DLN: 93493073002080 OMB No 1545-0047 Return of Organization Exempt From Income Tax 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 Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

Open to Public C Name of organization CHEROKEE PRESERVATION FOUNDATION INC D Employer identification number B Check if applicable ☐ Address change 56-2272253 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code CHEROKEE, NC $\,$ 28719 G Gross receipts \$ 7,506,819 Name and address of principal officer H(a) Is this a group return for **BOBBIE RAINES** □Yes ☑No subordinates? H(b) Are all subordinates ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW CHEROKEEPRESERVATIONGDN ORG L Year of formation 2001 M State of legal domicile NC K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROTECT, PRESERVE, AND ENHANCE THE OVERALL WELL-BEING OF THE CHEROKEE PEOPLE TO INCREASE THE QUALITY OF LIFE OF THE EASTERN BAND OF CHEROKEE INDIANS AND STRENGTHEN THE WESTERN NORTH CAROLINA REGION Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 11 Number of independent voting members of the governing body (Part VI, line 1b) 5 8 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 12 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 7,500,000 7,651,365 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 3,847 6,819 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,506,819 7,655,212 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 6,355,969 5,401,269 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 721,510 756,743 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 268,856 421,053 7,346,335 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 6,579,065 19 Revenue less expenses Subtract line 18 from line 12 . 308,877 927,754 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 36,375,705 39,622,073 1,791,650 21 Total liabilities (Part X, line 26) . 1,517,968 22 Net assets or fund balances Subtract line 21 from line 20 . 34,857,737 37,830,423 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 2020-03-13 Signature of officer Sign Here BOBBY RAINES EXECUTIVE EXECUTIVE DIREC Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-03-13 P00669426 Paid self-employed Firm's EIN ▶ 20-5977918 Preparer Use Only Firm's address ▶ PO Box 1845 62 Tapoco Rd Phone no (828) 479-9411

For Paperwork Reduction Act Notice, see the separate instructions.

Robbinsville, NC 28771

May the IRS discuss this return with the preparer shown above? (see instructions) .

☑ Yes ☐ No

Form	990 (2	2018)				Page 2
Pa	rt III	Statement of Program Se	ervice Accomplisi	hments		
		Check if Schedule O contains a	response or note to a	any line in this Part III		🗆
1	Briefly	describe the organization's miss		·		
		Γ, PRESERVE, AND ENHANCE THE AND OF CHEROKEE INDIANS AND			PEOPLE TO INCREASE THE QUALIT LINA REGION	Y OF LIFE OF THE
2	Did th	ne organization undertake any sig	ınıfıcant program serv	vices during the year wh	nch were not listed on	
	the pr	or Form 990 or 990-EZ?				☐ Yes ☑ No
	If "Yes	s," describe these new services o	n Schedule O			
3	Did th	ne organization cease conducting,	or make significant o	changes in how it condu	cts, any program	
		es?				☐ Yes ☑ No
4	Descri Sectio	be the organization's program se	ervice accomplishmen nizations are required	to report the amount of	argest program services, as measu f grants and allocations to others, ti	
4a	(Code) (Expenses \$	5,909,675	including grants of \$	5,401,269) (Revenue \$	7,506,819)
	•	dditional Data			, , ,	, ,
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other	program services (Describe in S	chedule O)			
	(Expe	enses \$	including grants of	\$) (Revenue \$)
4e	Total	program service expenses	5,909,6	75		

22

Form	990 (2018)			Page 3
Pa	tiv Checklist of Required Schedules			
	To the constraint of control of the FOM/CV(2) or AOA7/CV(4) /others there are control for a determined from the control of the		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	206		

21 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 1º If "Yes," complete Schedule I, Parts I and II

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Nο

Yes

21

22

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37

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Part V

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	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	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

35b

36

37

38

15

0

1a

Yes

Yes

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Nο

Nο

Nο

No

13a

14a

14b

15

No

No

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13b

13c

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

orm	990 (2018)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	lines
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 12		Yes	No
	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			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
	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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Code</u>		
		$\overline{}$	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?			
<u> </u>	<u> </u>	16b		
<u>Se</u> 17	ction C. Disclosure 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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 BOBBIE RAINES PO BOX 504 CHEROKEE, NC 28719 (828) 497-5500			

anapostion of Officers Directors Trustees, Key Employees, Highest Compensated Employees

compensation of on	icers, Directors, Hustees, Key	r Employees, nighest	Compensateu	employees,
and Independent Co	ntractors			

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
- 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, or 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

Check this box if heither the organization no	Check this box if neither the organization nor any related organization compen		npensated any c		пу с	urrent officer, aire				
(A) Name and Title	(B) Average hours per week (list any hours for related	•	ne bo	ox, ι n of or/t	t cha unle: ficer rust	ss pers and a	on I	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustye	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) MARY JANE FERGUSON BOARD MEMBER	0 00	х						0	0	0
(2) GIL JACKSON BOARD MEMBER	1 00	Х						0	0	0
(3) MIKE COOPER BOARD MEMBER	1 00	Х						0	0	0
(4) RICHIE SNEED EBCI PRINCIPAL CHIEF	1 00	Х						0	0	0
(5) ADAM WACHACHA EBCI TRIBAL COUNCIL CHAIR	1 00	Х						0	0	0
(6) CATCUCE TIGER BOARD MEMBER-CHIEF APOINTED	1 00 0 00	X						0	0	0
(7) MELISSA SMITH BOARD MEMBER-CHIEF APOINTED	1 00 0 00	×						0	0	0
(8) APRIL ROSE BOARD MEMBER-RNSCHOOL NURSE	1 00 0 00	X						0	0	0
(9) DANNY BURNS BOARD MEMBER-CHAIRMAN	1 00 0 00	X						0	0	0
(10) DAVID ANDERSON BOARD MEMBER	1 00 0 00	Х						0	0	0
(11) RONNIE BEALE BOARD MEMBER-COMMISSIONER	1 00 0 00	Х						0	0	0
(12) BOBBIE RAINES EXECUTIVE DIRECTOR	50 00 0 00			×		x		150,941	0	6,781
										Form 990 (2018)

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Position (do not check more Name and Title Average Reportable Reportable Estimated hours per than one box, unless person compensation amount of other compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and organizations related below dotted organizations line)

	ual trustee stor	ional Trustee	eekold	ee compensated		
						_

1b Sub-Total .

	Total from continuation sheets to Part VII, Section A			6,781				
<u>a</u>	d Total (add lines 1b and 1c)							
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 2							
			Yes	No				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	163	No				

4	organization and related on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such undividual	4	Yes					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No				
Se	ection B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.							

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			l				
	ındıvıdual	4	Yes					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No				
Se	Section B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confirm the compensation. Papert compensation for the calendar year and the unit has a received more than \$100,000 of confirm the compensation.	mpensa	ition					

(A) Name and business address	(B) Description of services	(C) Compensation

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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization >

	VIII Statement of Boverus						rage 3
Part	VIII Statement of Revenue Check if Schedule O contains			u line in this Dest VIII	ı		
	Check if Schedule O Contains	a respo	onse of flote to all	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaigns	1a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues	1b					
יב ה סמ	c Fundraising events	1c					
%, ⊊ A⊒	d Related organizations						
<u>≅</u>		1d					
3,E	e Government grants (contributions)	1e	<u> </u>				
ë is	f All other contributions, gifts, grants, and similar amounts not included	1f	7,500,000				
ž Pe	above		7,300,000				
Ēö	g Noncash contributions included in lines 1a - 1f \$						
	h Total. Add lines 1a-1f		•				
			Busines	7,500,000			
돌	2a		busines	is Code			
2		-					
ır G⊊	b ————————————————————————————————————						
کا	с —						
3	d —						
ran	f All other program service revenue						
Program Service Revenue	· -						
<u> </u>	9 Total. Add lines 2a-2f		<u> </u>	_	1	1	T
	3 Investment income (including divid similar amounts)			6,81	19 6,81	9	
	4 Income from investment of tax-exe		ond proceeds	•			
	5 Royalties			•			
	(ı) Rea		(II) Personal				
	6a Gross rents						
	b Less rental expenses			\dashv			
	c Rental income or (loss)						
	d Net rental income or (loss)			-			
	(ı) Securit		(II) Other				
	7a Gross amount						
	from sales of assets other						
	than inventory						
	b Less cost or other basis and						
	sales expenses						
	C Gain or (loss) d Net gain or (loss)			-			
	8a Gross income from fundraising evo		<u> </u>				
e e	(not including \$	of					
듄	contributions reported on line 1c) See Part IV, line 18	а	}				
Other Revenue	b Less direct expenses			_			
- e	c Net income or (loss) from fundrais		ents				
ŧ	9a Gross income from gaming activiti	es					
	See Part IV, line 19	а	}				
	b Less direct expenses	b		-			
	c Net income or (loss) from gaming		les				
	10a Gross sales of inventory, less						
	returns and allowances	_]				
	${f b}$ Less cost of goods sold $\ . \ .$	a b		_			
	c Net income or (loss) from sales of Miscellaneous Revenue	invent	Business Code				
	11a						
	b		<u> </u>	+	1		
	с			+	1		
	~						
	d All other revenue			1	1		
	e Total. Add lines 11a-11d			1	1		
			•		1		
	12 Total revenue. See Instructions	<u> </u>	· · · •	7,506,81	19 6,81	9	0
							Form 990 (2018)

For	n 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	_	·	, ,	🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,395,783	5,395,783	general expenses	
2	Grants and other assistance to domestic individuals See Part IV, line 22	5,486	5,486		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	245,960		245,960	
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	308,551	250,294	58,257	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,814	2,166	2,648	
9	Other employee benefits	155,892	70,151	85,741	
10	Payroll taxes	41,526	18,686	22,840	
11	Fees for services (non-employees)				
ä	a Management				
ı	Legal	2,034		2,034	
•	: Accounting	13,667		13,667	
(lLobbying				
•	Professional fundraising services See Part IV, line 17				
1	Investment management fees				
ģ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	139,178	126,555	12,623	
12	Advertising and promotion				
13	Office expenses	62,142	3,361	58,781	
14	Information technology	2,965		2,965	
15	Royalties				
16	Occupancy	54,810		54,810	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	67,202	30,241	36,961	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	66,576		66,576	
23	Insurance	3,761		3,761	
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 PROGRAM EXPENSE	6,952	6,952		
	b BUSINESS REGISTRATION FEE	1,766		1,766	
	С				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,579,065	5,909,675	669,390	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				

Form **990** (2018)

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

Cash-non-interest-bearing .

Part II of Schedule L

Notes and loans receivable, net .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Grants payable . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 .

Inventories for sale or use .

Less accumulated depreciation

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balance

Assets or 30

Net

Page **11**

247.016

174,606

31,963,470

39.622.073

1.791.650

1.791.650

37.830.423

37.830.423

39,622,073

Form **990** (2018)

(B)

End of year

cash non-meerese bearing			
Savings and temporary cash investments	8,735,721	2	7,214,001
Pledges and grants receivable, net		3	22,980
Accounts receivable, net		4	
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
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 instructions) Complete

10a

10b

435,984

261,378

273.963

197,483

27,168,538

36.375.705

1.508.662

1.517.968

34.857.737

34.857.737

36,375,705

9.306

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27 28

29

30

31 32

33

34

(A)

Beginning of year

6 8 9

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? 3a No b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

3b

Form 990 (2018)

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

EIN: 56-2272253

Name: CHEROKEE PRESERVATION FOUNDATION INC.

