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	Snort Form _	1_	OMB ND' 1242-0041
Form <b>990-EZ</b>	Return of Organization Exempt From Income Ta	X	·20 <b>19</b>
		]	
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation	ions)	Open to Public
Description of the Years	Do not enter social security numbers on this form, as it may be made public.	SV	
Department of the Treasus Internal Revenue Service	Go to www.irs.gov/Form990EZ for instructions and the latest information.	$\mathcal{W}$	Inspection
	ndar year, or, tox year beginning 7/1/2010 and ending	6/30/	<u>(</u> 020
B Check if applicable.		Employer	identification number
Andress change	WATAUGA DEVELOPMENT CORPORATION		
Name change	Homber and street (or PO box if meil is not delivered to street address) Room/sulte		58-1627216
Initial return	P.O. BOX 9054	Telephone	number
Finel return/terminatur	City or town State ZIP code		
Amended reurn	GRAY	4	23-467-3600
Application pending	Foreign country name Foreign province/state/county Foreign postal code F	Group E	emption
	0.2	Number	•
A	t: Cash X Accrual Other (specify)	hack D Y	if the organization is
G Accounting Metho			ા in ine organization is Lo atlach Schedule B
	//	*	990-EZ, or 990-PF)
J Tax-exempt status (c	nack only one) — X 501(c)(3)		, transa
K Form of organizati	n: X Corporation Trust Association Other		
I Add lines 5b 6c a	nd 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	8	•
	нте \$500,000 от пюте, iiie Form 990 невтный of 1 опт 990-EZ	¯. , <b>►</b> \$	62,1
Rever	ue, Expenses, and Changes in Net Assets or Fund Balances (see the inst		
Check	if the organization used Schedule O to respond to any question in this Part I		
/	ons, glifts, grants, and similar amounts received.	. 1	
	ervice revenue including government fees and contracts	2	62,
	nip dues and assessments	3	
1	nt income	4	<del> </del>
الم	ount from sale of assets other than inventory	YLAY. E	
p Less cos	t or other basis and sales expenses	in the same	-1
L	oss) from sale of assets other than inventory (subtract line 5b from line 5a)		o <sup>*</sup>
,	nd fundraising events	1,000	
, o oun	ome from gaming (attach Schedule C if greater than	44/10/44	ž.
\$15,000)		1901-130	8
b Gross in	ome from fundralaing events (not including \$ of contributions	154564	ing.
from fund	raising events reported on line 1) (attach Schedule G if the	FGE DE	or .
Sum of s	ch gross Income and contributions exceeds \$15,000)   6b	b-nd the	: -1
	ct expenses from gaming and fundraising events		( <b> </b>
d Net incor	ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	<u> </u>	
line 6c)		6d	E
<i>,</i> ,	es of inventory, less returns and allowances	Spinishing.	
	t of goods sold	कंश्योति	34
	off or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	enue (describe in Schedule O)	. 8	
8 Olher rev	enue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	<b>▶</b> 9	62,
9 Total rev	Appropriate the second	. 10	
9 Total rev	id similar amounts paid (list in Schedule O)		
9 Total rev	id similar amounts paid (list in Schedule O) , , , , , , , , , , , , , , , ,	. 11	
10 Grants a 11 Benefits	paid to or for members		
10 Grants a 11 Benefits	oald to or for members	12	
10 Grants a 11 Benefits	oald to or for members  other componsation, and employee benefits	12 13	
10 Grants a 11 Benefits 12 Salaries, 13 Profession 14 Occupan	oald to or for members other componsation, and employee benefits nal fees and other payments to independent contractors cy, rent, utilities, and maintenance	12 13	
9 Total rev 10 Grants a 11 Benefits 12 Salaries, 13 Professk 14 Occupan 15 Printing,	paid to or for members other componsation, and employee benefits nal fees and other payments to independent contractors cy, rent, utilities, and maintenance oublications, postage, and shipping	12 13	
9 Total rev 10 Grants a 11 Benefits 12 Salaries, 13 Professk 14 Occupan 15 Printing, 16 Other ex	paid to or for members other componsation, and employee benefits nal fees and other payments to independent contractors cy, rent, utilities, and maintenance oublications, postage, and shipping penses (describe in Schedule O)	12 13 14 15	52.
9 Total rev 10 Grants a 11 Benefits 12 Salaries, 13 Profession 14 Occupan 15 Printing, 16 Other ex 17 Total ex	paid to or for members other componsation, and employee benefits nal fees and other payments to independent contractors cy, rent, utilities, and maintenance oublications, postage, and shipping	12 13 14 15 16	52. 52.
9 Total rev 10 Grants a 11 Benefits 12 Salaries, 13 Profession 14 Occupan 15 Printing, 16 Other ex 17 Total ex	paid to or for members other componsation, and employee benefits nal fees and other payments to independent contractors by, rent, utilities, and maintenance publications, postage, and shipping penses (dascribe in Schedule O) enses, Add lines 10 through 16 (deficil) for the year (subtract line 17 from line 9)	12 13 14 15 16	52. 52. 8
9 Total rev 10 Grants a 11 Benefits 12 Salaries, 13 Profession 14 Occupan 15 Printing, 16 Other ex 17 Total ex	paid to or for members other componsation, and employee benefits nal fees and other payments to independent contractors cy, rent, utilities, and maintenance publications, postage, and shipping penses (describe in Schedule O) enses, Add lines 10 through 16. (deficit) for the year (subtract line 17 from line 9) s or fund balances at beginning of year (from line 27, column (A)) (must agree with	12 13 14 16 16 16 17 18	52,5 52,1 9,
9 Total rev 10 Grants a 11 Benefits 12 Salaries, 13 Profession 14 Occupan 15 Printing, 16 Other ex 17 Total ex	paid to or for members other componsation, and employee benefits anal fees and other payments to independent contractors by, rent, utilities, and maintenance bublications, postage, and shipping benses (dascribe in Schedule O) enses, Add lines 10 through 16 (deficil) for the year (subtract line 17 from line 9) s or fund balances at beginning of year (from line 27, column (A)) (must agree with ar figure reported on prior year's return)	12 13 14 16 16 16 17 18	52.5 62.6 9.1
9 Total rev 10 Grants a 11 Benefits 12 Salaries, 13 Professk 14 Occupan 15 Printing, 16 Other ex 17 Total ex 18 Excess c 19 Net asse 9 ond-of-ye 20 Other ch	paid to or for members other componsation, and employee benefits nal fees and other payments to independent contractors cy, rent, utilities, and maintenance publications, postage, and shipping penses (describe in Schedule O) enses, Add lines 10 through 16. (deficit) for the year (subtract line 17 from line 9) s or fund balances at beginning of year (from line 27, column (A)) (must agree with	12 13 14 15 16 17 18	52,5 62,6 9,1

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	Dalance Sheets (see the Instructions for f	-MIT II)	a thi	o Corf II				X
(244 A)W1	Check if the organization used Schedule O to re	spond to any question i	n un		Ja umani		,, ,, <u>,</u> , ,	(d) End of year
					(A) Beginni		~~ 1	2,848
22	Cash, savings, and investments			· }-		1,200	****	20.743
23	Land and buildings	- • • • • • •	•	۱ ۷		21,830		35,792
24	Other assets (describe in Schedule O)	- * * * * * * * *				33,368		
25	Total assets			٠		56,398		59/378
26	Total liabilities (describe in Schedule O)			/ \ <u>j</u> -		140,832		134,656
27	Net essets or lund balances (line 27 of column (8	) must agree with line ?	21].	<del></del>		-84 434	27	-75,278
Pa	Statement of Program Service Accomplish	ments (see the instruc	tions	s for Part III)		(* }		<b>F</b>
	Check if the organization used Schedule O to					<u> </u>	(200	Expenses  quired for section
Wha	it is the organization's primary exempt purposo?	SROUP HOME FOR M	<u>EN</u> T	<u>ALLY ILL ADULT</u>	Ş <u>.</u>	<del></del>		(c)(3) and 501(c)(4)
Des	cribe the organization's program service accomplishm	nents for each of its thre	e le	rgest program se	ITVICES,			enizations, optional
as n	neasured by expenses in a clear and concise manne	r, describe the services	prov	vided, the numbe	rof		Kột ti	othere)
Dera	one benefited, and other relevant information for each	h program title.					<u> </u>	
28	RESIDENTAL SHELTERED GROUP HOME SERVICE	CÉ FÖR 10 CHRONIC	MEN	TALLY ILL ADU	TS			ŀ
	SUBSIDIZED BY THE US DEPARTMENT OF HOUS	ING & URBAN DEVEL	OPI	<u>VENT (HUD)</u>			1	1
	- Mary Company			- ,	- (,,	ىسىم	1	1
	(Grants \$ ) If this amount	t includes foreign grants	s, ch	eck here			28a	52,990
29		- Comment				- 4		
	an parameter and the second of				-			
	h		4.,					
	(Grants \$ ) If this amount	l Includes foreign grant	6. ch	eck here		<b>*</b>	298	<u>.</u>
30	(GIZING V						-12/25	
30	THE SAN HARMAN OF THE PARTY OF THE SAN	***************	» · ·					
	) ( \$ 10 0 7 7 0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 111111111 - 1					1	
			- '-1-	ook horo	- 1541 BIRM #1		1	_ 1
	(Grante \$ ) If this amount	functudes foreign grants	9. CO	еск пето			1 309	1 }
~4		t includes foreign grants			<del></del>		30s	1
31	Other program services (describe in Schedule O)	, , , , , , , , , , , , , , , , , , , ,			<u>~</u>		1	,
	Other program services (describe in Schedule O) . (Grants \$ ) If this amoun	t includes foreign grant	s, ch	eck here		. 5. JJ. D	318	1
32	Other program services (describe in Schedule O) . (Grants \$ ) If this amoun  Total program celvice expenses, (aUd-lines, 28st if	t includes foreign อูเลก์แ แอบแท 31สุโ	s, ch	eck here		▶ □	318 32	52,990
32	Other program services (describe in Schedule O) . (Grants \$ ) If this amoun  Total program service expenses (aud lines, 28st the lines. List of Officers, Directors, Trustees, and K	t includes foreign granti rough 31a) (ey Employees (liet eac	s, ch	eck here		see the ins	318 32	52,990
32	Other program services (describe in Schedule O) . (Grants \$ ) If this amoun  Total program celvice expenses, (aUd-lines, 28st if	t includes foreign granti rough 31a) (ey Employees (liet eac	s, ch	eck here a even if not comp this Part IV	ensated-		318 32 tructio	52,990
32	Other program services (describe in Schedule O) . (Grants \$ ) If this amoun  Total program service expenses (aud lines, 28st the lines. List of Officers, Directors, Trustees, and K	t includes foreign grant nough 31a) (ey Employees (list eac o respond to any questi	s, ch	eck here	ensated—	see the ins	318 32 tructio	52,990 ons for Part IV)
32	Other program services (describe in Schedule O) . (Grants \$ ) If this amoun  Total program service expenses (aud lines, 28st the lines.	t includes foreign grant nough 31g) (ey Employees (liet eac o respond to any questi (b) Avorego hours per week	s, ch	even if not comp this Part IV (c) Reportable compensation (Forms W-2/1089-M	ensated—(d	l) Health bonof contributions to noyee benefit p	318 32 tructio	52,990 ons for Part IV)
32	Other program services (describe in Schedule O) (Grants \$ ) If this amoun  Total program celvice expenses, (add lines,28s the List of Officers, Directors, Trustees, and K Check if the organization used Schedule O to	t includes foreign grant nough 31a) (ey Employees (list eac o respond to any questi	s, ch	eck here even if not comp this Part IV (c) Reportable compensation	ensated—(d	) Health beneficontributions to	318 32 tructio	52,990 ons for Part IV)
32	Other program services (describe in Schedule O) (Grants \$ ) If this amoun  Total program celvice expenses, (add-lines, 28st the List of Officers, Directors, Trustees, and K  Check if the organization used Schedule O to	t includes foreign grant nough 31g) (ey Employees (liet eac o respond to any questi (b) Avorego hours per week	s, ch	even if not comp this Part IV (c) Reportable compensation (Forms W-2/1089-M	ensated—(d	l) Health bonof contributions to noyee benefit p	318 32 tructio	52,990 sns for Part IV)
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DIA SUR REPORT OF THE BOTTON O	Other program services (describe in Schedule O) (Grants \$ ) If this amount total program service expenses (aud lines, 28st in the lines) of the control of the lines of the li	t includes (oreign grants hough 31g)  (by Employees (flet each orespond to any question hours per wask devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	.00 .00 .00 .00	even if not comp this Part IV (c) Reportable compensation (Forms W-2/1089-M	ensated—(d	l) Health bonof contributions to noyee benefit p	318 32 tructio	52,990 ons for Part IV)

ALO

	Other Information (Note the Schedule A and personal benefit contract statement requirements in	the	 	r -
	instructions for Part V) Check if the organization used Schedule O to respond to any question in	this Pa	rt V .	
	the last the second of the last the las		Yes	No
33	Uid the organization engage in any significant activity not previously reported to the IRS7 if "Yes," provide a detailed description of each activity in Schedule O	33		Х
1.4	Were any significant changes made to the organizing or governing documents? If "Yos," attach a conformed			
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			}
	change on Schedule O. See instructions	34		_X_
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		ľ"×"
b	If "Yes" to ling 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	36b	, , , , , , , , , , , , , , , , , , ,	ļ
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35c		x
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	390	حد ــــــــــــــــــــــــــــــــــــ	<del> ^-</del>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	36	ļ	l x
<b>37</b> a	during the year? If "Yes," complete applicable parts of Schedule N	160 (A. 17)	PTC -	117/Mil
ar d H	Did the organization file Form 1120-POL for this year?	37b		X
38 s	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were	dimit a 3	and the second	- 12 m
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		Min II.	(10.17) (1.15)
39	Section 501(c)(7) organizations Enter.	mid/Mis <sup>2</sup>	MOD DOME	, , , , , , , , , , , , , , , , , , ,
а	Initiation fees and capital contributions included on line 9.		010 240° 2	Para s
b	Gross receipts, included on line 9, for public use of club facilities	100	12.00.00	. ratio
40 a	Section 501(c)(3) organizations, Enter amount of tax imposed on the organization during the year under	ta Parting	460077	i i
	section 4911 , section 4955 , sectio	ir ile al	PICTH THE	STORY T
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year.	1.00	AICHENNES	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		l x
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	THE COURT	(September 1	(E)PO
C	on organization managers or disqualified persons during the year under sections 4912,		#7W000	37.576
	4955, and 4958	411 E 41	F 10 11 11 11 11 11 11 11 11 11 11 11 11	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	and and a		i nama Maria
	40c reimbursed by the organization	1846,000		ands:
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	्रमेटीर्फ्	N 43750 42.	
	transaction? If "Yes," complete Form 8888-T.	40e	<u> </u>	.J. 🗡
41	List the states with which a copy of this return is filed.		~~~	
42 a	The organization's books are in care of GARIN MULL Telephone no.			522
	Located at 1167 SPRATLING PARK DR CITY GRAY ST TN ZIP + 4 1 37	<u>615-90</u>	<u>54.</u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	h	Yes	N
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	426	ļ.,	, X
	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	्रायोती <b>र्थ</b>	de la	arviet
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	्बृह्म व	i Kandalia	CV2
	Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	<del>-</del>	X
	If "Yes," enter the name of the foreign country			. T
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here,			, m- [
	and enter the amount of tex-exempt interest received or accrued during the tax year	•	TV-:	
	0	- 53° Mai	Yes	No.
44 a		440	PARTITION OF	x X
	completed instead of Form 990-EZ.	21-	aspurintyl.	.E 13: E
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44b		<u>X</u>
**	completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?	440		- <del>- X</del>
_	and the state of the state of the state of the state of the same of the same of the state of the		7. T.	
đ	explanation in Schedule O	440		X
45 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	457		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	( = )	יימינייייייייייייייייייייייייייייייייי	ing and ris
.,	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1. 2		May Sandian
	Form 990-EZ. See instructions	450		X

	(a) WATAUGA DEVELOPM	ENT CORPORATION			58-1627218 Fade
			sition on haboli of ar in	opposition	Yes No
to cand	organization engage, directly or Indirectidates for public office? If "Yes." comple	ie Schedele C. Part I	viges on benair or or ir	r apposition	, 46 X
į.	Section 501(c)(3) Organizations ( All section 501(c)(3) organizations	Dπly must answer questions 4	7–49b and 52, and	complete the table	es for lines
Ę	50 and 51. Check If the organization used Sch	edule O to respond to an	y question in this Pa	art VI	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	A A SWITT				Yos N
	organization engage in lobbying activiti			g the tax	
year? If	f "Yes," complete Schedule C, Part II. Irganization a school as described in se	ston 470/b//4//A//6/2 If "Voi	" complete Schedule	F	-   X
l istheo SaDidthe	irganization a school as described in se organization make any transfers to an	cuon 170(p)(1)(A)(II)7 II - tei evemnt non-chartabio reisti	ed organization?		The second secon
h if "Yes	" was the related organization a section	527 organization?	. , , . ,		.  49b
0 Comple	ete this table for the organization's five t	nighest compensated emplo	yees (other than office	rs, directors, trusteer	s, and key
employ	ces) who each received more than \$10	0,000 of compensation from	the organization. If the	ere is none, enter "N	one."
_		(b) Average	(c) Reportable	(d) I lealth benefits, contributions to employes	(e) Estimated amount of
(	a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	alkar compensation
None					
	/partenessammen	нг/мк			
	**************************************		1		
Tille		Hr/WK .00			
		HrAVK UG	* ****	<u> </u>	
lamo Title		Hr/WK .00			
Title					
		Hrrvk 00		<u> </u>	
f Total n	umber of other employees paid over \$1	00.000	, •		o than
f Total n	ete this table for the organization's five	00,000 highest compensated indep	endent contractors who	o each received more	e than
f Total n	ete this table for the organization's five 100 of compensation from the organization	00,000 highest compensated indep ton If there is none, enter	endent contractors who		e than  (c) Compensation
f Total n 1 Compl \$100,0	ete this table for the organization's five 00 of companyation from the ofuentize (a) Name and business address of each indepe	00,000 . highest compensated indep lon. If there is none, enter "	endent contractors who		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
f Total n 1 Compl \$100,0	ete this table for the organization's five 100 of compensation from the organization from the organization from the organization from the organization from the organization's five 100 of compensation from the organization's five 100 of compensation from the organization's five 100 of compensation from the organization from the o	00,000 highest compensated indep iden if there is none, enter"	endent contractors who		
f Total n 1 Compl \$100.0	ete this table for the organization's five 100 of compensation from the organization (a) Name and business address of each independent  5tr	00,000 highest compensated indep flori if there is none, enter the indent contractor	endent contractors who		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
f Total n 1 Compl \$100.0	ete this table for the organization's five 100 of companiation from the organization from the organization's five 100 of the organization from the organiz	00,000 highest compensated indep iden if there is none, enter"	endent contractors who		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
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f Total n 1 Compl \$100.0  Name None City Name City Name Uity	ete this table for the organization's five 100 of companyation from the organization (a) Name and business address of each independent  Str  Str  Str  Str  Str  Str  Str	00,000 highest compensated indep flom if there is none, enter "  zip  zip	endent contractors who		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
f Total n  1 Compl  \$100.0  Name None  Gilly  Name  City  Name  Uilly  Name	ete this table for the organization's five 100 of companiation from the organization (a) Name and business address of each independent  Str  Str  Str  Str  Str	00,000 highest compensated indep flori if there is none, enter "  ZIP  ZIP	endent contractors who		
f Total n 1 Compl \$100.0  Name None Gily Name City Name City Name City	ete this table for the organization's five 100 of companyation from the organization's five (a) Name and business address of each independent of the companyation from the organization's five  5tr  5tr  5tr  5tr  5tr  5tr	00,000 highest compensated indep flom if there is none, enter "  zip  zip	endent contractors who		
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f Total n 1 Compl \$ 100.0 Name None Gily Name City City City City City City City City	ete this table for the organization's five 100 of companiation from the organization's five 100 of companiation from the organization from the organization of the independent of the independent contractors organization complete Schedule A? Not paging it decides that I lave examined the return of camping it decides that I lave examined the return of camping it decides that I lave examined the return of camping it decides that I lave examined the return of camping it decides that I lave examined the return of camping it decides that I lave examined the return of camping it decides that I lave examined the return of camping it decides the organization of officer.	2IP  ZIP  ZIP  ZIP  ZIP  ZIP  ZIP  ZIP	endent contractors who	th a best of my knowledge and dige.	(c) Compensation  When the second sec
f Total n 1 Compl \$100.0  Name None Gily Name City Name	ete this table for the organization's five  100 of companisation from the organization's five  (a) Name and business address of each independent  Str  Str  Str  Str  Str  Str  Str  S	2IP  ZIP  ZIP  ZIP  ZIP  ZIP  ZIP  ZIP	endent contractors who	th a beat of my knowledge and tigs.	(c) Compensation  With the State of the Stat
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f Total n 1 Compl \$100.0 Name None City Name City City City City City City City City	ete this table for the organization's five 100 of compensation from the organization's five 100 of compensation from the organization of the organization of the compensation of the contractor of the complete Schedule A? Not people is complete A. The complete Schedule A? Not people is complete and the return of complete is complete in the office of the complete in the office of the complete is complete in the office of the complete in the office of the complete is complete in the office of the complete in	2IP  ZIP  ZIP  ZIP  ZIP  ZIP  ZIP  ZIP	endent contractors who have "  (b) Type of sond  (b) Type of sond  (c) Type of sond  (d) Type of sond  (e) Type of sond	h a best of my knowledge and tge.  Date PRESIDEN	(c) Compensation    K Yes   N bellef, tris   10/22/2020
f Total n 1 Compl \$100.0  Name None City Name	ete this table for the organization's five  100 of compensation from the organization  (a) Name and business address of each independent  5tr  5tr  5tr  5tr  5tr  5tr  5tr  5	2IP  ZIP  ZIP  ZIP  ZIP  ZIP  ZIP  ZIP	endent contractors who have "  (b) Type of sond  (b) Type of sond  (c) Type of sond  (d) Type of sond  (e) Type of sond	beet of my knowledge and dige.  Date PRESIDEN  Check self-ompley	(c) Compensation    K Yes   N bellef, tris   10/22/2020
f Total n 1 Compl \$100.0  Name None City Name	ete this table for the organization's five  100 of compensation from the organization  (a) Name and business address of each independent  5tr  5tr  5tr  5tr  5tr  5tr  5tr  5	2IP  ZIP  ZIP  ZIP  ZIP  ZIP  ZIP  ZIP	endent contractors who Notice "  (b) Type of sond  (b) Type of sond  ganizations must attac  ganizations must attac  ganzations must attac  ganzations must attac  Date	best of my knowledge and tige.  Date PRESIDEN  Check self-omploy	(c) Compensation    K Yes   N bellef, tris   10/22/2020

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

# **Public Charity Status and Public Support**

		Complete if the	organization is a scallan BC	)1(c)(3) organization or a scott	on 4847(B)(1) n	inuexambt cu	Market Charles	
<b>1</b>	en) of the Treasury			to Form 980 or Form 9			The Samuel of th	pen to Public
nemal i	i. vende genike	▶ Goto	www.los.gov/Forms	90 for instructions and	the lates		والماد ويستمين ألفانا فكالمادا والمتابع والمتحدث المتابع	Inspection
	the organization		·			1'	Employer Identification	
	JGA DEVELOPM	<u>ENT CÓRFORAT</u>	ION	p nieu p <del>arv w - v a na d'à</del>		.,.,.,., l	56- <u>162</u>	27216
Part:	Reason fo	r Public Chari	ly Status (All ofgi	anizations must cor	nplete thi	spart) s	See instructions.	
The or	ganizādan is not a	a privato foundătii	on because It is: (Fo	r littes 1 through 12, c	heck only	(иле фох )		
1				chitrones described in			z)(ı)·	
2	A school descr	ibed in section 1	70(b)(1)(A)(ii). (Atta	ch Schedule E (Form	990 or <b>990</b>	)-EZ).)	$\mathcal{O}$ a	
3	A hospital or a	cooperative hosp	ital service organiza	ation described in <b>sect</b>	ion 170(b)	)(1)(A)(III)	•	
4				ctìon with a hospital de				ter the
• ∟		e, city, and state:	,				/ AA _ AA \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
5	An organization	n operated for the	benefit of a college plete Part II.)	or university owned o	r operated	by a gov	emmental unit desc	ribed In
6 [				al unit described in se	ction 170	b)(1)(A)(v	<b>/</b> }.	
				part of its support from				ral muhlic
7 () C	described in s	ection 170(b)(1)(	A)(vi). (Complete Pa	art II )		momar a		, <b></b>
8				)(vI). (Complete Part I				
9	or university o	l research organiz r a non-land-gran	ation described in 6 t college of agricultu	ection 170(b)(1)(A)(ix are (see instructions) I	) operated Enter the n	in conjun ame, city,	ction with a land-gre , and state of the col	int college llege or
40 [	university			an 33 1/3% of its supp	and from co	atchution	s mamberehin fees	and gross
10 L	An organizatio	in that normally re activities related to	ccives: (1) more the	ns—subject to certain	exceptions	and (2)	no more than 33 1/3	, and gross 1% of its
	support from 0	ross investment i	ncome and unrelate	ed business taxable in	come (less	section 5	11 tax) from busine	8808
	acquired by th	e organization aff	er June 30, 1975. S	ee section 509(a)(2).	(Complete	Part III.)		
11	An organization	n organized and	operated exclusively	y to tost for public safe	ty. See se	ction 509	(a)(4).	
12	An organizatio	n orga <b>nize</b> d and	operated exclusively	y for the benefit of, to p	erform the	function:	s of, or to carry out t	he purposes
,- (	of one or more	e publiciv supporti	ed organizations de	scribed in section 609	(a)(1) or 6	ection 50	19(a)(2). See section	n 509(a)(3).
				oes the type of support				
8	Type I. A 6	upporting organiz	ation operated, supe	ervised, or controlled b	y Ite supp	orted orga	inization(s), typically	by giving
	urganizatio	n. You must con	iplete Part IV, Speti	larly appoint or elect a lons A and B.				
þ	Type II. A.	amouting orozais	ration supervised or	conholled in connecti	yn with Hs	supported	i organization(e), by	traving
	ບາ(ເຄົານຂ <b>ອ</b> ຫັດ	ന്(ദ <b>്) You must</b> c	omplete Part IV, Se	zellou vested in the sections A and C.				
C	Type III für	netionally integra	<b>sted. A supporting o</b> Care instructions).	iljiknizatlon operatéd i You must complete F	n connecti Part IV. Se	on with, a ctions A.	nd fünctiónally integ D. and E.	rated with,
d	Type III no	n-functionally in	tecrated. A support	ling organization opere	ited′in con	nection w	ith its supported org	anization(s)
_	` fhat is not t	functionally integr	ated. The organizati	ion generally must sat	ely a distri	ibulion red	វ៉ុន ជង b(ខេ fnemeniug	jentívoness
	requiremen	nt (see Instruction	s). You must comp	lete Part IV, Sections	A and D,	and Part	V.	
0	Check this	box If the organiz	ation received a wri	tten determination from	n the IRS	that it is a	Туре І, Туре ІІ, Тур	⊕ {II
	functionally	integrated, or Ty	pe III non-tunctiona	lly integrated supportion	ig organiza	auon.		ال يا
T	Enter the number	ber of supported	organizations . n ubout the support	and more market from the				A Summary Mark
	Provide the following (i) Name of supported		(II) EIN	(fil) Type of organization	((v) is the o	(Gatusapou	(v) Amount of monotary	(vi) Amount of
	(), (), ()		<b>17</b> =:	(described on lines 1-10	Instact in you		support (see	other support (see
				above (see instructions))	docur	nent?	instructions)	instructions)
					Yes	No		
	مدودي جهيهي رهيد عنطن لمنط للمالة للهيدية ودويد			<del></del>				
(A)						,		
(B)	- •	—- =		, ,,	' !	· · · · · · · · · · · · · · · · · · ·		
(B)								}
IC)		_			1	***********		
(C)					1			
(D)	4 /5				·	\*		
( <i>w)</i>					[	Į		
(C)		<del></del>			Ī	ſ <u>.,</u> ,,,		[
\ <b>~</b> /			}		]			
Total			The Control of the Co	Charles of the state of the sta	Animalinimum ist.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	0	0
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Part III If the organization fails to qualify under the tests listed below, please complete Part III  Section A, Public Support  Calendar year (or fiscal year beginning in)  Part III If the organization fails to qualify under the tests listed below, please complete Part III  (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e)  (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e)  (b) 2016 (c) 2017 (d) 2018 (e)  (c) 2017 (d) 2018 (e)  (d) 2018 (e)  (e) 2017 (d) 2018 (e)  (e) 2017 (d) 2018 (e)  (f) 2018 (e) 2017 (d) 2018 (e)  (g) 2018 (e) 2017 (e) 2017 (e) 2018 (e)  (g) 2018 (e) 2018 (e) 2018 (e)  (g) 201	62.143	(f) Total
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8 Gross Income from interest, dividends, payments received on securities loans,	e) 2019	(f) Total
payments received on securities loans,	62.143	313,707
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_1 _1		• •
similar sources	3	13
9 Net Income from unrelated business	j	
activities, whether or not the business is	j	٥
regularly carried on	~ <del>~~~</del>	<u>U</u>
10 Other (ncome. Do not include gain or		
loss from the sale of capital assets		n
(Explain in Part VI)	MARKET CONTRACTOR	313,720
11 Total support. Add Imes 7 through 10  12 Gross receipts from related activities, etc. (see instructions)	in the state of th	2131720
· · · · · · · · · · · · · · · · · · ·	l	
13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		
		1200
Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)	ق	100 00%
1		100.00%
· · · · · · · · · · · · · · · · · · ·		
16a 33 1/3% support test—2019, if the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this and stop here. The organization qualifies as a publicly supported organization	S DOK	<b>▶</b> X
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, chec	nk thie	F 1,22
box and stop here. The organization qualifies as a publicly supported organization (	CK LINE	🛌 🗀
		<u>- L</u>
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in		•
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported		
organization , ,		. ▶ [_
b 10%-lacts-and-circumstances test-2018. If the organization did not check a box on line 13, 18a, 18b, or 17a, and line		
15 is 10% or more, and if the organization meets the "facts-and-circumstences" test, check this box and stop here.		
Explain in Part VI how the organization moets the "facts-and-circumstances" test. The organization qualifies as a publicly		٠, ١٠
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18 Private foundation If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		
instructions.		_

5che:	dula A (Ivorm 980 or \$95-E3) 2019	DEVELOPMEN	T CORPORALIO	N		541-162/21	6 rage 3
Part a Grown w	Bupport Schedule for Orga	inizations Des	cribed in Seci	ion 509(a)(2)			
***************************************	(Complete only if you checke	ed the box on li	ne 10 of Part I	or if the organi	zation failed to	qualify under Pa	ert ().
	If the organization fails to qu	alify under the	tests listed belo	w, please con	plete Part II,)		
Sec	tion A. Public Support						
Cate	ndar year (or fiscal year beginning in) 💎 🏲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Totál
1	Gifts, grants, contributions, and memberahip fees						
_	received, (Do not include any "unvsual g(si)는,")	·					
2	Grose receipts from admissions, merchandise sold or services performen, or facilities	1		,			
	furnished in any activity that in related to the						
	organization's tax-exempt purpose ,				<u> </u>		
3	Gross receipts from activities that are not en						
	unrelated trade or business under section 513.	**************************************		en rem symensi materiografiani Grades com			
4	Tex revenues levied for the	(			ļ	/	
	organization's benefit and alther paid to				{		
	or expended on its behalf	<u></u>		nga gang an anna an anna de la de			
5	The value of services or facilities				1 /	1	
	furnished by a governmental unit to the					1	
	organization without charge					<u> </u>	····
8	Total. Add Ilnes 1 through 5	0	O_	0	0	0	
7a	Amounts included on lines 1, 2, and 3				/	<u> </u>	
	received from disqualified persons .				Ł		
þ	Amounts included on lines 2 and 3	!			į		
	received from other than disqualified				İ		
	persons that exceed the greater of \$5,000	†				1	
	or 1% of the amount on fine 13 for the year					ļ	. ,
¢	Add lines 7e and 7b	0	0	The manifest of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of	0	Same and	
8	Public support (Subtract line 7c from	AND STATE OF THE PROPERTY OF	Maile marill District	A CHANGE TO SHARE THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF	Markey will be the light will be	Transmitted to the first of the	
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	tion B. Total Support	<b></b>			3.000.0100	T	
	ndar year (or fiscal year beginning In)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(o) 2019	(f) Total
9	Amounts from line 6	<u> </u>	<b>/</b> <u>○</u>	<u> </u>	* 'Y" 'Y" 'Y" (1)	<del></del>	
10a		İ			}	1	
	psyments received on securities losns, ronts,				}	1	
	royalties, and income from amiliar sources ,	<del>-</del>			,	ļ	
ь	Unrelated business taxable income (less					1	
	section 611 taxes) from businesses				i		
	acquired after June 30, 1975	ŀ <del>/</del>					
C	Add lines 10a and 10b	0	<u> </u>		0	·	·····
11	Net income from unrelated business		<b>{</b>		}	1	
	activities not included in line 10b, whether					}	
	or not the business is regularly carried on			,	·}	<del>                                     </del>	<del>, , , , , , , , , , , , , , , , , , , </del>
12			ļ	ļ	1		
	lose from the sale of capital assets		ĺ			}	
	(Explain in Part VI)				-	<del> </del>	
13	Total support. (Add lines 9, 10c. 11,						
	and 12,)	L	U	L	0		
			EBCONO, WIND, TOUR	n, or sinn tax year	BE B RECTON DOT(C)	)(3)	<b>₽</b> _ (
14	First five years If the Form 990 is for the o						- 4 1945
14	organization, check this box and stop here		TERMINATURE RELIEF TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY		'		
Sec	organization, check this box and stop here tion C. Computation of Public Su	pport Percent					Andreadhann and a state of the
Sec 15	organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2019 (line 8, c	pport Percent column (f), divided	by line 13, column			15	·•
Sec 15 16	organization, check this box and stop here tion C. Computation of Public Su- Public support percentage for 2019 (line 6, or Public support parameter from 2018 School	pport Percent column (f), divided jule A, Part III, line	by line 13, column 15	(f))		15 16	·•
Sec 15 16 Sec	organization, check this box and stop here stion C. Computation of Public Bu Public support percentage for 2019 (line 6, control of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the stop of the st	pport Percent column (f), divided tule A. Part III, line nt Income Pen	by line 13, column 15. Contage			16	0.00
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Yes No

Schedule A (Form 990 or 990 EZ) 2019 WATAUGA DEVELOPMENT CORPORATION 58-1627/216

#### Likery Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) holow
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tosts under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yos," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(e)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or romove any supported organizations during the tax year? If "Yes," enswer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or banefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 I, (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yos," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any porsonal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yos," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720 to delibration whether the digardization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

Schodu	Ho A (Form 990 or 900-FZ) 2019 WATAUGA LIEVAL OPMENT CORPORATION	58-1627916		<u>1910 5</u>
Patr	Supporting Organizations (continued)	Bri → 14,004141 Diwithiwan Lunwont 1978100077		<del></del>
		f ===	Yes	No
11	Has the organization accepted a glft or contribution from any of the following persons?	1		הלוקעלוקה הלוקעלוקה
а	A person who directly or indirectly controls, either alone or togethor with persons described in (b) and (c)	W. chyling	1,747,75.70	_n-y-y-c-c
	below, the governing body of a supported organization?	11a	<b>├</b> ──	
b	A family momber of a person described in (a) above?	11b	<b>∤</b> -	
C	A 35% controlled entity of a person described in (ii) or (b) above? If "Yas" to a, b, or o, provide detail in Pa	<i>rt VI.</i> 11c	J	j
Secti	Ion B. Type   Supporting Organizations	<del></del>	Yes	No
	Old the discolary to whom a company of any any any appropriate properties the appropriate	11/1020	MOLIGA.	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all timos during the		an ur. a Tanut alala	E THURST
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, of		Landa.	ENVIRON I
	controlled the organization's activities. If the organization had more than one supported organization,	tatur. r.	T T	TATHARA
	•	ZHyadii A	A PARTY	-3/hout
	describe how the powers to appoint and/or remove directors or trustees were effocated among the suppor organizations and what conditions or restrictions, if any, applied to such powers during the lax year.	TAP A	TO NEW	143971919
2	Did the organization operate for the benefit of any supported organization other than the supported	THE STATE OF	4.00	1000
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Pi	pa)unk		KO FRID
	VI how providing such benefit carried out the purposes of the supported argenization(s) that operated,	Walter Co.	THE CO	7.25
	supervised, or controlled the supporting organization.	2	]	T. Aut
Sect	ion C. Type II Supporting Organizations		ـــ لـ	Ļ.
Sect	ion of the a authornity statutation		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directo	CS Jentific	u provova	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		dodi	
	or management of the supporting organization was vosted in the same persons that controlled or manage	d Leste	नहां की	
	the supported organization(s).	1.03.00	2277624	"
Sect	Ion D. All Type III Supporting Organizations		<u> </u>	<u> </u>
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1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	TIMENT IN		Egyptin ()
•	organization's tax year, (I) a written notice describing the type and amount of support provided during the		1417720161	Mark William
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			, control
	organization's governing documents in affect on the date of notification, to the extent not previously provide		CUESCA,	Andreas A.
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support	F "1. TV	) ###b	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part \		S dank i	· · · · · · · · · · · · · · · · · · ·
	the organization maintained a close and continuous working relationship with the supported organization(		T - `	ומורייות
3	By reason of the relationship described in (2), did the organization's supported organizations have a	12-17-64-6H	MIT S	ign zon it
•	significant voice in the organization's investment policies and in directing the use of the organization's	an and an an an an an an an an an an an an an	2 May 111	CONT.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	indered in	ลี เมือนสถ	A WAY
	supported organizations played in this regard.	3	1	
Sect	ion E. Type III Functionally integrated Supporting Organizations	MIN MARK WYMEN MENT MENT CO. TA. 4	(d , n,	
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the ye	er (see Instruction	ns)	
a	The organization satisfied the Activities Test, Complete line 2 below	a. (000 monotoro	/-	
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
¢	The organization supported a governmental entity, Describe in Part VI how you supported a government	nt entity (see instrik	ดขดทล)	 
2	Activities Test. Answer (a) and (b) below.	maear	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	of single	a wanta	MATERIAL VI
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		24/11/4/2/	
	those supported organizations and explain how these activities directly furthered their exempt purpos	es,	3,343	
	how the organization was responsive to those supported organizations, and how the organization determine	ned 1997		L. WELVE
	that these activities constituted substantially all of its activities.	_2 <u>a</u>	1	1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or m	ore (iii)	4	e natural
	of the organization's supported organization(s) would have been engaged in? If "Yos," explain in Part VI to	he Med	Marrie II	110,522,515,
	reasons for the organization's position that its supported organization(s) would have engaged in those	National Property of the Party	Harry C.	a svilsi/
	activities but for the organization's involvement	2b	1	J
3	Parent of Supported Organizations, Answer (a) and (b) below.	5. view 0	E TJER	開號
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		rivat 4	Halaing 3
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of	otoach ∰ op⊸	รักเกลี	####
	of its supported organizations? If "You," duscribe in Fart VI the role played by the organization in this regi	<i>ird</i> , 3b		1

Schedule A (Farm 980 or 080-E/3) 2019 WATAUGA DEVELOPMENT CORPORATION		66-1	1627216 Page 6
Type III Non-Functionally integrated 509(a)(3) Supporting O	ryan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ยู แนะ	t on Nov 20, 1970 (explain	In Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	ılzeitic	ons must complete Sections	A through C.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (uplional)
the and an about the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract	1 -		Adjunction of the
1 Net short-term capital main	2		·
2. Recoveries of pror-year distributions	3		
3 Other gross income (see instructions)	4		0
4 Add lines 1 htrough 3.	5		<u> </u>
5 therireclation and depletion	+		
6 Portion of operating expenses paid or incurred for production or	İ		
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)	17		
8 Adjusted Not Income (subtract lines 5, 8, and 7 from line 4).	18.	.frueduchates 4	0.
Section B - Minimum Asset Amount	e n e-ma	(A) Prior Year	(B) Current Year (eptional)
1 Aggregate fair market value of all non-exempt-use assets (see	TT-TANG	Manual Property Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Compa	(Bandoules)
instructions for short tax year or assets held for part of year):	-47/71/7	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	ABITURATE HARMAN
a Average monthly value of securities	<u> 1a</u>		/,
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 18. 18, and 10)	1d		0
e Discount claimed for blockage or other	NA.		And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
factors (explain in detail in Part VI):	Δ <u>ν</u> 6(ξ	Man and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	Thursday to the thing of the same of the
2 Acquisition indebtedness applicable to mul-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash docmed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	i o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<u> </u>	Ö
6 Multiply line 6 by .035.	6	0	Ó
7 Recoveries of pnor-year distributions	7	0	()
8 Minimum Asset Amount (add line 7 to line 6)	8	1 0	U
Section C - Distributable Amount	ti	O amanda a la la la la la la la la la la la la	Current Year
1 Adjusted net Income for prior year (from Section A, line 8, Column A)	1	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	υ
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section (f, line 0, