter -0-) (f) For the paid and enter -0-) (f) For the paid, enter -0-) (f) For the paid and enter -0-) (f) For the
Check if the organization used Schedule O to respond to any question in this Part IV
(a) Name and utile  (b) Average hours per week devoted to position (compensation forms W-2/1999-MISC) (if not paid, enter -0-) (if not paid, enter
(a) Name and title but the forms W-2/1099-MISC) (From W-2/1099-MISC) (Fr
5
d Eudy, Treasurer   5
5
ob Irelan, Vice President  5 -00- lelba Tracy, Secretary  5 -00- oblin Sipos, Board Chair  2 -00- ancy Norton, Board Secretary  2 -00- ruce Baker, Immediate Past President  2 -00- onna Balley, Director  2 -00- like Haislip, Director  2 -00- aren Spacek, Director
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	Part	· · · · · · · · · · · · · · · · · · ·				•
-		instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No	-
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	- NO	_
16	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			•	he
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		<b>✓</b>	•
		activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<u> </u>	✓	-
	c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		J	-
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>V</b>	
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				he
	ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		•	- }
	Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	30a		•	i I
	39	Section 501(c)(7) organizations. Enter:	1			
	a	Initiation fees and capital contributions included on line 9				1
	b	Gross receipts, included on line 9, for public use of club facilities	4			
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				ì
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			
	c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	400			he
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓	)
	41	List the states with which a copy of this return is filed North Carolina				_
	42a	toophone to	328-67 28704	6-102	? 	
	ь	Located at ► 672 Walnut Valley Parkway, Arden NC  ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	28704	Yes	Na	-
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	No ✓	- -
_		If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				-
	С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:	42c		<b>V</b>	-
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. !	<b></b>	
		<u> </u>		Yes	No	-
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>V</b>	! -
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b			j
	С	Did the organization receive any payments for indoor tanning services during the year?	44c		1	
	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d			
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✔	•
	b	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," Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)	45.	_		]
_		Form 990-EZ (see instructions)	45b		₩.	_

	D-EZ (2016)						Yes	age 4
	Did the organization engage, directly or to candidates for public office? If "Yes,"						KAR	
art \	Section 501(c)(3) organization All section 501(c)(3) organization 50 and 51.	ns only ns must answer que	estions 47-49b and	52, and c	omplete the		for lin	es
	Check if the organization used S	chedule O to respond	to any question in t	his Part V	<u> </u>	• • •	lv.	No
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) election				res	1NO
8	Is the organization a school as described							1
	Did the organization make any transfers			zation?.		49a	1	1
50	If "Yes," was the related organization as Complete this table for the organization employees) who each received more that	's five highest compen	sated employees (oth	er than off	icers, directo		es, an	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heal contribution benefit plan	th benefits,	(e) Estimate other co	ed amo	unt of
ne or	ganization has no employees.							
							·-	
<b></b>								
				L				
f	Total number of other employees paid of							
1	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization and business address of each independent.	n's five highest comp ganization. If there is n	ensated independent	·	<del></del>	receiveo		tha
	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest comp ganization. If there is n	ensated independent one, enter "None."	·	<del></del>			e tha
	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest comp ganization. If there is n	ensated independent one, enter "None."	·	<del></del>			tha
51 ——	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest comp ganization. If there is n	ensated independent one, enter "None."	·	<del></del>			e tha
51 ——	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest comp ganization. If there is n	ensated independent one, enter "None."	·	<del></del>			tha
ONE	Complete this table for the organizatio \$100,000 of compensation from the organization f	n's five highest comp ganization. If there is n indent contractor	ensated independent one, enter "None."  (b) Type of sen	rice	(c) (	Compensa		tha
ONE d	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest comp ganization. If there is n indent contractor	ensated independent one, enter "None."  (b) Type of sen	nice	-0	Compensa	tion	
d d	Complete this table for the organizatio \$100,000 of compensation from the organization from the organization with the organization state.  Total number of other independent continuity by the organization complete.	n's five highest comp ganization. If there is n indent contractor  tractors each receiving dule A? Note: All so	(b) Type of sen	nizations	-0 must attach he best of my kno	Compensa	s 🗆	No
d 2 der penden gn	Complete this table for the organizatio \$100,000 of compensation from the organization from the organization from the organization from the organization state of each independent control of the organization complete Schedule A completed Schedule A complete theological that I have examined the organization of presider (other the organization of presider (other theological organization of presider (other theological organization).	n's five highest comp ganization. If there is n indent contractor  tractors each receiving dule A? Note: All so	(b) Type of sen  (b) Type of sen  (c) Over \$100,000  ection 501(c)(3) organ  rying schedules and statemormation of which preparer	nizations ents, and to t	-0 must attach he best of my kno	Compensa	s 🗆	No
ONE  d 62  ader pere	Complete this table for the organizatio \$100,000 of compensation from the organization from the organization from the organization from the organization and the organization complete Schedule A gradient of perjury, I declare that I have examined the organization of presider (other the organization other the organization of presider (other the organization other the organization other (other the other the organization other the organization other (other the other the other the organization other the organization other (other the other the other the other the other the organization other the organization other (other the other the organization other (other the other the other the other the other the othe	n's five highest comp ganization. If there is n andent contractor  tractors each receiving dule A? Note: All si	ensated independent one, enter "None."  (b) Type of sen  over \$100,000 ection 501(c)(3) orga  nying schedules and statemormation of which preparer	nizations ents, and to t	must attach he best of my knowledge.	Compensa  a  ▶ ✓ Ye  owledge ar	s 🗆	No
ONE  d 52  der pere der, con	Complete this table for the organizatio \$100,000 of compensation from the organization from the organization from the organization from the organization and the organization complete Schedule A gradient of perjury, I declare that I have examined the organization of presider (other the organization other the organization of presider (other the organization other the organization other (other the other the organization other the organization other (other the other the other the organization other the organization other (other the other the other the other the other the organization other the organization other (other the other the organization other (other the other the other the other the other the othe	n's five highest compganization. If there is nondent contractor  irractors each receiving dule A? Note: All so its return, including accompanies officer) is based on all infinitely.	ensated independent one, enter "None."  (b) Type of sen  over \$100,000 ection 501(c)(3) orga  nying schedules and statemormation of which preparer	nizations ents, and to that any know	The best of my knowledge.	Compensa  a  ▶ ✓ Ye  owledge ar	s 🗆	No

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

# **Public Charity Status and Public Support**

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

OMB No. 1545-0047 2016 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

warn	ut Cov	re members Association, Inc.					61-16	98757
Par	rt I	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
The	organiz	zation is not a private founda						
1		church, convention of churc	hes, or associati	on of churches descri	ibed in se	ection 17	O(b)(1)(A)(i).	
2		school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	
3		hospital or a cooperative hos	spital service org	janization described i	n section	170(b)(1	)(A)(iii).	
4	$\square$ A	medical research organization	on operated in co	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	(iii). Enter the
	ho	ospital's name, city, and state	e:					
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a government	al unit described in
6	$\square$ A	federal, state, or local govern	nment or govern	mental unit described	in <b>secti</b> o	on 170(b)	(1)(A)(v).	
7		n organization that normally escribed in <b>section 170(b)(1)</b>			port from	a govern	nmental unit or from	the general public
8	□A	community trust described in	n <b>section 170(b</b> )	(1)(A)(vi). (Complete I	Part II.)			
9	or	n agricultural research organ r university or a non-land-gra niversity:						
10	re Su	n organization that normally incepts from activities related apport from gross investment by the organization a	to its exempt fur t income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its
11	☐ Ar	n organization organized and	l operated exclus	sively to test for public	safety.	See <b>sect</b> i	ion 509(a)(4).	
12	☐ Ar	n organization organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes
		one or more publicly suppo heck the box in lines 12a thro						
а		Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b		Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having
		control or management of organization(s). You must	the supporting o	rganization vested in	the same			
C		Type III functionally integ its supported organization(						ally integrated with,
d		Type III non-functionally it that is not functionally integrequirement (see instructionally	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
е		Check this box if the organ functionally integrated, or						e II, Type III
f	Ente	er the number of supported o	organizations .					[
g	Pro	vide the following information	n about the supp	orted organization(s).				
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A) o	HERE / RGANI	ARE NO SUPPORTED IZATIONS						
(B)								
(C)								
(D)		<del></del>						
(E)	<del></del>	···						
				i			,	

Part							
	(Complete only if you checked the						alify under
Cood	Part III. If the organization fails to	quality unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
_	on A. Public Support	(-) 0010	0.0040	(-) 0044	4.0.0045	(-) 0040	/0.T-1-1
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not		[				
	include any "unusual grants.")		146,647	103,689	99,952	138,241	488,529
2			140,047	100,003	33,302	100,241	100,023
2	Tax revenues levied for the organization's benefit and either paid		1				
	to or expended on its behalf		-0-	-0-	-0-	-0-	-0-
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		-0-	-0-	-0-	-0-	-0-
4	Total. Add lines 1 through 3		146,647	103,689	99,952	138,241	488,529
5	The portion of total contributions by						
•	each person (other than a	Ì					
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount		[				
	shown on line 11, column (f)						-0-
6	Public support. Subtract line 5 from line 4						488,529
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		146,647	103,689	99,952	138,241	488,529
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar		_ 1	_	_		_
	sources		-0-	-0-	-0-	-0-	
9	Net income from unrelated business		1		•	]	
	activities, whether or not the business	İ		_		_	
	is regularly carried on		-0-	-0-	-0-	-0-	-0-
10	Other income. Do not include gain or	ĺ	Į ,				
	loss from the sale of capital assets		-0-	0	-0-		•
	(Explain in Part VI.)			-0-		-0-	-0- 488,529
11 12	Total support. Add lines 7 through 10	(ooo inatructi	i		_ <del></del>	40	-0-
13	Gross receipts from related activities, etc First five years. If the Form 990 is for the					12	
10	organization, check this box and stop he						
Secti	on C. Computation of Public Support			<del></del>	<del></del>	<del></del>	
14	Public support percentage for 2016 (line			1 column (fl)		14	%
15	Public support percentage from 2015 Sci		-			15	<del>%</del>
16a	331/3% support test—2016. If the organ						
	box and stop here. The organization qua						
b	331/s% support test-2015. If the organi			_			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test -2	<b>016.</b> If the org	anization did n	ot check a box	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization me	eets the "facts	-and-circumsta	ances" test, ch	eck this box a	and stop here.	Explain in
	Part VI how the organization meets the "	'facts-and-circ	umstances" te	st. The organia	zation qualifies	s as a publicly	supported
	organization		<i>.</i>				▶ 🗆
b	10%-facts-and-circumstances test-2	<b>015.</b> If the org	anization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza	ation meets th	e "facts-and-o	circumstances'	' test, check	this box and	stop here.
	Explain in Part VI how the organization r	neets the "fac	ts-and-circums	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						<b>&gt;</b> 🗆
18	Private foundation. If the organization di	id not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

Part III				Describe		

• •	•		
(Complete only	if you checked the bo	con line 10 of Part I or if the organization failed to qualify under Pai	rt II.
If the organizati	ion fails to qualify unde	r the tests listed below, please complete Part II \	

Secti	on A. Public Support	under the te	sata listed Del	Ow, please co	unpiete Fart	II. <i>)</i>	<del></del>
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(0) 2012	10) 2013	(6) 2014	(0) 2013	(8) 2010	(i) iotai
-	received. (Do not include any "unusual grants.")		}			Ì	
2	Gross receipts from admissions, merchandise		<u> </u>	<del> </del>	<del> </del>		
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		1	1	1	1	
3	Gross receipts from activities that are not an		<del>                                     </del>	<del> </del>	<del>                                     </del>	<del></del>	
	unrelated trade or business under section 513		1	1			
4	Tax revenues levied for the		1				
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge					<u> </u>	
6 72	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3	<u> </u>	<del> </del>	<del>}</del>	<del> </del>	<b></b>	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		1	1		}	
	received from other than disqualified		1				
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	,	1	1	Ī	]	
_	Add lines 7a and 7b		<del></del>	<del> </del>			
8	Public support. (Subtract line 7c from			<del> </del>	<del>                                     </del>	<del> </del>	
	line 6.)			i			
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		Ĭ			1	
	payments received on securities loans, rents, royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			1		}	
	acquired after June 30, 1975		<del> </del>		ļ		
-	Add lines 10a and 10b	<del></del>	<del> </del>	<b></b>	<u> </u>	ļ	
11	Net income from unrelated business activities not included in line 10b, whether			1		ľ	
	or not the business is regularly carried on	i	ĺ				
12	Other income. Do not include gain or	<del></del>	<del> </del>	<del> </del>		<del> </del>	
	loss from the sale of capital assets						
	(Explain in Part VI.)		1	]		]	
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						· · · · · · · · · · · · · · · · · · ·
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon		-		
Secti	on C. Computation of Public Suppor			·			
15	Public support percentage for 2016 (line						%
16	Public support percentage from 2015 Sci			<del></del>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2016 (						<u>%</u>
18	Investment income percentage from 2015					18	%
19a	331/3% support tests – 2016. If the organ						
1.	17 is not more than 331/3%, check this box					-	
Ь	331/3% support tests -2015. If the organization 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		_	-			

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	-	1
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		- ·
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		ئــــا
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		·
<b>7</b>	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).	7		
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).	8		
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 <b>Part VI.</b>	9a	_	
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 <b>Part VI.</b>	9b		
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.	9c		- '
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		-
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.)	10h		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		[	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		}	Ì
	below, the governing body of a supported organization?	11a	L	<u> </u>
	A family member of a person described in (a) above?	11b	<u> </u>	<u> </u>
	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.	11c	i	<u> </u>
Section	on B. Type I Supporting Organizations		120	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
,	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	1	1	Ì
	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	1	1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1	[
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,	1	]	]
	supervised, or controlled the supporting organization.	2	<u> </u>	
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Į.	l	ļ
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed		}	i
	the supported organization(s).	١.	ŀ	ł
Sactiv	on D. All Type III Supporting Organizations	1 1	<u> </u>	<u> </u>
<u>Jecti</u>	on b. Air Type in Supporting Organizations		Vac	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	_	1.00	140
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ļ .	ļ	ļ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		İ	ĺ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	İ	1
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	1	1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	L	İ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's	İ	ļ	ļ
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	_	-	_
C4		3	<u> </u>	L
	on 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 i	nstru	ction	s).
а	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.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		]	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	Ĭ	1	1
	how the organization was responsive to those supported organizations, and how the organization determined		1	}
	that these activities constituted substantially all of its activities.	2a	<del>                                     </del>	ļ
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	0-	1	
•		2b	-	<b>├</b>
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Pud the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	1	1
а	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? <i>Provide details in Part VI.</i>	3a	1	1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<del>"</del>	<del>                                     </del>	<del> </del>
D	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3ь		1

		•						
Schedule	Α.	/E^~	$\alpha \alpha \alpha$	~	$\alpha \alpha$	こつ	201	c
	7	LOUI	フラン	u	550	~	201	u

Page 6

			<del></del>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (expl	ain in Part VI). See
Instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	ions 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	1		
maintenance of property held for production of income (see instructions)	6		]
7 Other expenses (see instructions)	7	<del> </del>	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Pnor 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):	L.,		_
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	}		
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,			T
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 Minimum Asset Arnount (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 Distributable Amount. Subtract line 5 from line 4, unless subject to	1	· · · · · · · · · · · · · · · · · · ·	
emergency temporary reduction (see instructions).	6		}
7 Check here if the current year is the organization's first as a non-functional	ly in	egrated Type III supporti	ng organization (see
instructions)	•	O - 76	3 3 (233

Part		) Supporting Organi	zations (continued)	·				
Secti	on D - Distributions			Current Year				
1_	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exe							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp							
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	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
S	ection E - Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2016:							
a								
b								
С	From 2013							
d	From 2014							
е	From 2015							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2016 distributable amount							
i	Carryover from 2011 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2016 from							
	Section D, line 7:							
a	Applied to underdistributions of prior years							
b	Applied to 2016 distributable amount							
c	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		_					
7	Excess distributions carryover to 2017. Add lines 3j and 4c.							
8	Breakdown of line 7:							
a								
b	Excess from 2013							
c								
	Excess from 2015							
е	Excess from 2016							

Ill, 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.)	Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
ines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		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,
	<del></del>	ines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	************	
	**************************************	

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

## 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.

OMB No. 1545-0047 Open to Public Inspection

**Employer identification number** 

61-1698757

Department of the Treasury Internal Revenue Service Name of the organization

Walnut Cove Members Association, Inc.

**Board of Directors:** 

Robin Sipos - Chair - 685 Walnut Valley Parkway, Arden NC 28704

Nancy Norton - Secretary - 36 Wood Lilly Trail, Arden NC 28704

Bruce Baker - Outgoing President - 28 Deep Creek Trail, Arden NC 28704

Ed Eudy - Treasurer - 672 Walnut Valley Parkway, Arden NC 28704

Donna Bailey - 815 Blackthorne Lane, Arden NC 28704

Mike Haislip - 1120 Timberbluff Way, Arden NC 28704

Karen Spacek - 1590 Country View Way, Arden NC 28704

**Executive Committee:** 

John Maxwell - President - 50 Running Creek Trail, Arden NC 28704

Bob Irelan - Vice-President - 25 Bear Flower Trail, Arden NC 28704

Melba Tracy - Secretary - 5 Linkside Court, Arden NC 28704

Ed Eudy - Treasurer - 672 Walnut Valley Parkway, Arden NC 28704

Executive Committee members devote 5 hours per week on average. Board members devote 2 hours per week on average.

None of the above-listed individuals are paid compensation of any kind, nor do they receive any health benefits, contributions to benefit plans, or deferred compensation.

Employer identification number 61-1698757

# 2016 Grants

walnutcovemembers.com/about/grant-history/2016-grants/

Offer outpatient art tables for pediatric patients in the Zeis Cancer Clinic and the Olson Huff Center for Child Development at Mission Children's Hospital. (Arts for Life)

Fund programs for underserved youth and families in the WNC Region including the Summer Art Camp, Holiday Arts Extravaganza Camp and After School Art Adventure. (Asheville Art Museum)

Provide dog and cat food to 17 different food pantries including Meals on Wheels, in addition to offering temporary and low cost boarding, assistance with paying vet bills, low-cost spay/neuter, and low-cost vaccination clinics to families in need. (Asheville Humane Society)

Support the Music in Schools program, which introduces 7,500 third graders to the major symphony instruments with live performances. (Asheville Symphony Guild)

Fund the youth educational and outreach component of the 2017 Asheville Amadeus Festival. (Asheville Symphony Orchestra)

Purchase Smart Black Boards, an interactive teaching tool. (Avery's Creek Elementary School)

Enable tree removal to remove safety risks and treatment of trees to survive insect and environmental assaults. (Botanic Gardens)

Serve roughly 1,500 low-income youth through after school and full-day programs. (Boys and Girls Club of Henderson County)

Offer music instruction and education programs for 400 students in an immersive seven week program of intensive study and rehearsal. (Brevard Music Center)

Administer free spay and neuter and basic vaccinations, as well as helping with financial aid for people in Fletcher whose pets require life-saving treatments they cannot afford. (Charlie's Angel Rescue Mission)

Provide the poor and homeless with an opportunity to earn much needed income. (Church of the Advocate Downtown Homeless Program)

Supply local children with clothing and shoes through the Student Clothing Project and If the Shoe Fits Program. (Eblen Charities)

Bring 3,000 students to the Flat Rock Playhouse though the Student Matinee Series. (Flat Rock Playhouse)

Deliver an after school activity based program to 50 girls in the Roberson School District. (Girls on the Run of WNC)

Support the AHOPE Center, which is the front door to ending homelessness for individuals and families in Asheville and Buncombe County. (Homeward Bound)

Name of the organization

Walnut Cove Members Association, Inc.

Employer identification number 61-1698757

Offer the Empowering Youth Through Financial Literacy program at Avery's Creek Elementary School. (Junior Achievement)

Inform the food insecure in WNC about the Food and Nutrition Services program and MANNA Services. (MANNA Foodbank)

Fund the cost of 1600 meals for the food insecure in WNC. (Meals on Wheels)

Offer a series of lectures for caregivers of persons with Alzheimer's disease and other types of dementia. (MemoryCare)

Enable Copestone mental health professionals to attend a Crisis Prevention Institute training course. (Mission Copestone Behavioral Health Unit)

Provide free mammogram and health screenings to women who are uninsured or underinsured and are without Medicare Part B or Medicaid. (Mission Foundation)

Give free lodging to families from WNC who travel to Asheville to receive healthcare. (Mission Rathbun House)

Furnish 3rd and 4th grade students with Chrome Books, an interactive learning tool. (New City Christian School)

Allow 1-3 veterans in Western North Carolina to participate in a 10 day expedition program. (No Barriers Warriors)

Enable students ages 6-18 to attend theater summer camp programs. (NC Stage)

Support the Children's Law Project and help an estimated 5,000 children and their families. (Pisgah Legal Services)

Supply 21 Special Olympians with uniforms and other equipment. (Special Olympics of Buncombe County)

Fund the Middle School Success Program. This program works to increase the number of students entering 9th grade with skills to succeed in graduating from high school...(United Way of Asheville and Buncombe County)—

Pilot a project with Asheville Housing Authority (AHA) to engage 75 girls, ages 7-17, in a custom-tailored program to expose young girls living in low income areas to the benefits of healthy living and higher education. (UNC Asheville)

Inspire K-8 grade students of Buncombe County to read outside of school, attend school each day, be respectful when they are there, and help them to see that going on to college is a real option for them.

(UNC Asheville Athletics)

Provide students that were raised in foster care the support they need to be successful in a college environment. (Western Carolina University RISA Program)

Offer the Learning Live program which presents school matinees that address issues of cultural awareness and anti-bullying through educational theater geared towards a K-8 audience. (Western Carolina University Bardo Arts Center)

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Schedule	O	(Form	990	or	990-	EZ)	(201	161

Page 4

Name of the organization
Walnut Cove Members Association, Inc.

Employer identification number 61-1698757

O walnutcovemembers.com/

### Walnut Cove Members Association (WCMA)

The Walnut Cove Members Association (WCMA) consists of The Cliffs at Walnut Cove property owners who are interested in supporting local nonprofit charities through annual tax-deductible memberships. The WCMA is a 501(c)(3) nonprofit that raises money through annual dues, donations, and our annual "Weekend of Giving" which includes both golf and tennis tournaments. At the end of each year, these funds are distributed to a variety of local charitable organizations based on the recommendation the Grants Committee submits to the Board of Directors. Any member actively involved in a charity that meets our stated guidelines is encouraged to submit a grant request up to \$5000. The WCMA is made up entirely of volunteers committed to making sure all the funds go directly to reputable organizations while incurring minimal administrative expenses; 98% of all the revenue we raise goes directly to charity.

Membership in the WCMA serves a dual purpose. Not only is the organization helping those in need within our community, but we are also supporting friends and neighbors who are committed to volunteering for worthwhile causes.

Since its 2007 inception, the WCMA has awarded 238 grants, totaling over \$764,000, to a diverse range of nonprofits in western North Carolina. We began with just 56 members, but over the past 10 years have grown to over 300 members, many of whom volunteer as officers and committee members. Our service to the community, along with our generous donations, has made Walnut Cove a valued and respected part of the greater Asheville area.

The WCMA applied and received 501(c)(3) incorporation status in 2012. We then established a Board of Directors and Executive Committee, as required. Volunteering for the WCMA has become a terrific way to reinforce the friendships we enjoy here at Walnut Cove, as we work together toward one common goal.

We are proud and excited about our continued accomplishments and look forward to another fun and successful year.