-	99	0	Baturn	of Organization Evenue	Erom Inc		Tox		OMB No. 1545-0047	
Form	33	0	Return	of Organization Exempt	From Inc	ome	Tax		2020	
			Under section 501(c),	527, or 4947(a)(1) of the Internal Rev	venue Code (ex	cept pr	ivate found	lations)	2020	
Departe	nent of t	he Treasury	Do not en	ter social security numbers on this f	form as it may	be mad	e public.		Open to Public	
		le Service	► Go to v	www.irs.gov/Form990 for instruction	ns and the late	st infor	mation.		Inspection	
A F	or the	2020 calend	ar y <u>e</u> ar, or tax year begin	ning 07	-01 , 2020, a	and end	ing	06	-30 ,2021	
B CI	B Check if applicable: C Name of organization DEVELOPMENT FOUNDATION OF THE NCCAT INC D Employer									
A	ldress c	hange	Doing business as						56-1884667	
Na	ame cha	nge	Number and street (or P.	O. box if mail is not delivered to street address)		Room/su	uite	E Teleph	ione number	
	itial retur	m	276 NCCAT DRIV	Æ						
Fi	nal retur	n/terminated		vince, country, and ZIP or foreign postal code				G Gross	receipts	
	nended	return	CULLOWHEE, NC	28723				\$	344,582	
		n pending		ncipal officer: RICHARD A SCHWART2	2		H(a) Is this a	aroup return fo	or subordinates? Yes X No	
				leigh NC 27602	-		H(b) Are all			
I Ta	ix-exem	pt status: X	501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or	527				t. See instructions	
	ebsite		.NCCAT.ORG		_ 02.		H(c) Group			
				ociation Other ►	L Year of format	ion: 19		State of lega		
Par		Summar			E rear or format			otate of lege	a donnoile. MC	
1 41	T			ion or most significant activities: SE	E SCHEDULE		01			
	· ·	Driviny dosci			E SCHEDULE		01			
e										
anc										
Activities & Governance	2	Check this h	av b 🗌 if the organization	discontinued its exercises or discose	d of more then	250/ of	ite net eese	to		
Š				discontinued its operations or dispose				1 1		
~				5 , (, ,	•••••				20	
es				s of the governing body (Part VI, line 1	-				20	
viti				calendar year 2020 (Part V, line 2a)					0	
Acti			r of volunteers (estimate if							
				Part VIII, column (C), line 12					0	
	b	Net unrelate	d business taxable income	from Form 990-T, Part I, line 11				. 7b	0	
							Prior Year		Current Year	
	8	Contributions	s and grants (Part VIII, line	168,259		274,643 17,597				
anı										
Revenue				A), lines 3, 4, and 7d)			189	9,806	46,761	
Re	11	Other revenu	æ (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e)		•	10),452	489	
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)		457	7,439	339,490	
				X, column (A), lines 1-3)			269	9,708	202,163	
				K, column (A), line 4)					0	
	15	Salaries, oth	er compensation, employee	e benefits (Part IX, column (A), lines 5-	10)	•			0	
Expenses	1			column (A), line 11e)		•			0	
ben	b	Total fundrai	sing expenses (Part IX, co	lumn (D), line 25) ►	0	_				
ŭ	17	Other expension	ses (Part IX, column (A), lii	nes 11a-11d, 11f-24e)		•	72	2,810	50,840	
	18	Total expens	es. Add lines 13-17 (must	equal Part IX, column (A), line 25) .			342	2,518	253,003	
	19	Revenue les	s expenses. Subtract line	18 from line 12			114	1,921	86,487	
es es							inning of Curr	ent Year	End of Year	
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)				1,934	4,681	2,490,960	
Ass d Ba	21	Total liabilitie	es (Part X, line 26)						40,000	
Pun Fun	22	Net assets o	r fund balances. Subtract	line 21 from line 20	<u></u> .		1,934	1,681	2,450,960	
Par	t II	Signatu	re Block							
				m, including accompanying schedules and statem		of my kno	wledge and be	lief, it is		
uue, c	orrect, a	ind complete. De	ciaration of preparer (other than on	icer) is based on all information of which preparer	nas any knowledge.					
		RICH	ARD SCHWARTZ							
Sign	1	Signatur	e of officer					Date	e	
Here	•	RICH	ARD SCHWARTZ, PRE	SIDENT						
		—	print name and title							
		Print/Type pre	eparer's name	Preparer's signature	Date		Check	if	PTIN	
Paid		SHARON	G GILLESPIE CPA	SHARON G GILLESPIE CPA	01-17-20	22	self-em		P01287015	
	arer		► S GILLES				Firm's EIN ►			
Use				DRIVE/PO BOX 725			Phone no.			
	,	and address		INE NC 28777				828-5	20-1373	
May t	he IRS	6 discuss this								
			on Act Notice, see the se						Form 990 (2020)	

Form	990 (2020) DEVELOPMENT FOUNDATION OF THE NCCAT INC	56-1884667	Page 2
Pa	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 significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	📋 Yes	No
2	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
	If "Yes," describe these changes on Schedule O.	<u> </u>	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	1 by	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	the total expenses, and revenue, if any, for each program service reported.	,	
4a	(Code:) (Expenses \$ 218,052 including grants of \$) (Revenue	\$)
	SUPPORTING THE PROGRAMS OF AND PROVIDING SUPPLEMENTAL FUNDING FOR THE NORTH O		NTER 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 > 218,052		
EEA		For	m 990 (2020)

	1 990 (2020) DEVELOPMENT FOUNDATION OF THE NCCAT INC 56-1884	667	F	Page 3
Pa	rt IV Checklist of Required Schedules		1	1
			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 VII	. 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	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	. <u>11e</u>		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				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	-		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. 14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	. 15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	. 17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			х
20 a				х
b		. 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		х

Form	990 (2020) DEVELOPMENT FOUNDATION OF THE NCCAT INC 56-18846	67	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
		r	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		<u> </u>
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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
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		х
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		х
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			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contr butions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	L

Form	990 (2020) DEVELOPMENT FOUNDATION OF THE NCCAT INC 56-18846	67	F	Page 5		
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			
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	0-				
3a ⊾	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		v		
b	If "Yes," enter the name of the foreign country	τa		x		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deduct ble as charitable contributions?	6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
	gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods					
	and services provided to the payor?	7a		х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for 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		х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
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.	-				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x		
10	Section 501(c)(7) organizations. Enter:					
a L	Initiation fees and capital contributions included on Part VIII, line 12					
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders					
a b	Gross income from other sources (Do not net amounts due or paid to other sources					
b	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				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
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				
	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					
с	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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		х		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х		
	If "Yes," complete Form 4720, Schedule O.					

Form	990 (2020) DEVELOPMENT FOUNDATION OF THE NCCAT INC 56-1884	567	P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	IS.		
	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		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		x
6	Did the organization become aware during the year of a significant diversion of the organization sectors assets?	6		x x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
74	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 Q	9		x
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	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i>	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,"	120		
13	describe in Schedule O how this was done. Did the organization have a written whistleblower policy?	12c 13	x x	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by	1-4	x	
	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			
	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			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	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 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,			
20	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			

Form 990 (202	0) DEVELOPMENT FOUNDATION OF THE NCCAT INC	56-1884667	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor Independent Contractors	mpensated Employee	es, and						
	•		_						
	Check if Schedule O contains a response or note to any line in this Part VII		<u></u>						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete	a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the								
organization's	tax year.								

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

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

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

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

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

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

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

	tou organizat		i ipoi	1000	04 4	ing our			100100.	
				((C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average		(do not check more than one box, unless person is both an				n	Reportable	Reportable	Estimated amount
	hours					r/trustee)		compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	or In	In	q	Ā	en Hi	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for	dire	stitut	Officer	y er	ghes	Former	(1099-10130)	(11 2) 1000 11100)	related organizations
	related organizations	Individual trustee or director	nstitutional trustee		Key employee	/ee				
	below	ruste	l trus		vee	mpe				
	dotted line)	ě	stee			Highest compensated employee				
						ă				
(1) BARBARA HARDY										
BOARD MEMBER		x						0	0	0
(2) JAMES CAUSBY										
BOARD MEMBER		x						0	0	0
(3) JB BUXTON	L									
BOARD MEMBER		х						0	0	0
(4) JENNIFER BELL	L									
BOARD MEMBER		x						0	0	0
(5) LISA_GODWIN	L									
BOARD MEMBER		x						0	0	0
(6) SAMUEL HOUSTON										
BOARD MEMBER		x						0	0	0
(7) CORY_CAUSBY										
BOARD MEMBER		x						0	0	0
(8) TERRY HOLLIDAY										
BOARD MEMBER		х						0	0	0
(9) CARL HARRIS										
BOARD MEMBER		х						0	0	0
(10)CHERRI CHEEK										
BOARD MEMBER		х						0	0	0
(11) SHIRLEY PRINCE										
BOARD MEMBER		x						0	0	0
(12)GUY_SMITH										
BOARD MEMBER		х						0	0	0
(13)RICK_STOUT										
BOARD MEMBER		х						0	0	0
(14)M. BROCK WOMBLE	L									
EXECUTIVE DIRECTOR		x						0	0	0
EEA										Form 990 (2020)

) DEVELOPMENT FOUNDATION OF THE NCCAT INC 56-18

56-1884667 Page 8

Fait	(A) Name and title	(B) Average hours per week	(do r box,	not che , unles:	Pos eck m s per	(C) sition nore th rson is	nan one s both an /trustee)	-	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	cc	(F) nated am of other ompensati	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	orga	from the anization ed organiz	
(15)PH	IILLIP_KIRK												
	D MEMBER		x						0	0			0
	NDA SUGGS								•				•
	D MEMBER REEBIRD MCKINNEY		X						0	0			0
	D MEMBER		x						0	0			0
	LLIS WHICHARD		Λ						•	Ŭ			<u> </u>
	D MEMBER		x						0	0			0
-	WARD TUCKER												•
	D MEMBER		x						0	0			0
(20)RI	CHARD A SCHWARTZ	2.00											
PRES	IDENT				х				0	0			0
<u>(21</u>)ງຫຼ	DY S PHILLIPS	1.00											
	SURER				х				0	0			0
	MES_SIMEON									_			
	PRESIDENT				X				0	0			0
(23)													
(24)													
(25)													
1b	Subtotal			•••	••			• •					
С	Total from continuation sheets to Part VII, Sect	ion A .			•			•					
d	Total (add lines 1b and 1c)				•			• •	0	0			0
2	Total number of individuals (including but not limit	ed to those li	isted a	bove) wł	no re	eceiveo	d mo	ore than \$100,000	of			
	reportable compensation from the organization	•											0
_												Yes	No
3	Did the organization list any former officer, direct						-						
4	employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of re										3		x
-	organization and related organizations greater th												
	individual										4		x
5	Did any person listed on line 1a receive or accrue												
	for services rendered to the organization? If "Yes			-			-				5		х
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensation												
	compensation from the organization. Report comp	ensation for t	the cal	enda	ır ye	ear e	nding	with	or within the organ	nization's tax year.			
	(A)								(B)		(C)		
	Name and business addres	S							Description of servic	es	Compen	sation	
2	Total number of independent contractors (includin	g but not limi	ited to	those	e lis	ted a	above)	who	0				

received more than \$100,000 of compensation from the organization

Form 9	90 (20	20) DEVEL	OPM	ENT FOUL	DAT:	ION OF THE NO	CCAT INC		56-18846	67 Page 9
Part	VIII	Statement of Rev	enu	ie						
		Check if Schedule O co	ontair	ns a respons	se or n	ote to any line in thi	s Part VIII			
							(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					
	b	Membership dues			1b					
ants unts	c	Fundraising events			1c					
ng G	d	Related organizations .			1d					
sifts ar A	е									
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gif	ants,							
utior er S		and similar amounts not in	ncluc	led above	1f	274,643				
oth	g	Noncash contributions inc								
Con		lines 1a-1f			1g					
	h	Total. Add lines 1a-1f	••		• • •		274,643			
						Business Code				
e		CONTRACTS				900099	17,597	17,597		
le ric	b									
Program Service Revenue	c d									
Rev	e									
rog		All other program service	rever	אוופ						
ш.		Total. Add lines 2a-2f .					17,597			
		Investment income (includi					177557			
	3	other similar amounts) .					46,761			46,761
	4	Income from investment of				-				
	5	Royalties								
		-		(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss))			· · · · · · •				
	7a	Gross amount from		(i) Securiti	ies	(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
nue		and sales expenses								
Iəve		Gain or (loss)	-							
r R		Net gain or (loss)			•••	· · · · · · •				
Other Revenue	oa	Gross income from fundra events (not including \$	ising							
0		of contributions reported o	n lind		-					
		1c). See Part IV, line 18			8a					
	Ь	Less: direct expenses .			8b					
		Net income or (loss) from				• • • • • •				
		Gross income from gaming		0						
		activities, See Part IV, line	19		9a					
	b	Less: direct expenses .			9b					
	c	Net income or (loss) from	gami	ng activities	<u></u>					
	10a	Gross sales of inventory, I								
		returns and allowances .								
		Less: cost of goods sold			10b					
	C	Net income or (loss) from	sales	s of inventor	у		489	489		
						Business Code				
e	11a									
lan	b									
Miscellanous Revenue	c d	All other revenue								
Μi		Total. Add lines 11a-11d								
		Total revenue. See instru					339,490	18,086	0	46,761
						· · · ·				

Form 990 (202

2020) DEVELOPMENT FOUNDATION OF THE NCCAT INC

Part IX Statement of Functional Expenses

Page 10

Check II Schedule O contains apported on lines 6b. 7b, 8b. 9b. and 10b of Part VII. (C) or provide approximation of the schedule O contains on the schedule O contains and the schedule O contains and the schedule O contains on the schedule O contains and the schedule O contains on the schedule O contains	Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orgar	nizations must complet	e column (A).							
By, Bo, and 10b of Part VIII. Total spiceres Progenities of provide profiles. Monophics of provide profiles. 1 Grants and Other assistance to domesic organizations and domesia governments. See Part IV, line 22		Check if Schedule O contains a response or note to any line in this Part IX										
Bb. 9b. and 100 of Part VIII. increases ormit sequence sequence and domasic governments. See Part IV, Ime 21 202,163 202,163 202,163 Carsta and other assistance to domestic organizations individuals. See Part IV, Ime 21 202,163 202,163 202,163 Grants and other assistance to domestic individuals. See Part IV, Ime 15 and 16 202,163 202,163 202,163 Series and other assistance to domestic individuals. See Part IV, Ime 16 and 16 Benefits paid to or for membras Compensation of current officients, directors, trustees, and key emptypes Person (pan accurus and constitutions (include section 4011 and 403(b) anythype contributions) Person taxes, Investment management fee: Investment management fee: </th <td>Do n</td> <td>ot include amounts reported on lines 6b, 7b,</td> <td></td> <td></td> <td></td> <td></td>	Do n	ot include amounts reported on lines 6b, 7b,										
and comesic governments. See Part IV, line 21 202,163 202,163 and conterness science to domesic individuals. See Part IV, line 22 202,163 202,163 and conterness science to domesic individuals. See Part IV, line 23 202,163 202,163 and content assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 51 and 10 202,163 202,163 bendtip additional differences 202,163 202,163 202,163 and content assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 51 and 10 202,163 202,163 bendtip additional differences 202,163 202,163 202,163 bendtip additional differences 202,163 202,163 202,163 bendtip addition differences 202,163 202,163 202,163 bendtip addition differences 202,163 202	8b, 9	9b, and 10b of Part VIII.	Total expenses									
2 Grants and other assistance to domestic institutions. See Part IV, lines 15 and 16	1	Grants and other assistance to domestic organizations										
individual. See Part IV, line 22		and domestic governments. See Part IV, line 21	202,163	202,163								
3 Grafts and other assistance to foreign organizatios, foreign governmess, and foreign individuals. See Part IV, lines 15 and 16	2	Grants and other assistance to domestic										
a granizations, foreign governments, and trategin individus. See Part IV, lines 15 and 16		individuals. See Part IV, line 22										
temp: individual: See Part V, lines 15 and 16 Image: See Part V, lines 15 and 16 4 Benefits paid to or for members Image: Section 458(1)(1) and persors (as defined under section 458(1)(1) and persors (as defined under section 458(1)(1)) and persors (as defined undefined under section 458(1)(1)) and persors (as defined	3	Grants and other assistance to foreign										
4 Berlis paid to of members		organizations, foreign governments, and										
5 Corregensation of current officers, directors, trustees, and key employees		foreign individuals. See Part IV, lines 15 and 16										
tubese, and key employees Compensation not included above, to disqualified persons (as defined under section 49658(r)(1)) and persons (as defined under section 49658(r)(3)(8) Other satisfies and wages Other employee benefits Person plan accruises and contributions) Other employee benefits Section 40(R) and 405(R) (employer contributions) Other employee benefits Section 40(R) and 405(R) (employer contributions) Payrolit taxes I Fees for services (nonemployees): Management L Logal Counting O Job (R) and 405(R) (employee contributions) I Fees for services (nonemployees): Management I Counting I Counter Counting I Counter Counter Counting I Counter Counter Counting I Counter Counter Counter Counting I Counter Counte	4	Benefits paid to or for members										
6 Compensation not included above, to disquaffied persons (as defined under section 4958(r)(1)) and	5	Compensation of current officers, directors,										
persons (as defined under section 4958(c)(3)(B)		trustees, and key employees										
persons described in section 4958(c)(3)(8)	6	Compensation not included above, to disqualified										
7 Other salaries and wages		persons (as defined under section 4958(f)(1)) and										
8 Persion plan accruits and contributions (include section 401 (k) and 403(b) employer contributions)		persons described in section 4958(c)(3)(B)										
section 401(k) and 403(b) employer contributions)	7	-										
9 Other employee benefits	8	Pension plan accruals and contributions (include										
10 Payroll taxes		section 401(k) and 403(b) employer contributions)										
11 Fees for services (nonemployees): a a Management	9	Other employee benefits										
a Management	10	Payroll taxes										
b Legal 10,000 10,000 d Lobbying 10,000 10,000 d Lobbying 10,000 10,000 d Lobbying 10,000 10,000 d Lobbying 10,000 10,000 f Investment maragement fees 10,000 10,000 g Otter. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 228 228 13 Office expenses 1,681 1,681 14 Information technology 1,681 1,681 15 Royalties 7,365 7,365 16 Occuparcy 10 10 17 Travel 10 10 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 10 Corferences, conventions, and meetings 10,000 10,000 11 Interest expenses on to covered above (List miscellaneous expenses on to covered above (List miscellaneous expenses on Schedule O.) 1,000 1,000 2 Periodition depletion, and amotization 7,380 1,940 5,440	11	Fees for services (nonemployees):										
c Accounting 10,000 10,000 d Lobbying	а	Management										
d Lobbying	b	Legal										
e Professional fundraising services. See Part IV, line 17 . f Investment management fees	С	Accounting	10,000		10,000							
f Investment management fees	d	, •										
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule (O.) 228 228 12 Advertising and promotion 228 228 3 Office expenses 1, 681 1, 681 14 Information technology 7, 365 7, 365 15 Royaties 7, 365 7, 365 16 Occupancy 1 1 17 Travel 1 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 19 Conferences, conventions, and meetings 1 1 21 Payments to affiliates 1 0 21 Payments to affiliates 1 0 1 22 Depreciation, depletion, and amortization 1 000 1 000 23 Insurance 1 0.00 1,000 1,000 1 0 24 amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1 6.602 16,602 16,602 2 2 7.380 1,940 5,440 5	е	Professional fundraising services. See Part IV, line 17 .										
(A) amount, list line 11g expenses on Schedule O.) 228 228 12 Advertising and promotion	f	Investment management fees										
12 Advertising and promotion 1,681 13 Office expenses 1,681 14 Information technology 7,365 7,365 15 Royalties 7,365 7,365 16 Occupancy 1 1 17 Travel 1 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 1 19 Conferences, conventions, and meetings 1 1 1 20 Interest 1 1 1 1 1 21 Payments to affiliates 1 1 1 1 1 21 Interest 1 1 0 1 1 1 22 Depreciation, depletion, and amortization 1 1 0 1 000 1 000 24 Other expenses on Schedule O.) 1 3 SEMINARS AND PROGRAM EXPENSE 7,380 1,940 5,440 5 5,866 16,602 16,602 16,602 16,602 16,602 16,602 16,602 16,602 <td>g</td> <td>Other. (If line 11g amount exceeds 10% of line 25, column</td> <td></td> <td></td> <td></td> <td></td>	g	Other. (If line 11g amount exceeds 10% of line 25, column										
13 Office expenses 1,681 1,681 14 Information technology 7,365 7,365 15 Royalties - - 16 Occupancy - - 17 Travel - - 18 Payments of travel or entertainment expenses for any federal, state, or local public officials - - 19 Conferences, conventions, and meetings - - - 19 Conferences, conventions, and meetings - - - 20 Depreciation, depletion, and amortization - - - - 21 Payments to affiliates - </th <td></td> <td>(A) amount, list line 11g expenses on Schedule O.)</td> <td>228</td> <td></td> <td>228</td> <td></td>		(A) amount, list line 11g expenses on Schedule O.)	228		228							
14 Information technology 7,365 7,365 15 Royalties	12	Advertising and promotion										
15 Royalties	13	· · ·	1,681		1,681							
16 Occupancy			7,365	7,365								
17 Travel	15											
18 Payments of travel or entertainment expenses for any federal, state, or local public officials						_						
for any federal, state, or local public officials	17											
19 Conferences, conventions, and meetings	18											
20 Interest						_						
21 Payments to affiliates												
22 Depreciation, depletion, and amortization 23 Insurance 24 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.) a a SEMINARS AND PROGRAM EXPENSE 7,380 1,940 5,440 b BANK CHARGES AND FEES 16,602 16,602 c PRINTING AND RELATED FEES 5,866 5,866 d CENTER SUPPORT 718 718 e All other expenses 4 253,003 218,052 34,951 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if if												
23 Insurance 1,000 1,000 24 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.) 1,000 1,000 a SEMINARS AND PROGRAM EXPENSE 7,380 1,940 5,440 b BANK CHARGES AND FEES 16,602 16,602 c PRINTING AND RELATED FEES 5,866 5,866 d CENTER SUPPORT 718 718 e All other expenses. Add lines 1 through 24e. 253,003 218,052 34,951 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if if 1 1 1 1												
24 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.) Image: Content of Content o												
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.) 7,380 1,940 5,440 a SEMINARS AND PROGRAM EXPENSE 7,380 1,940 5,440 b BANK CHARGES AND FEES 16,602 16,602 c PRINTING AND RELATED FEES 5,866 5,866 d CENTER SUPPORT 718 718 e All other expenses 25 10,002 34,951 0 25 Total functional expenses. Add lines 1 through 24e. 253,003 218,052 34,951 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶] if if 1			1,000		1,000							
line 24e amount exceeds 10% of line 25, column A (A) amount, list line 24e expenses on Schedule O.) 7,380 a SEMINARS AND PROGRAM EXPENSE 7,380 b BANK CHARGES AND FEES 16,602 c PRINTING AND RELATED FEES 5,866 d CENTER SUPPORT 718 e All other expenses 718 25 Total functional expenses. Add lines 1 through 24e. 253,003 218,052 34,951 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if if	24											
(A) amount, list line 24e expenses on Schedule O.) 7,380 1,940 5,440 a SEMINARS AND PROGRAM EXPENSE 7,380 1,940 5,440 b BANK CHARGES AND FEES 16,602 16,602 c PRINTING AND RELATED FEES 5,866 5,866 d CENTER SUPPORT 718 718 e All other expenses 718 718 25 Total functional expenses. Add lines 1 through 24e. 253,003 218,052 34,951 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if if												
a SEMINARS AND PROGRAM EXPENSE 7,380 1,940 5,440 b BANK CHARGES AND FEES 16,602 16,602 c PRINTING AND RELATED FEES 5,866 5,866 d CENTER SUPPORT 718 718 e All other expenses 25 Total functional expenses. Add lines 1 through 24e. 253,003 218,052 34,951 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if if												
b BANK CHARGES AND FEES 16,602 16,602 c PRINTING AND RELATED FEES 5,866 5,866 d CENTER SUPPORT 718 718 e All other expenses 718 718 25 Total functional expenses. Add lines 1 through 24e. 253,003 218,052 34,951 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if if			7 200	1 040	E 440							
c PRINTING AND RELATED FEES 5,866 5,866 d CENTER SUPPORT 718 718 e All other expenses 718 718 25 Total functional expenses. Add lines 1 through 24e. 253,003 218,052 34,951 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if if			-	1,940								
d CENTER SUPPORT 718 718 e All other expenses 718 718 25 Total functional expenses. Add lines 1 through 24e. 253,003 218,052 34,951 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if if				E 9 <i>66</i>	10,002							
e All other expenses				-								
25 Total functional expenses. Add lines 1 through 24e. 253,003 218,052 34,951 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► _ if 1			/18	811								
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if		· · · ·	252 003	210 052	24 051	^						
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here		, , , , , , , , , , , , , , , , , , ,	200,003	210,032	34,951	0						
fundraising solicitation. Check here 🕞 🗋 if		organization reported in column (B) joint costs										
following SOP 98-2 (ASC 958-720)		following SOP 98-2 (ASC 958-720)										

	990 (20	220) DEVELOPMENT FOUNDATION OF THE NCCAT INC	50	6-1884	L667 Page 11
Par	t 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	280,861	2	305,450
	3	Pledges and grants receivable, net	15,846	3	31,993
	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	43,778	8	38,983
As	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	2,000		2,000
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,592,096	12	2,112,434
	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)	1,934,681	16	2,490,960
	17	Accounts payable and accrued expenses		17	40,000
	18			18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		22	
Lia	22	controlled entity or family member of any of these persons		22	
	23 24	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Other liabilities (including federal income tax, payables to related third		24	
	25	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	40,000
	20	Organizations that follow FASB ASC 958, check here	0	20	40,000
		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions	308,139	27	149,488
lan	28	Net assets with donor restrictions	1,626,542	28	2,301,472
Ba		Organizations that do not follow FASB ASC 958, check here	1/010/011		2/002/1/2
pun		and complete lines 29 through 33.			
Ē	29	Capital stock or trust principal, or current funds		29	
its c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,934,681	32	2,450,960
ž	33	Total liabilities and net assets/fund balances	1,934,681	33	2,490,960
EEA					Form 990 (2020)

Form	Form 990 (2020) DEVELOPMENT FOUNDATION OF THE NCCAT INC		7	Page 1			
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		339,	,490		
2							
3	3 Revenue less expenses. Subtract line 2 from line 1 . <t< th=""></t<>						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	1,	934,	,681		
5	Net unrealized gains (losses) on investments	. 5		429,	,792		
6	Donated services and use of facilities	. 6					
7	Investment expenses	. 7					
8	Prior period adjustments						
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	2,	450,	,960		
Pa	rt XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response or note to any line in this Part XII				<u>.∟</u>		
		ſ		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			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		х		
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				
				000 /	0000		

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SCHEDULE A				Public Charity Status and Public Support					OMB No. 1545-0047
(Form 990 or 990-EZ)			P	ublic Charit	y Status and P		upport		2020
			Complete if the organize	ation is a section 50	1(c)(3) organization or a s	section 494	7(a)(1) nonex	empt charitable trus	•
Department of the Treasury					h to Form 990 or Form				Open to Public
Intern	al Rev	enue Service	► Got	o www.irs.gov/Fo	orm990 for instructions	and the l	atest inform	nation.	Inspection
Name	of the	organization						Employer identificat	ion number
	-		DATION OF THE I					56-188460	
L	rt I				rganizations must o) See instruction	IS.
The	orgai		•		s 1 through 12, check on		,		
1	Ц	A church, conv	rention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).		
2		A school desci	ibed in section 170(b))(1)(A)(ii). (Attach	Schedule E (Form 990 of	or 990-EZ)	.)		
3		A hospital or a	cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical rese	arch organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)(1	I)(A)(iii). Enter the	
		hospital's name	e, city, and state:						
5	х	An organizatio	n operated for the bene	efit of a college or ι	iniversity owned or operation	ated by a g	overnmental	l unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state	e, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).		
7		An organizatio	n that normally receive	s a substantial part	of its support from a go	vernmental	unit or from	the general public	
		described in se	ection 170(b)(1)(A)(vi). (Complete Part I	l.)				
8		A community t	rust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)				
9		An agricultural	research organization	described in sect	ion 170(b)(1)(A)(ix) ope	erated in co	njunction wi	th a land-grant colle	ege
		or university or	a non-land-grant colle	ge of agriculture (s	ee instructions). Enter th	e name, ci	y, and state	of the college or	
		university:							
10		An organizatio	n that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, member	rship fees, and gross	3
		receipts from a	ctivities related to its e	xempt functions - s	subject to certain exception	ions; and (2	2) no more th	nan 33 1/3% of its	
		support from g	ross investment income	e and unrelated bu	siness taxable income (I	ess sectior	n 511 tax) fro	m businesses	
		acquired by the	e organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)		
11		An organizatio	n organized and opera	ted exclusively to	test for public safety. Se	e section	509(a)(4).		
12		An organizatio	n organized and operat	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to c	arry out the purpose	es
		of one or more	publicly supported or	ganizations descr b	oed in section 509(a)(1)	or section	n 509(a)(2).	See section 509(a)	(3).
		Check the box	in lines 12a through 12	2d that describes th	e type of supporting org	anization a	nd complete	lines 12e, 12f, and	12g.
	а	Type I. A s	supporting organization	n operated, superv	ised, or controlled by its	supported	organizatio	n(s), typically by giv	ing
		the suppor	ted organization(s) the	power to regularly	appoint or elect a majo	rity of the c	lirectors or tr	ustees of the	
		supporting	organization. You mu	ist complete Part	IV, Sections A and B.				
	b	Type II. A	supporting organizatio	n supervised or co	ntrolled in connection w	rith its supp	orted organi	ization(s), by having]
		control or r	management of the sup	porting organization	on vested in the same pe	ersons that	control or ma	anage the supported	l
		organizatio	on(s). You must comp	olete Part IV, Sect	ions A and C.				
	С	Type III fu	nctionally integrated	. A supporting orga	anization operated in co	nnection w	ith, and fund	tionally integrated v	vith,
		its support	ed organization(s) (see	e instructions). Yo	u must complete Part I	V, Sectior	s A, D, and	Ε.	
	d	Type III no	on-functionally integr	ated. A supporting	organization operated	in connect	on with its s	upported organizati	on(s)
		that is not f	unctionally integrated.	The organization g	enerally must satisfy a d	listr bution I	equirement	and an attentiveness	5
		requireme	nt (see instructions). Y	ou must complet	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this	box if the organization	received a written	determination from the II	RS that it is	а Туре I, Ту	/pe II, Type III	
		functionally	/ integrated, or Type III	non-functionally ir	ntegrated supporting org	anization.			
	f	Enter the numb	per of supported organi	izations					••••
	g	Provide the foll	owing information about	ut the supported or	ganization(s).				
	(i	Name of supported	organization	(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	• •	support (see	other support (see
					above (see instructions))	docum	ent?	instructions)	instructions)
						Yes	No		
(
(A)									
(B)									
(5)									
(C)									
()									
(D)									
(2)									
(E)									

Total

Sche	, , , , , , , , , , , , , , , , , , ,	NT FOUNDATI				56-188466	
Pa	IT 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	e 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 under	r the tests list	ted below, ple	ease complet	e Part III.)	
Se	ction A. Public Support				-		
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	217,084	122,009	149,113	168,259	238,504	894,969
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						
Ũ	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	217,084	122,009	140 112	169 250	228 504	894,969
5	The portion of total contributions by	217,004	122,009	149,113	168,259	238,504	094,909
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)						125,204
_	Public support. Subtract line 5 from line 4						769,765
_	ction B. Total Support	()	(1) a a (-	() == (=)	(1)	()	(n =
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	217,084	122,009	149,113	168,259	238,504	894,969
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	37,406	53 , 558	42,426	39 , 554	36,754	209,698
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.						1,104,667
	Gross receipts from related activities, etc. (se	ee instructions)				12	<u> </u>
	First five years. If the Form 990 is for the or	,		d. fourth. or fift	h tax vear as a		(3)
	organization, check this box and stop here	-			-		
Se	ction C. Computation of Public Suppor						<u> </u>
	Public support percentage for 2020 (line 6, c			column (f))		14	69.68 %
	Public support percentage from 2019 Sched		-			15	73.92 %
	33 1/3% support test - 2020. If the organiza						
100	box and stop here. The organization qualifie						
	33 1/3% support test - 2019. If the organization		• • •				
•	this box and stop here. The organization qu						
17-	10%-facts-and-circumstances test - 2020.			-			
170		•					
	10% or more, and if the organization meets t				-	-	
	Part VI how the organization meets the facts			-	ualifies as a p	ublicly supporte	d
-							•••• □
ł	0 10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac	cts-and-circums	stances test. T	he organizatior	n qualifies as a	publicly suppo	rted
	organization						· · · · ►
18	Private foundation. If the organization did n						_
	instructions						<u></u> ► □

Sche	, , , , , , , , , , , , , , , , , , ,		ION OF THE			56-1	884667	Page 3
Pa	rt III Support Schedule for Organiz							
	(Complete only if you checked t			•			ify under P	art II.
	If the organization fails to qualify	/ under the te	ests listed bel	ow, please co	omplete Part II	.)		
_	ction A. Public Support		1	I				
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 (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							
	fumished 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							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							
_	ction B. Total Support		1	n				
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 (f) Total
	Amounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	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 5 years. If the Form 990 is for the orga	nization's first,	second, third,	fourth, or fifth	tax year as a se	ction 50	1(c)(3)	
	organization, check this box and stop here							► 🗌
	ction C. Computation of Public Suppor	rt Percentag	е					
15	Public support percentage for 2020 (line 8, c	olumn (f), divid	ded by line 13,	column (f)) .		15		%
16	Public support percentage from 2019 Sched	ule A, Part III,	line 15 <u></u> .	<u></u> .	<u></u>	16		%
Se	ction D. Computation of Investment In	come Perce	ntage					
17	Investment income percentage for 2020 (line	e 10c, column	(f), divided by I	ine 13, column	(f))	17		%
18	Investment income percentage from 2019 Se	chedule A, Pai	t III, line 17 .			18		%
19a	33 1/3% support tests - 2020. If the organiz	ation did not c	heck the box c	on line 14, and	line 15 is more	than 33	1/3%, and li	ne
	17 is not more than 33 1/3%, check this box	and stop here	. The organiza	ation qualifies a	as a publicly sup	ported o	organization	► 🗌
b	33 1/3% support tests - 2019. If the organiz							
	line 18 is not more than 33 1/3%, check this	box and stop	here. The orga	anization qualif	ies as a publicly	support	ed organiza	ation 🕨 🗌
20	Private foundation. If the organization did n	ot check a bo	x on line 14, 19	a, or 19b, che	ck this box and	see insti	uctions	. ► 🗌

Part	le A (Form 990 or 990-EZ) 2020 DEVELOPMENT FOUNDATION OF THE NCCAT INC 56-18846 t IV Supporting Organizations			age
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complet			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part			
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part \	′.)	
ect	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	N
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	4		
2	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	0		
2-	organization was described in section $509(a)(1)$ or (2). Did the ergonization have a supported ergonization described in section $501(a)(4)$ (5), or (6)2 if "Ves." ensure	2		
Ja	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	20		
L	lines 3b and 3c below.	3a		
D	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	26		
_	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$	20		
40	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	4-		
h	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	5 5 5			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	46		
-	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С				
	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)	40		
Ea	purposes.	4c		
5a				
	answer lines 5b and 5c 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	5-		
h	was accomplished (such as by amendment to the organizing document).	5a		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already			
_	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>	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		-		
_	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		_
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b				
	determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2020 DEVELOPMENT FOUNDATION OF THE NCCAT INC	56-1884667	Pa	age 5
Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons descr	ribed in lines 11b and		
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a	a, 11b, or 11c, provide		
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
	N	Yes	No

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 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). 2 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b 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 line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," 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.

1

2

1

Yes No

Schedule A (Form 990 or 990-EZ) 2020 DEVELOPMENT FOUNDATION OF THE NCCAT IN		56-188	4667 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	-		
1 Check here if the organization satisfied the Integral Part Test as a qualifying			-
instructions. All other Type III non-functionally integrated supporting organ	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 0.015 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 0.035.	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 0.85 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).			-
· · · · · · · · · · · · · · · · · · ·			

EEA

Schedule A (Form 990 or 990-EZ) 2020

	Ile A (Form 990 or 990-EZ) 2020 DEVELOPMENT FOUNDATION OF			1884	667 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	Supporting Organiz	zations (continue	ed)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exen			1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is respons	sive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
-	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
-	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Evenes from 2016				
	Europe (man 0017				
	Evenes from 2010				
	Evenes from 2010				
	Evenes from 2020				
	Excess from 2020			0.1	
EEA				Schedu	ule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	rm 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

2020

►	Attach to	Form 9	90, Form	990-EZ, or	Form 990-PF.
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► Go to www.irs.gov/Form990 for the latest information.

Employer identification number DEVELOPMENT FOUNDATION OF THE NCCAT INC 56-1884667 Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	∑ 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 contributor's total contributions.

Special Rules

For an organization descr bed 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 contributions 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 descr bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contr butions 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization descr bed 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 contr butions 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 totaling \$5,000 or more during the year \$

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) (2020)
----------------------	-----------------------------

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 Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4		
1		\$	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,022	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000	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
5_		\$15,846	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,000	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)

Schedule B (Form 990,	990-EZ, or 990-PF) (2020)
-----------------------	---------------------------

Name of organization

Employer identification number 5<u>6-1884667</u>

DEVELOPMENT FOUNDATION OF THE NCCAT INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$18,050	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
<u>8</u>		\$62,188	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$31,388	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>10</u>		\$	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
		\$	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)	

Department of the Treasury

Supplemental Financial Statements

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

. .

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

	2020
	Open to Public
	Inspection
tificatior	number
8466'	7

Intern	al Revenue Service Go to www.irs.gov/Forms	990 for instructions and the latest inform	ation.	Inspection
Name	of the organization		Employer id	entification number
	ELOPMENT FOUNDATION OF THE NCCAT INC			.884667
Pa	rt I Organizations Maintaining Donor Advised Fu		ounts.	
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 6.	1	
		(a) Donor advised funds	((b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
	funds are the organization's property, subject to the organizati			Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad		d	
	only for charitable purposes and not for the benefit of the dono	or or donor advisor, or for any other purpose		
D -				Yes 🗌 No
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" o			
1	Purpose(s) of conservation easements held by the organizatio			
	Preservation of land for public use (e.g., recreation or edu	· <u> </u>		Ily important land area
	Protection of natural habitat		of a certified	historic structure
•	Preservation of open space	the second state of the first state of the former of the		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a c	onservation	
_	easement on the last day of the tax year.		0-	Held at the End of the Tax Year
a				
b	5			
C	Number of conservation easements on a certified historic structure		2c	
d	Number of conservation easements included in (c) acquired a			
~	5			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the or	ganization di	uring the
	tax year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period			Yes 🗆 No
6	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	and ing of violations, and enforcing conserva	tion easeme	his during the year
7	Amount of expanses incurred in monitoring increating handli	na of violations, and enforcing concernation	o o o o mo nto v	during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin \$	ing of violations, and enforcing conservation	easements	uning the year
8	Does each conservation easement reported on line 2(d) above	a action the requirements of acation 170/h)	(A)(D)(i)	
0				Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation			
3	balance sheet, and include, if applicable, the text of the footnot			s the
	organization's accounting for conservation easements.			3 110
Pa	rt III Organizations Maintaining Collections	of Art Historical Treasures or (Other Sin	nilar Assets
14	Complete if the organization answered "Yes"			
1a	If the organization elected, as permitted under FASB ASC 958		halance she	et works
ia	of art, historical treasures, or other similar assets held for publ	•		
	service, provide, in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958		ance sheet w	orks of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
				▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
-	following amounts required to be reported under FASB ASC 9	-	, provide t	
а	Revenue included on Form 990, Part VIII, line 1	•		▶ \$
		· · · · · · · · · · · · · · · · · · ·		Ψ

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▶ \$

	ule D (Form 990) 2020 DEVELOPMENT FOUN					56-188			age 2
Pai			÷				ssets (c	ontin	ued)
3	Using the organization's acquisition, accession,	and other records, o	check any of the follo	owing that ma	ake signi	ficant use of its			
	collection items (check all that apply):								
а	Public exhibition		d 🗌 Loan d	or exchange	program	s			
b	Scholarly research		e 🗌 Other						_
С	Preservation for future generations								
4	Provide a description of the organization's colle	ctions and explain h	low they further the c	organization's	s exempt	purpose in Part			
	XIII.								
5	During the year, did the organization solicit or re	ceive donations of a	art, historical treasur	es, or other s	imilar				
	assets to be sold to raise funds rather than to b	e maintained as par	t of the organization	's collection?			. 🗌 Ye	s	No
Par	t IV Escrow and Custodial Arrang	gements.							
	Complete if the organization ar	nswered "Yes" o	on Form 990, Pa	art IV, line	9, or re	ported an am	ount on	Form	1 I
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian of	or other intermediary	/ for contributions or	other assets	not				
	included on Form 990, Part X?						🗌 Ye	s	No
b	If "Yes," explain the arrangement in Part XIII an	d complete the follo	wing table:						
						A	mount		
с	Beginning balance				. 1c				
d	Additions during the year				. 1d				
е	Distr butions during the year				. 1e				
f	Ending balance				. 1f				
2a	Did the organization include an amount on Form	990, Part X, line 21	l, for escrow or cust	odial account	liability?	,	. 🗌 Ye	s	No
b	If "Yes," explain the arrangement in Part XIII. C				•			. Г	ĺ
Pa		•							
	Complete if the organization ar	nswered "Yes" o	on Form 990, Pa	art IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years bacl	(e) Fou	ır years l	back
1a	Beginning of year balance	1,698,369	1,670,291	1,553		1,545,57		368,	
b	Contributions	26,991	18,161		,270	18,80			808
c	Net investment earnings, gains, and				/_/ •		-	,	
-	losses	476,552	72,157	102	,458	46,97	1	128,	762
Ь	Grants or scholarships	1/0/001	/2/20/	101	,150	10,0,	120,702		
e	Other expenditures for facilities and								
Ū	programs	11,035	62,240	13	,033	57,75	0	11	859
f	Administrative expenses	11/035	027210		,000	57775	11/035		
g	End of year balance	2,190,877	1,698,369	1,670	291	1,553,59	6 1	545,	573
9 2	Provide the estimated percentage of the current				,271	1,555,55	<u> </u>	545,	575
a	Board designated or quasi-endowment	%							
b	Permanent endowment ► 59.00 %								
c	Term endowment ► 41.00 %								
U	The percentages on lines 2a, 2b, and 2c should	equal 100%							
3a	Are there endowment funds not in the possessi		on that are held and	administered	for the				
Ja	organization by:	on of the organization		aarministerea				Yes	No
	(i) Unrelated organizations						. 3a(i)	103	x
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization								x
	Describe in Part XIII the intended uses of the o				••••		. 30		
4 Dai	T VI Land, Buildings, and Equipm	0	ment runus.						
Fai			n Form 000 Pc	ort IV/ lino	110 0	oo Form 000	Dort V I	ina 1	0
	Complete if the organization ar								
	Description of property	(a) Cost or othe (investmer		r other basis other)	• •	Accumulated epreciation	(d) Boo	ok value	
4-	Land		((de				
1a ⊾									
b									
C	Leasehold improvements								
d				24,069		22,069		2,	000
e Turn				10-1				-	
Iota	I. Add lines 1a through 1e. (Column (d) must ed	quai ⊢orm 990, Part	x, column (B), line	1UC.)		►		2,	000

Schedule D (Form 990) 2020

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Schedule D (Form	990) 2020 DEVELOPMENT FOUNDATION O	F THE NCCAT INC	56-	1884667	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	e 11b. See Form	n 990, Part X,	line 12.
	(a) Description of security or category (including name of security)	(b) Book value		c) Method of valuatior r end-of-year market v	
(1) Financial of					
.,	eld equity interests				
(3) Other					
	IENTS WITH RESTRICTED PURPOSE	2,112,434	FMV		
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
,	n (b) must equal Form 990, Part X, col. (B) line 12.).	▶ 2,112,434			
Part VIII	Investments - Program Related.	2/112/101			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	e 11c. See Form	990. Part X.	line 13.
	(a) Description of investment	(b) Book value		c) Method of valuatior r end-of-year market v	
(1)				, ,	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
/	n (b) must equal Form 990, Part X, col. (B) line 13.)	•			
Part IX	Other Assets.				
	Complete if the organization answered "Yes" on (a) Description	i Form 990, Part IV, lin	e 11d. See Form		line 15 ok value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 15.).				
Part X	Other Liabilities.				
	Complete if the organization answered "Yes" on line 25.	n Form 990, Part IV, lin	e 11e or 11f. Se	e Form 990, F	Part X,
1.		Book value			
(1) Federal i					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(b) must aqual Form 000, Bort V, and (B) line 05)				
· · · · · ·	(b) must equal Form 990, Part X, col. (B) line 25). ► uncertain tax positions. In Part XIII, provide the text of the footr	noto to the organization's first	ancial statements that	roporto the	
-	liability for uncertain tax positions under FASB ASC 740. Chec	-			
organization 5	hasing to uncertain tax positions under 1 AOD AOC 740. Onec		ore thas pool highlight		••••

Sched	ule D (Form 990) 2020 DEVELOPMENT FOUNDATION OF THE NCCAT INC	56-1884667	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e 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	769,282
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	92	
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	429,792
3	Subtract line 2e from line 1	. 3	339,490
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	339,490
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	ses 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	253,003
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
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	253,003
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	253,003
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.

SCHEDULE I	1	Gra	ints and Other	Assistance to	o Organization	S,	1	OMB No. 1545-0047	
(Form 990)		Gover	rnments, and I	ndividuals in	the United Sta	tes		2020	
		Complete		swered "Yes" on Fo Attach to Form 990.	rm 990, Part IV, line 21	or 22.	C	Open to Public	
Department of the Treasury Internal Revenue Service				gov/Form990 for the	latest information.			Inspection	
Name of the organization			-				Employer identification	tification number	
DEVELOPMENT FOUN	NDATION OF THE	NCCAT INC					56-1884667		
Part I Genera	I Information on	Grants and Assis	tance						
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and								
the selection crite	the selection criteria used to award the grants or assistance?								
	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.								
		-			•	organization answered	"Yes" on Form 99	0,	
Part IV,	line 21, for any recip	pient that received mo	ore than \$5,000. Part	t II can be duplicate	d if additional space	is needed.	1		
1 (a) Name and addr or gove		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1)NCCAT									
276 NCCAT DR								PROGRAMS AT	
CULLOWHEE NC 287	723	56-6001440						THE CENTER	
(2)									
(3)									
(4)									
()									
(5)									
(6)									
(0)									
(7)									
()									
(8)									
()									
(9)									
(10)									
. ,									
2 Entor total surely a	r of a sting $E(1/2)/2) =$	Ind government organiza	tions listed in the line d	tabla			L		
		listed in the line 1 table							

Schedule I (Form 990) (2020) DEVELOPMENT FOUNDATION OF THE NCCAT INC

Part III	t 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	1.				
	(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	aquirad in Dart L liv	Do 2: Dort III. oolum	h); and any other addi	tional information	
raitiv	Supplemental Information. Provide	the mormation r	equired in Part I, III	ne z, Fan III, colum	n (b), and any other addi		

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

56-1884667

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

DEVELOPMENT FOUNDATION OF THE NCCAT INC

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) (2020)	Page
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 SC	CHOLARLY
PURSUITS.	
EEA	Schedule O (Form 990 or 990-EZ) (202

For	Paperwork Reduction Act	No	tice	, see	e instruc	tions

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 07-01-2020 , and ending 06-30-2021

> Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

OMB No 1545-0047

2020

Taxpayer identification number 56-1884667

DEVELOPMENT FOUNDATION OF THE NCCAT INC Name and title of officer or person subject to tax

RICHARD SCHWARTZ, PRESIDENT

Name of exempt organization or person subject to tax

8879-EO

Department of the Treasury

Internal Revenue Service

Form

Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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.

1a Form 990 check here 🕨 🗴 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b339,4	90				
2a Form 990-EZ check here D 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)					
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)					
7a Form 4720 check here ► b Total tax (Form 4720, Part III, line 1)					
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax					
Under penalties of perjury, I declare that 🛛 I am an officer of the above organization or 🗌 I am a person subject to tax with respect to					
(name of organization) and that I have examined a copy					
of the 2020 electronic return 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 electronic return.					
I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

		l authorize	to enter my PIN		as m	iy signature
_		ERO firm name	Enter five numbers, do not enter all zero		-	
			have indicated within this return that a copy of the re e IRS Fed/State program, I also authorize the afore			5
2	x	electronically filed return. If I have indicated within	to the organization, I will enter my PIN as my signat this retum that a copy of the retum is being filed will rogram, I will enter my PIN on the retum's disclosur	th a	state a	agency(ies)
		54667				
Signat	ture	of officer or person subject to tax	Date	►	02	-18-2022
Pa	rt I	III Certification and Authentication				
ERO)'s	EFIN/PIN. Enter your six-digit electronic filing iden	tification			
		(EFIN) followed by your five-digit self-selected PIN		686	59	78293
			=			Do not enter all zeros
l cer	tify	that the above numeric entry is my PIN, which is m	y signature on the 2020 electronically filed return in	dicat	ted ab	ove. I confirm
that	lar	m submitting this return in accordance with the req	uirements of Pub. 4163, Modernized e-File (MeF)	Info	rmatio	n for Authorized
IRS	e-fi	le Providers for Business Returns.				
ERO's	s sigi	nature SHARON GILLESPIE CPA	Date	۲	01	-17-2022
		ERO Must	Retain This Form - See Instructions			
			Form to the IRS Unless Requested T	o D	o So)
For F	Par	perwork Reduction Act Notice see instructions				Form 8879-FO (2020)