Form	99	90	Return of Organization Exempt From Incom			OMB No. 1545-0047
Form		50	Return of organization Exempt From meon			2019
(Rev	lanuar	ry 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except	private four	ndations)	2010
Departr	nent of	the Treasury	Do not enter social security numbers on this form as it may be ma	de public.		Open to Public
-		ue Service	Go to www.irs.gov/Form990 for instructions and the latest info	rmation.		Inspection
A F	or the	e 2019 calendar	year, or tax year beginning 07-01, 2019, and en	ding	06-30	, 20 2 0
B c	neck if a	applicable:	C Name of organization DEVELOPMENT FOUNDATION OF THE NCCAT INC		D Employer ic	lentification number
A	idress (change	Doing business as		56	-1884667
N	ame cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telephone n	umber
In	tial retu	ım	276 NCCAT DRIVE			
Fi	nal retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross recei	ots
Ar	nended	i return	CULLOWHEE, NC 28723		\$	458,229
A	plicatio	on pending	F Name and address of principal officer: RICHARD A SCHWARTZ	H(a) Is this a	group return for subo	rdinates? Yes X No
			PO BOX 2350, Raleigh, NC 27602	H(b) Are all	subordinates inclu	ided? Yes No
I Ta	x-exen	npt status: X 5	01(c)(3) _ 501(c) () ◀ (insert no.) _ 4947(a)(1) or _ 527	If "No,"	attach a list. (see	instructions)
JW	ebsite	► www.	NCCAT.ORG	H(c) Group	exemption numb	er 🕨
K Fo	orm of o	organization: X C	orporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 19	94 м з	State of legal dom	icile: NC
Par	tl	Summary				
	1	Briefly describe	e the organization's mission or most significant activities: SEE SCHEDULE 0 -	01		
ĕ						
rna						
Governance	2	Check this box	▶ □ if the organization discontinued its operations or disposed of more than 25% of	f its net asse	ts.	
Ğ	3	Number of vot	ing members of the governing body (Part VI, line 1a)		. 3	20
Activities &	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		. 4	20
vitie	5	Total number of	of individuals employed in calendar year 2019 (Part V, line 2a)		. 5	0
ctiv	6		of volunteers (estimate if necessary)			20
◄	7a	Total unrelated	I business revenue from Part VIII, column (C), line 12		. 7a	0
			business taxable income from Form 990-T, line 39			0
				Prior Year		Current Year
	8	Contributions a	Ind grants (Part VIII, line 1h)	149	,113	168,259
ne	9		ce revenue (Part VIII, line 2g)		3,326	88,922
Revenue	10		ome (Part VIII, column (A), lines 3, 4, and 7d)		3,687	189,806
Rev	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,396	10,452
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,522	457,439
	13		ilar amounts paid (Part IX, column (A), lines 1-3)		,882	269,708
	14	Benefits paid to	o or for members (Part IX, column (A), line 4)			0
	15		compensation, employee benefits (Part IX, column (A), lines 5-10)			0
Expenses	16a		Indraising fees (Part IX, column (A), line 11e)			0
)eu	1		ng expenses (Part IX, column (D), line 25)			
Ă	17		s (Part IX, column (A), lines 11a-11d, 11f-24e)	65	5,831	72,810
	18	-	Add lines 13-17 (must equal Part IX, column (A), line 25)		,713	342,518
	19	-	expenses. Subtract line 18 from line 12		1,809	114,921
es				ginning of Curr	-	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)	1,936		1,934,681
Asse	21	-	(Part X, line 26)	_,,,,,		0
Net	22		und balances. Subtract line 21 from line 20	1,936	5,993	1,934,681
Par	_	Signature		_,,,,	,	_,,,,,,,,
Under	penalti	ies of perjury, I decla	re that I have examined this return, including accompanying schedules and statements, and to the best of my kn	owledge and be	lief, it is	
true, c	orrect,	and complete. Decla	ration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
		RICHAR	RD SCHWARTZ			
Sign		Signature of			Date	
Here		RICHAL	RD SCHWARTZ, PRESIDENT			
			nt name and title			
		Print/Type prepa		Check	if PTIN	
Paid			GILLESPIE CPA SHARON G GILLESPIE CPA 03-01-2021	self-em	· · · · ·	01287015
Prep			S GILLESPIE PA	Firm's EIN ►	p.ojod P	
Use				Phone no.		
030	.	J mins address	SPRUCE PINE NC 28777	THORE HU.	828-765	6444
Mayt	he ID	S discuss this ro	tum with the preparer shown above? (see instructions)			. X Yes No
			Act Notice, see the separate instructions.			Form 990 (2019)
	աթերտ		1 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			FULLI 990 (2019)

Form	990 (2019) DEVELOPMENT FOUNDATION OF THE NCCAT INC	56-1884667	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly descr be the organization's mission:		
	SEE SCHEDULE O - 01		
2	Did the organization undertake any eignificant program convices during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		
	If "Yes," describe these new services on Schedule O.	· · · · [] Tes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
Ū	services?	Yes	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	-	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$302,868 including grants of \$) (Revenue	\$)
	SUPPORTING THE PROGRAMS OF AND PROVIDING SUPPLEMENTAL FUNDING FOR THE NORTH	CAROLINA CEN	ITER FOR
	THE ADVANCEMENT OF TEACHING (NCCAT).		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		· · ·	,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40		Ψ)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 302,868		
EEA		Forn	n 990 (2019)

	990 (2019) DEVELOPMENT FOUNDATION OF THE NCCAT INC 56-1884	667	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, 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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIL	11b	x	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			х
е		11e		х
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
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			x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
<u>-</u>	If "Yes," complete Schedule G, Part III.			X
20 a				x
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Pa	rt IV Checklist of Required Schedules (continued)			
		-	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
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		х
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		x
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 L	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contr butor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
~~	persons? If "Yes," complete Schedule L, Part III	27		x
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, key employee, creator or founder, or substantial contributor? If	202-		
	"Yes," complete Schedule L, Part IV.	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	202-		
20	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
24	conservation contributions? If "Yes," complete Schedule M	30		x
31		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		
22	complete Schedule N, Part II	32		x
33		22		
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		
25-	or IV, and Part V, line 1	34		x
35a		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		ĺ
Der	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	L
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	
10	Enter the number reported in Roy 2 of Form 1006. Enter 0, if not applicable		res	No
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 0 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С		1c	v	
	reportable gaming (gambling) winnings to prize winners?	10	X	Ĺ

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4-		
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	50 50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
ua	organization solicit any contributions that were not tax deduct ble as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	vu		
2	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contr butions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	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?	15		x
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
Ū	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
		6		X
6 70	Did the organization have members or stockholders?	0		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		
	one or more members of the governing body?	7a		X
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
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	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	x	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Iu	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tua		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16h		
Sec	organization's exempt status with respect to such arrangements?	16b		
17 40	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I Upon request Other (explain on Schedule O)			
19	Describe on 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			
	TINA WILSON (828)293-5202, 276 NCCAT DR, CULLOWHEE, NC 28723			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	npensated Employe	es, and
	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 t	his table for all persons required to be listed. Report compensation for the calendar year ending with or	within the	
organization's	tax year.		

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

hours officer and a director/trustee) compensation compensation per week (list any 이 고 고 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이	
(A) (B) (B) (B) (C) (
Name and title Average hours per veck (itst any bolow doted line) Average hours per veck (itst any bolow doted line) Itel (itst any bolow doted line) Reportable compensation from the organizations (W-21099-MISC) Reportable compensation from the organizations (W-21099-MISC) East compensation from the organizations (W-21099-MISC) (1) M. BROCK WOMBLE Compensation from the organizations bolow doted line)	(F)
Image: second	nated amount
(i) stary hours for relation organizations below dotted ine) i) diverse iii (i) stary relation of diverse below dotted ine) iii diverse iii di iii di iii diverse iii diverse iii diverse iii diverse	of other
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BOARD MEMBER X 0 0 (10)JENNIFER BELL X 0 0 BOARD MEMBER X 0 0	0
(10)JENNIFER_BELLX 0 0 0	
BOARD MEMBER X 0 0	0
(11)LISA GODWIN	0
BOARD MEMBER X 0 0	0
(12)JB_BUXTON	
BOARD MEMBER X 0 0	0
(13)BARBARA HARDY	
BOARD MEMBER X 0 0	0
(14)JAMES_CAUSBY	
BOARD MEMBER X 0 0	0

Form 990 (2019)

DEVELOPMENT FOUNDATION OF THE NCCAT INC

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Part VII Section A. Officers, Directors, Trustee						est Co	mn	ensated Employe	es (continued)	007		age e
			. ,		(C)							
Position												
(A)	(B)	(do	not ch			han one		(D)	(E)		(F)	
Name and title	Average	1 1				s both ar	n	Reportable	Reportable	Estim	nated am	
	hours	offic	cer and	d a di	rector	r/trustee))	compensation	compensation		of other	
	per week		_					from the organization	from related organizations		mpensati rom the	ion
	(list any	P I	n Ing	q	6	en Hig	Fo		(W-2/1099-MISC)		nization	and
	(list any or in a list								(-	d organiz	
	related organizations	ctor	iona	1	Key employee	/ee	⁻					
	below	rust	nstitutional trust		yee	mpe						
	dotted line)	ee	stee			Highest compensated employee						
	,					ted						
(15)CARL HARRIS		x						0	o			~
BOARD MEMBER (16)CHERRI CHEEK								0	0			0
BOARD MEMBER		x						0	o			0
								0	0			0
(17) TERRY HOLLIDAY												•
BOARD MEMBER		x						0	0			0
(18) SAMUEL HOUSTON								_	_			
BOARD MEMBER		x						0	0			0
(19)CORY_CAUSBY												-
BOARD MEMBER		x						0	0			0
(20)RICHARD A SCHWARTZ	2.00	1										•
PRESIDENT				x				0	0			0
(21)JUDY S PHILLIPS	<u>1.00</u>	1										•
	TREASURER X 0 0											0
	(22) JAMES SIMEON									•		
VICE PRESIDENT				x				0	0			0
(23)												
(0.1)												
(24)												
(25)												
(23)												
1b Subtotal												
c Total from continuation sheets to Part VII, Sect			• •	•••	•••							
· _ · · · · · · · · · · · · · ·		•••	•••	•••	••	•••	• •	0	0			0
					•••		• •	_	-			0
2 Total number of individuals (including but not limit reportable compensation from the organization		isted a	idove	e) wi		eceive	u mo	ore than \$100,000	01			C
	-										Yes	No
3 Did the organization list any former officer, direct	tor trustee	kov or	nnlov		or h	iabost	con	monested			163	NO
o y			• •			0		•		2		
employee on line 1a? If "Yes," complete Schedu										3		х
4 For any individual listed on line 1a, is the sum of re	•	•					•					
organization and related organizations greater th												
individual										4		х
5 Did any person listed on line 1a receive or accrue	•		-			-						
for services rendered to the organization? If "Yes	s," complete	Scheo	dule .	J for	suc	h pers	son			5		х
Section B. Independent Contractors												
1 Complete this table for your five highest compensation												
compensation from the organization. Report comp	pensation for	the ca	ienaa	ar ye	ear e	enaing	with		hization's tax year.	(0)		
	(A) (B)							(C)	ation			
Name and business addres	33							Description of servic	.53	Compens	auun	

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 ►

Form 9	<u> </u>	,		DAT]	ON OF THE NO	CAT INC		56-18846	67 Page 9
Part	VIII	Statement of Rev							
		Check if Schedule O co	ontains a respons	e or n	ote to any line in thi	s Part VIII			<u> [</u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
ŝ	b	Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events		1c					
	d	Related organizations .		1d					
	е	Government grants (conti	ributions)	1e					
	f	All other contributions, gif	its, grants,						
utioi er S		and similar amounts not i	ncluded above	1f	168,259				
Othor	g	Noncash contributions inc	cluded in						
u du		lines 1a-1f		1g	\$				
0.0	h	Total. Add lines 1a-1f				168,259			
					Business Code				
¢	2a	CONTRACTS			900099	88,922	88,922		
Program Service Revenue	b								
Sei	С								
am	d								
ogr	е								
Γ,		All other program service			L				
	g	Total. Add lines 2a-2f .			•••••	88,922			
	3	Investment income (includ	ing dividends, inte	erest, a	and				
		other similar amounts) .				39,554			39,554
	4	Income from investment of	tax-exempt bond	proce	eeds►				
	5	Royalties	•••••		•••••				
			(i) Real		(ii) Personal				
		Gross rents	6a						
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
	d	Net rental income or (loss))		<u></u> ▶				
	7a	Gross amount from	(i) Securitie	es	(ii) Other				
		sales of assets other than inventory							
0	b	Less: cost or other basis	7a 150,	,252					
anue		and sales expenses	7b						
eve		Gain or (loss)				1 - 0 - 0 - 0	1.50.050		
R		Net gain or (loss)		•••	••••	150,252	150,252		
Other Reve	8a	Gross income from fundra	ising						
0		events (not including \$_							
		of contributions reported of							
	h	1c). See Part IV, line 18		8a 8b					
		Less: direct expenses . Net income or (loss) from			1				
		Gross income from gamin	-	s . 	· · · · · · •				
	Ja	activities, See Part IV, line	-	9a					
	h	Less: direct expenses .		9a 9b					
		Net income or (loss) from			· · · · · · •				
				· ·					
	10a	Gross sales of inventory, I returns and allowances .		10a	11,242				
	h	Less: cost of goods sold		10a					
		Net income or (loss) from			· · · · · · · •	10,452	10,452		
			salos or myemory	•••	Business Code	10,452	10,452		
ŝ	11a								
nor	b								
ven	c								
Miscellanous Revenue	-	All other revenue				<u></u>			
Σ		Total. Add lines 11a-11d							
		Total revenue. See instru				457,439	249,626	0	39,554

	990 (2019) DEVELOPMENT FOUNDATION	N OF THE NCCAT	INC	56-18846	567 Page 10
Pa	t IX Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other organ	izations must comple	te column (A).	
	Check if Schedule O contains a response or note to				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	269,708	269,708		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	10,000		10,000	

450

2,690

8,086

2,582

1,000

14,437

22,928

9,811

342,518

826

8,086

14,437

826

9,811

302,868

0

450

2,690

2,582

1,000

22,928

39,650

25

26

е

f g

12

13

14

15

16

17

18

19

20

21

22

23

24

b

Professional fundraising services. See Part IV, line 17 .

Investment management fees

Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .

Depreciation, depletion, and amortization

Total functional expenses. Add lines 1 through 24e. .

.

. . .

.

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings

a SEMINARS AND PROGRAM EXPENSE

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 📙 if following SOP 98-2 (ASC 958-720) . .

BANK CHARGES AND FEES

d CENTER SUPPORT

e All other expenses

C PRINTING AND RELATED FEES

Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

Form 9	<u>`</u>		56	5-188	4667 Page 11
Part	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	100	1	100
	2	Savings and temporary cash investments	294,077	2	280,861
	3	Pledges and grants receivable, net	28,763	3	15,846
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	18,968	8	43,778
Å.	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 24,069			
	b	Less: accumulated depreciation 10b 22,069	2,000	10c	2,000
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,593,085	12	1,592,096
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intang ble assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,936,993	16	1,934,681
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
oiliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	139,806	27	308,139
Bal	28	Net assets with donor restrictions	1,797,187	28	1,626,542
pu		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
S OI	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	1,936,993	32	1,934,681
	33	Total liabilities and net assets/fund balances	1,936,993	33	1,934,681

EEA

		6-1884667	7	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		457,	439
2	Total expenses (must equal Part IX, column (A), line 25)	2		342,	,518
3	Revenue less expenses. Subtract line 2 from line 1			114,	921
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	936,	993
5	Net unrealized gains (losses) on investments	5	(117,	236)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				3
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	934,	681
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
		г		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respons bility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
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		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	000 /	2010)

EEA

			Public Charity Status and Public Support					OMB No. 1545-0047	
SCHEDULE A			Complete if the organ	nization is a section	ction 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust				ե 2019
(Form 990 or 990-EZ) Department of the Treasury				Atta	ch to Form 990 or Form	n 990-EZ.		Open to Public	
Internal Revenue Service			•	Go to www.irs.go	ov/Form990 for instruct	ions and	the latest i	information.	Inspection
Name	of th	e organization						Employer identificati	ion number
DEV	ELC		DATION OF THE					56-188466	
Pa	rt I	Reason	for Public Charit	y Status (All or	ganizations must co	omplete	this part.) See instructions	
The	orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check onl	y one box.)		
1	Ц				urches described in sect				
2	Ц				Schedule E (Form 990 c				
3		A hospital or a	cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical rese	earch organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
	_	•	e, city, and state:						
5	х				university owned or operation	ated by a g	government	al unit described in	
		•)(1)(A)(iv). (Complete	,					
6	Ц		•	•	init described in section				
7		•	•		t of its support from a gov	/ernmental	unit or fron	n the general public	
			ection 170(b)(1)(A)(vi	, , ,	,				
8	Ц	•	rust described in sect						
9		0	0		ion 170(b)(1)(A)(ix) ope		•	e e	le
			a non-land-grant colle	ege of agriculture (s	see instructions). Enter the	e name, cit	ty, and state	e of the college or	
		university:							
10		•	•	. ,	3 1/3% of its support from				
		•		•	subject to certain excepti		,		
		•••••			siness taxable income (le		,	om businesses	
			•		section 509(a)(2). (Com		,		
11		•	•	•	test for public safety. Se				
12		•	•	•	the benefit of, to perform				
				-	bed in section 509(a)(1)				
	-		-		he type of supporting orga				•
	а				rised, or controlled by its		•	.,	ig
			•		appoint or elect a major	ity of the c	inectors or	trustees of the	
	h	•	•	•	IV, Sections A and B.	ith ito ouror	ortod ordo	nization(a) by baying	
	b			•	ontrolled in connection w on vested in the same pe		-		
			on(s). You must com					lanage the supported	
	~				anization operated in cor	nection w	ith and fur	octionally integrated wi	th
	С				u must complete Part l				u1,
	d				g organization operated i				o(c)
	u	_ ,	, ,		generally must satisfy a d			11 0	1(3)
			, ,	0 0	e Part IV, Sections A a		•		
	е			-	determination from the IF			vne II. Type III	
	•		-		ntegrated supporting orga		, a . , po ., .)po, .)po	
	f		per of supported organ	-	••••••••••••••••				
	g		owing information abo						
	-	i) Name of supported	-	(ii) E N	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	``	,		(.,	(described on lines 1-10	listed in you	Ir governing	support (see	other support (see
					above (see instructions))	docum	ient?	instructions)	instructions)
						Yes	No		
(A)									
(D)									
(B)									
(C)									

(D)

(E)

Sche	dule A (Form 990 or 990-EZ) 2019 DEVELOPME	NT FOUNDATI	ON OF THE 1	NCCAT INC		56-188466	7 Page 2
Pa	art II Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	/i)
	(Complete only if you checked th	ne box on line	5, 7, or 8 of F	Part I or if the	organization	failed to quali	fy under
	Part III. If the organization fails to	o qualify unde	r the tests list	ted below, ple	ease complet	e Part III.)	
Se	ction A. Public Support						
Cal	lendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	151,067	217,084	122,009	149,113	168,259	807,532
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						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	151,067	217,084	122 000	140 112	169 250	907 533
5	The portion of total contributions by	151,007	217,004	122,009	149,113	168,259	807,532
5							
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
~	shown on line 11, column (f)						55,098
_	Public support. Subtract line 5 from line 4						752,434
	ction B. Total Support		(1) 00 10	()	()) = = (= =	()	(0 -))
	lendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 4	151,067	217,084	122,009	149,113	168,259	807,532
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	37,417	37,406	53 , 558	42,426	39,554	210,361
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,017,893
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
	First five years. If the Form 990 is for the or	,		d, fourth, or fift	h tax year as a		(3)
	organization, check this box and stop here	-			-		
Se	ction C. Computation of Public Suppor						
	Public support percentage for 2019 (line 6, c	-		olumn (f))		14	73.92 %
	Public support percentage from 2018 Sched		-			15	79.02 %
	a 33 1/3% support test - 2019. If the organiza						
	box and stop here. The organization qualifie						_
ł	b 33 1/3% support test - 2018. If the organization		• • •				
•	this box and stop here. The organization qu						► □
17-	a 10%-facts-and-circumstances test - 2019.		• • • •	•			
170	10% or more, and if the organization meets t	-					
	-				-		
	Part VI how the organization meets the "facts			-	-	publicly suppor	
							· · · • 🛯
I	o 10%-facts-and-circumstances test - 2018.	-					ne
	15 is 10% or more, and if the organization m					-	
	Explain in Part VI how the organization meet				-	-	ciy
	supported organization						▶ ∐
18	Private foundation. If the organization did n						
			•••••	•••••			▶ []

		NT FOUNDAT:				56-18846	5 67 Page 3
Pa	rt III Support Schedule for Organiz						
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	anization faile	d to qualify u	nder Part II.
	If the organization fails to qualify	y under the te	ests listed be	ow, please co	omplete Part	II.)	
See	ction A. Public Support			T			1
Cal	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
3	Gross receipts from activities that are 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						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
D	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
-	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
	Public support. (Subtract line 7c from						
0							
500	line 6.)						
	endar year (or fiscal year beginning in) >	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(a) 2015	(b) 2010	(0) 2017	(u) 2018	(e) 2019	
-	Gross income from interest, dividends,						
TUa	payments received on securities loans, rents,						
	royalties, and income from similar sources						
h	Unrelated business taxable income (less						
Ň	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	Other income. Do not include gain or						
	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 for the o	rganization's fi	rst, second, thi	rd, fourth, or fit	fth tax year as	a section 501(c)(3)
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppo						· · L
	Public support percentage for 2019 (line 8, c	-		column (f)) .		15	%
16	Public support percentage from 2018 Sched					16	%
	ction D. Computation of Investment In				•		
17	Investment income percentage for 2019 (line		-	ine 13, columr	n (f))	17	%
18	Investment income percentage from 2018 S		•••••••			18	%
	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box						_
b	33 1/3% support tests - 2018. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	-	-			

chedul Part	e A (Form 990 or 990-EZ) 2019 DEVELOPMENT FOUNDATION OF THE NCCAT INC 56-18846 IV Supporting Organizations	67	Pa	age
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sectior	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	•		
ecti	ion A. All Supporting Organizations			
			Yes	Ν
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
22	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
Ja	(b) and (c) below.	3a		
Ŀ		Ja		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Uu		
D.	designated in the organization's organizing document?	5b		
~		50 50		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		_
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
02	Was the organization subject to the excess business holdings rules of section 4943 because of section			
.	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
		100		
L.	supporting organizations)? If "Yes," answer 10b below.	10a		_
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	4.01		
	determine whether the organization had excess business holdings.)	10b		

Scheo	Ule A (Form 990 or 990-EZ) 2019 DEVELOPMENT FOUNDATION OF THE NCCAT INC 56-188466	7	P	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		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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? <i>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.</i>	2		
Sec	tion C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No

Section 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?	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).	•		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	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		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a D The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 DEVELOPMENT FOUNDATION OF THE NCCAT IN		56-188	4667 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			-
instructions. All other Type III non-functionally integrated supporting organi	ization	s must complete Section	
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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d 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 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		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integi	ated Type III supporting	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

	rt V Type III Non-Functionally Integrated 509(a)(3)		56-188 zations (continued)	4667 Page 7
) oupporting organi		• • • •
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1	1	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			
EEA			Sched	ule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	m 990 or 990-EZ) 2019 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

Internal Revenue Service

(Form 990, 990-EZ. or 990-PF) Department of the Treasury

Schedule of Contributors

OMB No. 1545-0047

2019

►	Attach to	Form 990.	Form 990-EZ	. or Form	990-PF.
	Alluon to	1 0/11/ 0000,		,	

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

Name of the organization Employer identification number DEVELOPMENT FOUNDATION OF THE NCCAT INC 56-1884667

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contr butor's total contr butions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contr butions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

Page 2

DEVELOPMENT FOUNDATION OF THE NCCAT INC

Employer identification number 56-1884667

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>35,000</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2		\$ <u> </u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>35,935</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>9,078</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>11,156</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

Page 2 Employer identification number

DEVELOPMENT FOUNDATION OF THE NCCAT INC

56-1884667

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$14,976	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$15,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_10		_ \$15,065	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>		_ \$16,656 _	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000	PersonImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)

Schedule B	(Form 990,	990-EZ, (or 990-PF)	(2019)
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Name of organization

Page 2 Employer identification number

DEVELOPMENT FOUNDATION OF THE NCCAT INC

56-1884667

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person □ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

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

OMB No. 1545-0047

			ganization answered "Yes' 10, 11a, 11b, 11c, 11d, 11e, ′			2019
			Attach to Form 990.	111, 128, 01 120.		Open to Public
•	tment of the Treasury	► Go to www.irs.gov/Forms		a latest information		Inspection
	al Revenue Service of the organization				l oyer identification	
	-	DATION OF THE NCCAT INC			56-1884667	
		tions Maintaining Donor Advised Fu	unds or Other Similar F			
	-	if the organization answered "Yes" on				
	00		(a) Donor advised f		(b) Funds ar	nd other accounts
1	Total number at en	d of year	(1)		(2) - 2022 2	
2		f contributions to (during year)				
3		f grants from (during year)				
4		tend of year				
5		n inform all donors and donor advisors in w	riting that the assets held in	donor advised		
	-	nization's property, subject to the organization	-			Yes 🗌 No
6	Did the organizatio	n inform all grantees, donors, and donor ad	visors in writing that grant fur	nds can be used		
	only for charitable p	purposes and not for the benefit of the dono	r or donor advisor, or for any	other purpose		
conferring impermissible private benefit?			. 🗌 Yes 🗌 No			
Pa	rt II Conserv	vation Easements.				
	Complete	e if the organization answered "Yes" of	n Form 990, Part IV, line	7.		
1	Purpose(s) of cons	ervation easements held by the organizatio	n (check all that apply).			
	Preservation o	f land for public use (e.g., recreation or edu	cation)	Preservation of a his		
	Protection of n			Preservation of a cer	tified historic st	ructure
	Preservation o					
2		nrough 2d if the organization held a qualified	l conservation contr bution in	the form of a conserv	ation	
		st day of the tax year.				he End of the Tax Yea
a					2a	
b	•	,	• • • • • • • • • • • • • • • • • • •		2b	
C		vation easements on a certified historic struc	()	• • • • • • • • • •	2c	
d		vation easements included in (c) acquired at			0.1	
2		Ŭ	· · · · · · · · · · · · · · · · · · ·		2d	
3	tax year ►	vation easements modified, transferred, rele	ased, eximguished, or termin	nated by the organization	ion during the	
4			ment is located			
5		ion have a written policy regarding the period		andling of		
Ū	-	procement of the conservation easements it h				. 🏾 Yes 🗌 No
6		hours devoted to monitoring, inspecting, ha				
	•	3, 1, 3,	3 - - - - - - - - - -	J		, ,
7	Amount of expense	 es incurred in monitoring, inspecting, handlir	ng of violations, and enforcin	g conservation easem	ents during the	year
	▶\$		-	-	-	
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of	section 170(h)(4)(B)(i)	
	and section 170(h)	(4)(B)(ii)?		•••••		. 🗌 Yes 🗌 No
9	In Part XIII, describ	be how the organization reports conservatio	n easements in its revenue a	and expense statemen	t, and	
	balance sheet, and	include, if applicable, the text of the footnote	e to the organization's financ	cial statements that des	cribes the	
		ounting for conservation easements.				
Pa		zations Maintaining Collections			Similar As	sets.
		e if the organization answered "Yes" of				
1a	-	elected, as permitted under FASB ASC 958				
		asures, or other similar assets held for publi			of public	
		Part XIII the text of the footnote to its finan				
b	•	elected, as permitted under FASB ASC 958	•			
		ures, or other similar assets held for public e	exhibition, education, or rese	arch in furtherance of	public service,	
	•	ng amounts relating to these items:				
	.,	ded on Form 990, Part VIII, line 1				
•		d in Form 990, Part X				

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	;	
	following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1	▶ \$;
b	Assets included in Form 990, Part X	▶ \$;

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

	ule D (Form 990) 2019 DEVELOPMENT FOU			-		56-1884			bage 2
	rt III Organizations Maintaining						sets (C	ontin	ued)
3	Using the organization's acquisition, accession	, and other records,	check any of the follo	owing that mak	e signi	ficant use of its			
	collection items (check all that apply):		_						
а	Public exhibition		_	or exchange p	rogram	S			
b	Scholarly research		e 🗌 Other						-
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they further the o	organization's e	exempt	purpose in Part			
	XIII.								
5									
_	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pa	rt IV Escrow and Custodial Arran							_	
	Complete if the organization a	nswered "Yes"	on Form 990, Pa	art IV, line 9	, or re	eported an amo	ount on	-orm	1
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian		-				_	_	-
					•••		∐ Ye	s	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing table:						
							ount		
С	Beginning balance				10				
d	0 ,				10				
е	τ,				1e				
f	Ending balance				<u>1f</u>				
2a	Did the organization include an amount on Forr				•				No
b	If "Yes," explain the arrangement in Part XIII. C	check here if the exp	planation has been pr	ovided on Part	t XIII	•••••		•	
Pa					~				
	Complete if the organization a						-		
		(a) Current year	(b) Prior year	(c) Two years b		(d) Three years back	(e) Fou		
1a	Beginning of year balance		1,553,596	1,545,		1,368,862	1,	390,	
b	Contributions		27,270	18,	802	59,808	_	10,	032
С	Net investment earnings, gains, and								
			127,528	46,	971	128,762		20,	443
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs		13,033	57,	750	11,859	_		000
f	Administrative expenses						_		108
g	End of year balance		1,695,361	1,553,	596	1,545,573	1,	368,	862
2	Provide the estimated percentage of the curren	-	(line 1g, column (a))	held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment >%								
С	Term endowment %	1 4 9 9 9 4							
•	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are held and	administered f	or the			<u>v</u>	T
	organization by:						a (1)	Yes	No
	()		•••••				. 3a(i)		x
	.,						· · ·		x
b	If "Yes" on line 3a(ii), are the related organizati	•			• • •	••••	. 3b		
4 Do	Describe in Part XIII the intended uses of the c	-	wment funds.						
ra	rt VI Land, Buildings, and Equipm			art IV/ line 4	10 0	oo Earm 000		ino 1	0
	Complete if the organization a								
	Description of property	(a) Cost or oth (investme		r other basis other)		Accumulated epreciation	(d) Boo	ĸ value	
1-	Land				u.				
1a ⊾	Land								
b	Buildings								
с с	Leasehold improvements			24.050		22.000			000
d	Equipment			24,069		22,069		_ 4,	000
e Tota	Other		rt X column (P) line	100.)					000
rota	I. Add lines 1a through 1e. (Column (d) must e	yuai romi 990, Pai	т. л, соштт (В), тпе	100	• • •	•••••		<u> </u>	000

Schedule D (Form 990) 2019

EEA

Schedule D (Form	990) 2019 DEVELOPMENT FOUNDATION OF	THE NCCAT INC	56-	1884667	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11b. See Form	990, Part X,	line 12.
	(a) Description of security or category (including name of security)	(b) Book value		Method of valuation r end-of-year market valuation	
(1) Financial of	lerivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(Ainvestm	IENTS WITH RESTRICTED PURPOSE	1,592,096	FMV		
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	1,592,096			
Part VIII	Investments - Program Related. Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11c. See Form	990, Part X,	line 13.
	(a) Description of investment	(b) Book value	(0) Method of valuation	:
			Cost of	r end-of-year market va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
<u>(8)</u> (9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
T are by	Complete if the organization answered "Yes" on F	orm 990 Part IV lin	e 11d. See Form	990 Part X	line 15
	(a) Description			(b) Boo	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)				<u> </u>	
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 15.)				
Part X	Other Liabilities.				
	Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV, lin	e 11e or 11f. See	∋ Form 990, F	Part X,
1.		ok value			
(1) Federal i	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	′b) must equal Form 990, Part X, col. (B) line 25) . ►				
-	uncertain tax positions. In Part XIII, provide the text of the footnot	-			_
organization's	liability for uncertain tax positions under FASB ASC 740. Check h	ere if the text of the footn	ote has been provide	d in Part XIII	🔲

Sched	ule D (Form 990) 2019 DEVELOPMENT FOUNDATION OF THE NCCAT INC	56-1884667	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	457,439
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
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	457,439
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	457,439
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	342,518
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		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	342,518
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		
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	342,518
Pa	rt XIII Supplemental Information.		

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

SCHEDULEI		Gra	nts and Othe	r Assistance to	o Organization	S,	I	OMB No. 1545-0047
(Form 990)		Gover		2019				
		Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.						Open to Public
Department of the Treasury Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 					Inspection			
Name of the organization Emplo						Employer identification	nployer identification number	
DEVELOPMENT FOUNI							56-1884667	
Part I General	Information on	Grants and Assist	tance					
-		o substantiate the amour	-	-	• • •			
the selection criteria	a used to award the g	grants or assistance?						. 🗌 Yes 🛛 🕱 No
		ocedures for monitoring t						
		-				organization answered	"Yes" on Form 99	0,
Part IV, lir	ne 21, for any recip	pient that received mo	re than \$5,000. Pa	rt II can be duplicate	d if additional space		1	1
1 (a) Name and addres		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or govern	ment		(if applicable)	grant	cash assistance	other)	noncash assistance	or assistance
(1)NCCAT								
276 NCCAT DR CULLOWHEE, NC 287	100	56-6001440						PROGRAMS AT THE CENTER
	23	56-6001440						THE CENTER
(2)								
(2)								
(3)								
(4)								
(+)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
	()()	and government organiza						
3 Enter total number of a second s	ot other organizations	s listed in the line 1 table					🕨	

Schedule I (Form 990) (2019) DEVELOPMENT FOUNDATION OF THE NCCAT INC

Part III	III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.						
	Part III can be duplicated if additional space is needed.						
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Descrip ion of noncash assistance	
		recipients	cash grant	noncash assistance	FMV, appraisal, other)		
1							
2							
3							
4							
_							
5							
•							
6							
7							
/ Part IV	Supplemental Information Dravida	the information r	aquired in Dort L liv	Do 2: Dort III. oolum	h); and any other addition	tional information	
raitiv	art IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						

Page **2**

56-1884667

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public

Employer identification number

DEVELOPMENT FOUNDATION OF THE NCCAT INC

56-1884667

01. Form 990 governing body review (Part VI, line 11)

THE FORM 990 IS PRESENTED AND REVIEWED WITH THE FINANCE AND INVESTMENT COMMITTEE OF THE

ORGANIZATION. AFTER REVIEW AND DISCUSSION, THE COMMITTEE VOTES TO ACCEPT THE RETURN AND

THEN WILL FORWARD AND PRESENT THE FORM TO THE ENTIRE FOUNDATION BOARD.

02. Conflict of interest policy compliance (Part VI, line 12c)

CONFLICT OF INTEREST FORMS ARE COMPLETED ANNUALLY BY EACH BOARD MEMBER OF THE FOUNDATION

WHICH INCLUDES DISCLOSURE OF ANY INTEREST THAT COULD GIVE RISE TO CONFLICT WITH FOUNDATION

BUSINESS.

03. CEO, executive director, top management comp (Part VI, line 15a)

BOARD MEMBERS ARE NOT COMPENSATED BY THE FOUNDATION. THE FOUNDATION DOES HAVE PROCEDURES

IN PLACE TO PROPERLY REVIEW COMPENSATION LEVELS SHOULD THE SITUATION ARISE.

04. Other officer or key employee compensation (Part VI, line 15b

BOARD MEMBERS ARE NOT COMPENSATED BY THE FOUNDATION. THE FOUNDATION DOES HAVE PROCEDURES

IN PLACE TO PROPERLY REVIEW COMPENSATION LEVELS SHOULD THE SITUATION ARISE.

05. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND INFORMATIONAL

RETURNS ARE OPEN TO PUBLIC INSPECTION. THEY ARE AVAILABLE UPON REQUEST.

06. General explanation attachment

TO PROMOTE PROGRESS AND SUPPLEMENT ACTIVITIES OF THE NC CENTER FOR THE ADVANCEMENT OF

TEACHING, AN ORGANIZATION OF THE STATE OF NORTH CAROLINA WHICH PROVIDES CAREER TEACHERS

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
DEVELOPMENT FOUNDATION OF THE NCCAT INC	56-1884667
AND OTHERS WITH OPPORTUNITIES TO STUDY ADVANCED TOPICS AND TO ENGAGE IN Se	CHOLARLY
PURSUITS.	
	Sebedulo O (Farm 000 000 F7) (00 (0)
EEA	Schedule O (Form 990 or 990-EZ) (2019

Form 8	879	9-E	Ο
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IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 07-01-2019 , and ending 06-30-2020

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2019

Department of the Treasury Internal Revenue Service Name of exempt organization

DEVELOPMENT FOUNDATION OF THE NCCAT INC Name and title of officer

56-1884667

Employer identification number

RICHARD SCHWARTZ, PRESIDENT

Part I	Type of Return and Return Information (Whole Dollars Only)
Check the h	box for the return for which you are using this Form 8870 FO and optor the applicable amount i

Check the box for the retum for which you are using this Form 8879-EO and enter the applicable amount, if any, from the retum. If you
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on
the applicable line below. Do not complete more than one line in Part I.
_

	Form 990 check here ► 🗶 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	457,439
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a	Form 8868 check here ► □ b Balance Due (Form 8868, line 3c)	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic retum and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic retum. I consent to allow my intermediate service provider, transmitter, or electronic retum originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

	I authorize	to enter my PIN	as r	ny signature			
	ERO firm name Enter five numbers, but do not enter all zeros						
 on the organization's tax year 2019 electronically filed retum. If I have indicated within this retum that a copy of the retum is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the retum's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed retum. If I have indicated within this retum that a copy of the retum is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the retum's disclosure consent screen. 							
						Officer's si	ignature 🕨
Part I	III Certification and Authentication						
ERO's E	EFIN/PIN. Enter your six-digit electronic filing identification						
number	(EFIN) followed by your five-digit self-selected PIN.		562542	78293			
				Do not enter all zeros			
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed retum for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.							
ERO's sigr	nature		Date ► 03	-01-2021			

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

EEA