Form 990 (2018)

Form 990, Part III, Line 4a: 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 THE ORGANIZATION MAINTAINS ITS COLLECTION TO HELP PRESERVE CULTURAL ARTWORK FOR FUTURE GENERATIONS TO ENJOY

SCHEDU Form 990 (990EZ)		Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	r a section	2018		
Department of the			► Go to	www.irs.qov/Forms	990 for the late	est information		Open to Public Inspection
lame of the	ne of the organization ROKEE PRESERVATION FOUNDATION INC				Employer identifi	cation number		
	.			- (011 1	11-	1 - 1 1 \ 6	56-2272253	
				us (All organization e it is (For lines 1 thro			see instructions.	
-		•		ssociation of churches			(A)(i).	
2	school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3 □ △	hospital o	r a cooperati	ve hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).	
4	·	esearch orga	·	red in conjunction with			•	Enter the hospital's
		tion operated iv). (Comple		it of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	ibed in section 170
6 <u> </u>	federal, st	ate, or local	government o	r governmental unit de	scribed in sectio	on 170(b)(1)(<i>A</i>	\)(v).	
s	ection 17	D(b)(1)(A)(vi). (Complete			-	ınıt or from the gene	ral public described in
8 🗆 🗚	communit	y trust descr	ibed in sectio i	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
				escribed in 170(b)(1) see instructions Enter				lege or university or a
fi II	rom activiti nvestment	es related to income and i	its exempt fur unrelated busir	(1) more than 331/3% nctions—subject to cer ness taxable income (le omplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test fo	r public safety S	See section 509	(a)(4).	
n	nore public	ly supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(
a	ype I. A s rganization	upporting org	ganızatıon opei	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
□ n	nanagemer	nt of the supp	-	pervised or controlled in ation vested in the sar and C.			- ' ' '	-
				supporting organizatio				ated with, its
d 🗆 T	ype III no unctionally	on-function integrated	ally integrate The organization	clons) You must comed. A supporting organion generally must satis or generally must satis ort IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
e 🗆 c	heck this b	ox if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type I	II functionally
	-		on-functionally organizations	ıntegrated supporting	organization		_	
				upported organization(1 (2)
	ne of supp ganization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))			(vi) Amount of other support (see instructions)	
					Yes	No		
otal								+
	rk Reduct	ion Act Not	ice, see the I	nstructions for	Cat No 1128!	5F :	 Schedule A (Form 9	990 or 990-EZ) 201

instructions

Schedule A (Form 990 or 990-EZ) 2018

Page 2

	(b)(1)(A)(ix) (Complete only if you ch	ecked the box or	n line 5, 7, 8, or	9 of Part I or if	the organization	n failed to qualify	y under Part
	III. If the organization fa	uls to qualify und	der the tests list	ed below, please	e complete Part	III.)	
٤	Section A. Public Support		-			1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
L	Gifts, grants, contributions, and						
_	membership fees received (Do not	7,501,221	7,500,000	7,500,000	7,500,000	7,500,000	37,501,221
	include any "unusual grant ")	, , , , , , , , , ,	.,,	.,,	.,,	.,,	,
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	7 504 224	7.500.000	7.500.000	7.500.000	7.500.000	27.504.224
1	Total. Add lines 1 through 3	7,501,221	7,500,000	7,500,000	7,500,000	7,500,000	37,501,221
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						36,734,333
	line 1 that exceeds 2% of the						,,
	amount shown on line 11, column (f)						
_	Public command College the 5						
•	Public support. Subtract line 5 from line 4						766,888
5	Section B. Total Support	I		I			
	Calendar year		41.554.5				
	(or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e) 2018	(f)Total
7	Amounts from line 4	7,501,221	7,500,000	7,500,000	7,500,000	7,500,000	37,501,221
8	Gross income from interest,						
	dividends, payments received on	668,745	6,855	5,523	3,847	6,819	691,789
	securities loans, rents, royalties and	000,743	0,033	3,323	3,047	0,013	031,703
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
LO	Other income Do not include gain						
LU	or loss from the sale of capital				151,365		151,365
	assets (Explain in Part VI)						,
L1	Total support. Add lines 7 through						38,344,375
	10						
L 2	Gross receipts from related activities,	etc (see instruction	ns)			12	
L3	First five years. If the Form 990 is fo	-		•	•	• • • • • •	nization,
	check this box and stop here					<u></u>	
	Section C. Computation of Public	• •					
	Public support percentage for 2018 (lin			olumn (f))		14	2 000 %
	Public support percentage for 2017 Sc					15	59 840 %
L 6 a	33 1/3% support test—2018. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	ox
Ŀ	and stop here. The organization quali 33 1/3% support test—2017. If th				nd line 15 is 33 1/3	3% or more, check	► □ this
_	box and stop here. The organization				12 165 166	and line 14	▶ ✓
.7a	10%-facts-and-circumstances test is 10% or more, and if the organization	n meets the "facts-	and-circumstance	s" test, check this	box and stop her	e. Explain	

Р	Part III Support Schedule for Organizations Described in Section 509(a)(2)						
	(Complete only if you checked the box on line 10 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.)						
- C	the organization falls to	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	3	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,(• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 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)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 3b 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 3с 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 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 4b supervised by or in connection with its supported organizations

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 4c 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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. 6

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 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 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.

9a 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV 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) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
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.	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, supervised or controlled the supporting			
	organization	2		
S	ection 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 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)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
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?		103	-140
		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 the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
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	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	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	2a		
	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			
,		2b		
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.	3a		
	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	3h		

Sche	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.			
	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	Adjusted Net Income (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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		

•	income or for management, conservation, or maintenance of property held for production of income (see instructions)			
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (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)	1		
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1 b		
- 0	Fair market value of other non-exempt-use assets	1c		
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, see			

			(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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1 b	
С	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
е	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, 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 Amount (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	

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014.

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

Software ID:

Software Version: EIN: 56-2272253

Name: CHEROKEE PRESERVATION FOUNDATION INC

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)

Instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990,

▶ Go to www.irs.gov/Form990 for the latest information.

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

DLN: 93493073002080

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

(Form 990)

Name of the organization **Employer identification number** CHEROKEE PRESERVATION FOUNDATION INC 56-2272253 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? ☐ Yes ☐ No 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? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? 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. 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 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

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

Par	t III	Organizations Maintaining (Collections	of Art, His	torical T	reası	ures, or	Other :	Similar As	sets (cont	inued)	
3		g the organization's acquisition, acces	sion, and othe	r records, ch	eck any o	the fo	llowing tl	hat are a	significant u	se of its col	lection	
а		s (check all that apply)			d \square							
	✓	Public exhibition			" П	Loan	or excha	inge prog	rams			
b		Scholarly research			e 🗌	Othe	er					
С	✓	Preservation for future generations										
4	Prov Part	de a description of the organization's XIII	collections and	d explain hov	v they fur	her th	e organız	atıon's ex	empt purpos	se in		
5		ng the year, did the organization solici ts to be sold to raise funds rather than							ılar	☐ Yes	☑ N	0
Pa	rt IV	Escrow and Custodial Arran	gements.		222 5		•		•		200	_
		Complete if the organization ar X, line 21.	iswered "Yes	on Form	990, Par	t IV, II	ine 9, or	reporte	d an amou	nt on Forn	1 990,	Part
1a		e organization an agent, trustee, cust ded on Form 990, Part X?	odian or other	intermediary	y for contr	ibution	ns or othe	r assets r	not	Yes	□ N	о
b	If "Y	es," explain the arrangement in Part >	(III and comple	ete the follov	wına table		Г		Αr	nount		_
c		nning balance					Ī	1c				_
d	_	tions during the year					Ī	1d				_
е		ibutions during the year					ŀ	1e				_
f		ng balance					Ī	1f				_
2a		he organization include an amount on	Form OOO Do	rt V lina 21	for occre	w or c	L Letodial a	ccount lia	hilitu 2		□ N	_
											⊔и	0
b	irt V	es," explain the arrangement in Part X Endowment Funds. Complete										
FG	II C V	Endowment Funds. Complete	(a)Currei		(b)Prior ye		(c)Two ye		(d)Three year		our year	rs back
1a	Begini	ning of year balance		7,168,538		8,761		2,818,803		544,583		773,104
	_	butions	2	2,750,000								783,000
		vestment earnings, gains, and losses	2	2,044,931	1,77	9,777		2,569,958	2,2	274,220		-11,521
		s or scholarships										
		expenditures for facilities										
		rograms										
f	Admın	istrative expenses										
g	End of	year balance	31	.,963,469	27,16	8,538	2	5,388,761	22,8	318,803	20,	544,583
2	Prov	de the estimated percentage of the ci	urrent year end	d balance (lır	ne 1g, colu	ımn (a)) held as	5				
а	Boar	d designated or quasi-endowment 🕨	100 000 %									
b	Perm	nanent endowment 🟲										
С	Tem	porarily restricted endowment >										
	The	percentages on lines 2a, 2b, and 2c st	nould equal 10	0%								
3a		here endowment funds not in the pos	session of the	organızatıon	that are l	neld ar	nd admini	stered for	the			
	_	nization by nrelated organizations								3a(i)	Yes	No No
		related organizations					• •			3a(ii)		No
b		es" on 3a(II), are the related organizations	tions listed as	required on :	Schedule i	۲۶ .	•			3b		
4	Desc	ribe in Part XIII the intended uses of	the organizatio	n's endowm	ent funds							
Pa	rt VI											
		Complete if the organization ar			•							
	Descr		other basis tment)	(b) Cost or	other basis	(other)	(c) Acci	imulated d	epreciation	(a) B	ook valu	e
1 a	Land											
b	Buildir	ngs										
c	Leasel	hold Improvements										
d	Equipi	ment	3,209			82,444			193,924			91,729
e	Other		6,395		1	43,936			67,454			82,877
Tota	al. Add	lines 1a through 1e (Column (d) mus	t equal Form S	990, Part X, o	column (B), line	10(c)) .	1	•			174,606
			<u> </u>						Sche	edule D (Fo	orm 99	0) 2018

Part VII Investments—Other Securities. Complete if the ord See Form 990, Part X, line 12.	ganızatı	on answere	d "Yes" on Form 990, Part IV	, line 11b.
(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuati Cost or end-of-year mark	
1) Financial derivatives				
3)Other				
A)				
B)				
C)				
D)				
E)				
F)				
G)				
н)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	Þ			
The investments—Program Related. Complete if the organization answered 'Yes' on Form				
(a) Description of investment	(b) Boo	ok value	(c) Method of valuati Cost or end-of-year mark	
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		000 0 17	/	1 45
Part IX Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form	990, Part IV		(b) Book value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answer	· ·	· · · · s' on Form		
See Form 990, Part X, line 25. (a) Description of liability		(b) Book		
1) Federal income taxes		(-,		
2)				
3)				
4)				
5)				
	-+			
			1	
6)				
6) 7)				
6) 7) 8)				
6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25)	•			

1

Schedule D (Form 990) 2018

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990. Part VIII. line 12

1

Page 4

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	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		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Returi	n.
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		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Par	t XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional informatio		4, Part X, line 2, Part
	Return Reference Explanation		

Schedule D (Fo	orm 990) 2018	Page 5	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2018

DLN: 93493073002080 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number CHEROKEE PRESERVATION FOUNDATION INC 56-2272253 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Explanation Return Reference

Schedule I (Form 990) 2018

Additional Data

AMERICAN INDIAN SCIENCE

4263 MONTGOMERY BLVD NE

ALBUQUERQUE, NM 87109 CHEROKEE BOYS CLUB

CHEROKEE, NC 28719

ENGINEERING

PO BOX 507

STE 200

Software ID: Software Version:

73-1023474

56-0819154

EIN: 56-2272253

Name: CHEROKEE PRESERVATION FOUNDATION INC

104,992

155,650

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

501 C 3

501 C 3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(q) Description of

non-cash assistance

(h) Purpose of grant

or assistance

ECONOMIC

CULTURAL

PRESERVATION

DEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 501 C 3 136.950 CULTURAL CHEROKEE BOYS CLUB 56-0819154 PO BOX 507 PRESERVATION

9443400

94.434

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 C 3

CHEROKEE, NC 28719	
NORTH CAROLINA STATE UNIVERSITY 2701 SULLIVAN DR STE 240	56-6000756

RALEIGH, NC 27695

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance HAYWOOD COUNTY FINANCE 56-6001524 501 C 3 10.000 CULTURAL DEPARTMENT PRESERVATION 419

ECONOMIC DEVELOPMENT

7.150

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 C 3

215 NORTH MAIN ST STE 4			
WAYNESVILLE, NC 28786			
WESTERN CAROLINA			
UNIVERSITY			

CHEROKEE CENTER
CULLOWHEE, NC 28723

56-6001440

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 56-0572090 20.000 CULTURAL EASTERN BAND OF CHEROKEE GOVERNMENTAL PRESERVATION

INDIANS **OUALLA PUBLIC LIBRARY** CHEROKEE, NC 28719

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHEROKEE, NC 28719

EBCI DIVISION OF COMMERCE 56-0572090 1.445.876 ECONOMIC GOVERNMENTAL PO BOX 455 DEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance GOVERNMENTAL 20.000 CULTURAL EBCI CHEROKEE YOUTH 56-2053463 CENTER PRESERVATION

DEVELOPMENT

CENTER
PO BOX 455
CHEROKEE, NC 28719
CHEROKEE BOYS CLUB 56-0819154 501 C 3 19.387

ECONOMIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 507

CHEROKEE, NC 28719

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 56-0944327 501 C 3 19.250 CULTURAL THE MUSEUM OF THE CHEROKEE INDIAN PRESERVATION

PO BOX 1599
CHEROKEE, NC 28719

WESTERN REGION EDUCATION 56-0896753 501 C 3 355,927

SRV ALL

ECONOMIC DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WRESA 10C YORKSHIRE ST ASHEVILLE, NC 28803

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 56-0896753 501 C 3 20.000 SOUTHWESTERN COMMISSION ECONOMIC 125 BONNIE LANE DEVELOPMENT

BUNCOMBE COUNTY PTNSHP 56-1942178 501 C 3 10,000 ENVIRONMENTAL PRESERVATION 2229 RIVERSIDE DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ASHEVILLE, NC 28804

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 58-2121969 501 C 3 7.500 l CHATTOOGA CONSERVANCY IENVIRONMENTALPRESERVATION

8 SEQUOIA HILLS LANE CLAYTON, GA 30525 WNC REGIONAL EDUCATION 26-2885036 501 C 3 47.786 CULTURAL PRESERVATION FOUNDATION

10C YORKSHIRE ST-LOWER LEVEL ASHEVILLE, NC 28803

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 56-6001440 501 C 3 59.620 CULTURAL WCU CHEROKEE STUDIES PRESERVATION

1 UNIVERSTIY WAY MCKEE 101 CULLOWHEE, NC 28723

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FRANKLIN, NC 28744

NIKWASI INITIATIVE 81-5300644 501 C 3 9.130 CULTURAL PO BOX 2197 PRESERVATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CHEROKEE BOYS CLUB 56-0819154 501 C 3 313.614 ECONOMIC DEVELOPMENT

PO BOX 507 CHEROKEE, NC 28719

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHEROKEE, NC 28719

CHEROKEE BOYS CLUB 56-0819154 501 C 3 161.790 CULTURAL PRESEVATION PO BOX 507

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 32-0452110 501 C 3 35,540 CULTURAL SNOWBIRD CHEROKEE

DEVELOPMENT

THE SECUCYAH FUND INC	31-1619784	501 C 3	500,000		ECONOMIC
TRADITIONS CORP 331 JACKSON BRANCH ROAD ROBBINSVILLE, NC 28771					PRESERVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 1200

CHEROKEE, NC 28719

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 56-0623957 501 C 3 245.000 CULTURAL CHEROKEE HISTORICAL ASSOCIATION PRESERVATION CHEROKEE, NC 28719

PO BOX 398
CHEROKEE, NC 28719

SWAIN COUNTY PUBLIC 56-6001118 501 C 3 4,970

CULTURAL PRESERVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 2480

BRYSON CITY, NC 28713

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance CHEROKEE COUNTY PUBLIC 56-0819154 GOVERNMENTAL 720,929 ECONOMIC OPMENT

SCHOOLS					DEVELOR
PO BOX 507 CHEROKEE, NC 28719					
CHEROKEE, NC 20719					
CHEROKEE BOYS CLUB	56-0819154	501 C 3	66.298		CULTURA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHEROKEE, NC 28719

PO BOX 507 PRESERVATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 56-0944327 501 C 3 459.694 CULTURAL MUSEUM OF THE CHEROKEE

INDIAN PRESERVATION PO BOX 1599 CHEROKEE, NC 28719 CULTURAL

SNOWBIRD LIBRARY 56-0572090 501 C 3 20.000 60 SNOWBIRD SCHOOL ROAD PRESERVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ROBBINSVILLE, NC 28771

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 56-0572090 6.462 EVIRONMENTAL EBCIKITUWAH PRESRVATION GOVERNMENTAL & EDU PROG PRESERVATION

PO BOX 455 CHEROKEE, NC 28719 THE NC INTERNATIONAL FOLK 56-1369199 501 C 3 49.000 FESTIVAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WAYNESVILLE, NC 28786

CULTURAL PRESERVATION PO BOX 658

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MAINSTRING CONSERVATION 56-2142199 501 C 3 32.900 CULTURAL TRUST PRESERVATION PO BOX 1148

IENVIRONMENTAL

PRESERVATION

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GOVERNMENTAL

PO BOX 1148
FRANKLIN, NC 28744

EBCI DOMESTIC VIOLENCE
SEXUAL ASSUL

CHEROKEE, NC 28719

PO BOX 455

56-0572090

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501 C 3 76.076 CULTURAL NORTH CAROLINA STATE 56-6000756 UNIVERSITY PRESERVATION 2701 SULLIVAN DR STE 240

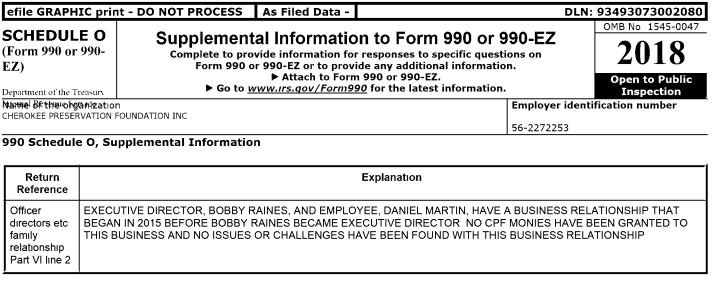
RALEIGH, NC 27695

efil	e GRAPHIC pr	int - DO NOT PROCESS As	Filed Dat	a -	DLN: 934	19307	73002	080
Sch	edule J	Comp	ensat	ion Information	40	1B No	1545-0	0047
(For	n 990)	For certain Officers, D		Trustees, Key Employees, and Hig	hest			
		► Complete if the organiza		ated Employees vered "Yes" on Form 990, Part IV	, line 23.	20	18	}
► Attach to Form 990.							to Pul	
•	tment of the Treasury al Revenue Service	F GO to <u>www.ms.gov/Fo</u>	<u> </u>	mstructions and the latest miori	nation.		ectio	
	ne of the organiza	ition ON FOUNDATION INC			Employer identificat	ion nu	ımber	
CITE	NOREL PRESERVATI	ON FOUNDATION INC			56-2272253			
Pa	rt I Questio	ons Regarding Compensation						
_							Yes	No
1a		piate box(es) if the organization provection A, line 1a Complete Part III to						
		or charter travel		Housing allowance or residence for	•			
	_	companions	님	Payments for business use of perso				
		infication and gross-up payments	님	Health or social club dues or initiati				
	Discretion	ary spending account	Ш	Personal services (e g , maid, chaut	rreur, cner)			
b		tes in line 1a are checked, did the org			nent or reimbursement	1b	Yes	
2	Did the organiza	tion require substantiation prior to re es, officers, including the CEO/Execut	imbursing	or allowing expenses incurred by all	. 1.2	2	Yes	
	directors, truste	es, officers, including the CEO/Execut	ive Directo	r, regarding the items checked in line	e la'			
3		f any, of the following the filing organ			he			
	_	EO/Executive Director Check all that d organization to establish compensa		•	ın Part III			
	✓ Compensa		✓	Monthson				
		ition committee ent compensation consultant		Written employment contract Compensation survey or study				
		of other organizations	∀	Approval by the board or compensa	ition committee			
4		did any person listed on Form 990, I	Part VII. Se					
	related orgániza		,	, , ,	J J			
а	Receive a sever	ance payment or change-of-control pa	ayment?			4a		No
b	Participate in, o	receive payment from, a supplemen	tal nonqual	ified retirement plan?		4b		No
С		receive payment from, an equity-ba		-		4c		No
	If "Yes" to any o	f lines 4a-c, list the persons and prov	ide the app	olicable amounts for each item in Par	t 111			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) orga	nizations	must complete lines 5-9.				
5	For persons liste	d on Form 990, Part VII, Section A, I ontingent on the revenues of		-				
a	The organization					5a		No
ь	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		d on Form 990, Part VII, Section A, I ontingent on the net earnings of	ine 1a, did	the organization pay or accrue any				
а	The organization	۶				6a		No
b	Any related orga	inization?				6b		No
	•	6a or 6b, describe in Part III						
7		d on Form 990, Part VII, Section A, I escribed in lines 5 and 67 If "Yes," de			d	7		No
8		nts reported on Form 990, Part VII, p itial contract exception described in F			escribe			N.c.
9		3, did the organization also follow the	rebuttable	presumption procedure described in	Regulations section	9		No_
For I	Danarwark Badu	ction Act Notice, see the Instruct	ione for Ec	orm 990 Cat No. 5	50053T Schedule 1		, 000)	2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (C) Retirement and (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 BOBBIE RAINES 135,850 (i) 15.091 6.781 157,722 EXECUTIVE DIRECTOR (ii)

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018



990 Schedule O, Supplemental Information

Return Explanation

Reference

Member	THE GOVERNOR OF THE STATE OF NORTH CAROLINA APPOINTS THE FOUNDATIONS DIRECTORS, TWO OF WHICH
election for	ARE SELECTED FROM A LIST OF NOMINEES SUBMITTED BY THE CHIEF OF THE EASTERN BAND OF CHEROKEE
additional	INDIANS THE CHIEF AND CHAIRMAN OF THE TRIBAL COUNCIL OF THE EASTERN BAND OF CHEROKEE INDIANS ALSO
members	SERVE AS DIRECTORS
Part VI line	
7a	

Return Explanation

990 Schedule O, Supplemental Information

Form 990
THE AUDIT/INVESTMENT COMMITTEE REVIEW THE FORM 990 IN DETAIL WITH THE GUIDANCE OF ITS FINANCE
governing
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

Return Reference	Explanation
CEO executive director top management comp Part VI line 15a	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 BENFITS 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

Return Reference	Explanation
Other officer or key employee compensation Part VI line 15b	AS WITH EXECUTIVE OFFICERS, CEO, THE SAME POLICY IS USED FOR ALL EMPLOYEES 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 BENFITS 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

Return Explanation
Reference

Form 990 availability to public Part VI line 18

Return Reference	Explanation
Governing documents etc available to public Part VI line 19	ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MAKE 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

Return Reference

Audited by THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Independent accountant Part XII line

Return Reference	Explanation
General explanation attachment	PART V, LINE 4 THE ENDOWMENT FUND REPRESENTS AMOUNTS SET ASIDE IN A LONG-TERM INVESMENTS F UND THE OBJECTIVE OF THE FUND IS TO EMPHASIZE LONG-TERM GROWTH OF CAPITAL AND TO BUILD A CORPUS THAT WILL HELP SUSTAIN THE FOUNDATIONS OPERATIONS IN THE FUTURE THE FUND IS NOT RE PORTED AS RESTRICTED SINCE THERE ARE NOT DONOR-IMPOSED STIPULATIONS INCLUDED IN THE ENDOW MENT FUND INVESTMENT PORTFOLIO ARE MONIES DESIGNATED FOR TWO LEADERSHIP AWARD FUNDS THE O BJECTIVE OF THE FUNDS IS TO EMPHASIZE SHORT-TERM GROWTH OF CAPITAL, WHILE SIMULTANEOUSLY P ROTECTING THE CORPUS FROM THE EFFECTS OF INFLATION, TO ALLOW FOR THE AWARDING OF ANNUAL LE ADERSHIP AWARDS THE FUNDS ARE NOT REPORTED AS RESTRICTED SINCE THERE ARE NO DONOR-IMPOSED TIPULATIONS FORM 990, PART III, LINE 4ASTATEMENT OF PROGRAM ACCOMPLISHMENTS THE MISSION OF THE CHEROKEE PRESERVATION FOUNDATION (CPF) IS TO INCREASE THE QUALITY OF LIFE OF THE E ASTERN BAND OF CHEROKEE INDIANS (EBCI) AND STRENGTHEN THE WESTERN NORTH CAROLINA REGION C PF ACCOMPLISHES THIS MISSION AS A GRANT MAKER, CONVENER, PARTNERSHIP BROKER AND COMMUNITY BUILDER IN THESE ROLLES, WE AWARD GRANTS TO NONPROFIT ORGANIZATIONS, SCHOOLS AND HIGHER LE ARNING INSTITUTIONS ON OR NEAR TRIBAL LANDS IN THE SEVEN WESTERN MOST COUNTIES OF NORTH CA ROLINA IN ADDITION, WE BRING TOGETHER GROUPS WITH COMMON INTEREST AND GOALS TO SHARE IDE AS, COMBINE EFFORTS AND RESOURCES, AND LEVERAGE RESOURCES, FROM VARIOUR FUNDING ORGANIZATION S, WE THEN NETWORK WITH REGIONAL, STATE AND NATIONAL ORGANIZATIONS TO SEEK AND CREATE PAR TNERSHIPS ENABLING OTHER FUNDING ORGANIZATIONS TO INVEST IN PROJECTS AND GROUPS IN WESTERN NORTH CAROLINA, BUILDING THE CAPACITY OF NONPROFITS ON THE QUALLA BOUNDARY (THE EBCIS HOM ELAND) AND SURROUNDING REGION DURING TWO GRANT FUNDING OF SA35, 235, 255 STATEGIC INTIATIVES IN AD DITION TO MAKING HIGH-QUALLTY, ONE-YEAR GRANTS, THE FOUNDATION PURSUES GRANT MAKING OPPORT UNITIES WHERE INVESTMEST CAN EFFECT SYSTEMIC CHANGE AND POSITIVE LONG-TERM RESULTS SUCH MULTI-YEAR GRANT MAKING INTEGRATES PLANNING, GRANTS,

990	Schedul	e O,	Supp	lemental	Informat	tion

Return Reference	Explanation
General explanation attachment	KEE CO TRADITIONS HAS A YEAR-ROUND LANGUAGE PROGRAM FOR STUDENTS TO PARTICIPATE IN AFTER S CHOOL AND DURING THE SUMMER THE LANGUAGE PARTNER DIRECTORS MEET QUARTERLY TO SHARE INFORM ATION AND UPDATES WITH ONE ANOTHER TO PROMOTE COLLABORATION A STATE OF EMERGENCY WAS CALL ED FOR THE LANGUAGE IN THE SUMMER OF 2019 CPF EXPECTS TO SEE MORE EFFORTS AND RESOURCES P UT INTO THE LANGUAGE IN THE SUMMER OF 2019 CPF EXPECTS TO SEE MORE EFFORTS AND RESOURCES P UT INTO THE LANGUAGE PROGRAMS FOR THE UPCOMING YEARS PROGRESS KPEP PARTNERED WITH THE TRIB E AND WAS ABLE TO DISTRIBUTE CHEROKEE LANGUAGE BOOKS TO OVER 1200 HOUSEHOLDS IN SEPTEMBER 2019 WCUS CHEROKEE LANGUAGE PROGRAM HAS HIRED THEIR NEW LANGUAGE INSTRUCTOR, RAINY BARKE THIS HAS HELPED WITH ARCHIVING AND TRANSLATION OF MATERIALS ATTENDANCE HAS INCREASED WI THIN THEIR LANGUAGE CLASSES THIS SEMESTER THE EBCI TRIBE HELD A LANGUAGE SYMPOSIUM ON NOV EMBER 19TH AT NEW KITUWAH ACADEMY TO GATHER ALL THE KEY PEOPLE INVOLVED WITH CHEROKEE LANG UAGE EFFORTS TO START PLANNING AND ORGANIZING FOR THE FUTURE CHEROKEE PRESERVATION FOUNDA TION IS EXCITED FOR THESE NEW DEVELOPMENTS AND CANT WAIT TO SEE WHAT WILL BE ACCOMPLISTED WITH THEES ADDITIONAL RESOURCES LEADERSHIP AND CIVIC PARTICIPATIONTHE CPF WILL BE PARTNER ING WITH THE BEG. CHEROKEE BOYS CLUB AND THE BROADER COMMUNITY TO PRODUCE GENERATIONS OF STRONG CHEROKEE LEADERS THROUGH LIFE-LONG LEARNING LEADERSHIP PROGRAMS THAT ARE GROUNDED I N TRIBAL CULTURE AND THE SEVEN CORE VALUES MANY CULTURAL LEADERSHIP DEVELOPMENTAL ELEMENTS ARE EVIDENT IN CPF PROJECTS SUCH AS THE CHEROKEE YOUTH COUNCIL, CULTURAL EXCHANGE PROGRAM, THE JOYLES BOWMAN LEADERSHIP PROGRAMS THAT ARE GROUNDED I N TRIBAL CULTURE AND THE SEVEN CORE VALUES MANY CULTURAL LEADERSHIP DEVELOPMENTAL ELEMENTS ARE EVIDENT IN CPF PROJECTS SUCH AS THE CHEROKEE YOUTH COUNCIL CULTURAL EXCHANGE POUTH SUCH AS THE CHEROKEE YOUTH COUNCIL CULTURAL EXCHANGE POUTH SUCH AS THE POUTH AS A START THE CHEROKEE FOUTH POUTH AND THE SEVEN CORE SHOWED SOME SUCH AS THE POUTH AND THE SEVEN OR SUCH SAN

990 Schedule	e O, Supp	lemental	Information

Return Reference	Explanation
General explanation attachment	RICAN TRIBE OR INDIGENOUS CULTURE RKLI REPRESENTATIVES ARE PLANNING AN INTERNATIONAL CULT URAL EXCHANGE, SIMILAR TO THE COSTA-RICA ECO-STUDY TOUR. TO BE IMPLEMENTED IN THE SUMMER O F 2020 THE GOALS OF THE CULTURAL EXCHANGES ARE TO BROADEN OUR YOUTHS EXPERIENCES, INCREAS E THEIR SELF-CONFIDENCE, AND ALLOW THEM OPPORTUNITIES TO DEVELOP A GREATER APPRECIATION FO R THEIR CULTURE THE INTERNATIONAL EXCHANGE WILL BE OPEN FOR ALL WESTERN NORTH CAROLINA RE GIONAL YOUTH IN GRADES 9-12 TO APPLY EIGHT TO TEN YOUTH WILL BE SELECTED TO PARTICIPATE PROGRESS THE APPLICATION, INTERVIEW, AND SELECTION PROCESSES WERE PERFORMED AND TEN YOUTH MEMBERS FROM WESTERN NORTH CAROLINA WERE SELECTED TO PARTICIPATE IN THE 2020 INTERNATIONAL EXCHANGE TO NEW ZEALAND AND AUSTRALIA WE HAVE REPRESENTATION FROM CHEROKEE HIGH SCHOOL, SWAIN HIGH SCHOOL, SMOKY MOUNTAIN HIGH SCHOOL, MURPHY HIGH SCHOOL, AND A HOMESCH OOL STUDENT FROM ROBBINSVILLE AN ORIENTATION MEETING WITH STUDENTS AND PARENTS WAS HELD IN NOVEMBER AS WELL AS A TOUR OF THE MUSEUM AND ARCHIVES AT THE MUSEUM OF THE CHEROKEE INDI AN TO LEARN ABOUT CHEROKEE HISTORY EACH STUDENT WAS ASSIGNED A PLACE FROM OUR TRIP ITINER ARY AND THEY ARE DOING A PRESENTATION FOR THE GROUP AT A MEETING IN JANUARY 2020 CHEROKEE DAY OF CARINGGA-DU-GI, WHICH MEANS HELPING HANDS, IS THE CHEROKEE TRADITION OF HELPING FE LLOW COMMUNITY MEMBERS WHEN THEY ARE IN NEED SINCE SPRING 2005 THIS SPIRIT OF GA-DU-GI HA S BEEN INSTILLED IN MANY VOLUNTEERS AS THEY GO INTO EACH OF THE TEN CHEROKEE COMMUNITIES TO HELP A COMMUNITY PRIBERS WHEN THEY ARE IN THE CHEROKEE DAY OF CARING SWALL HOUSE REPAIRS THESE VOLUNTEERS HAVE PARTICIPATED IN THE CHEROKEE DAY OF CARING EVENT, WHICH IS A COLLABORATIVE PROJECT TO ENHANCE COMMUNITY CIVIC PARTICIPATION, BETWEEN THE CVENT RECOGNIZES AND HONDRS THOSE COMMUNITY MEMBERS THAT PORTRAY THE SENSE OF GA-DU-GI EVE RY DAY IN THEIR COMMUNITIES FOR THEIR UNSELFISH COMMUNITY SERVICE) AS A QUIET HERO THE DAY OF CARING PROGRAM WILL CONTINUE TO BUILD SUSTAINABILITY BY FORMING NEW PARTINESHIPS, WHILE EVE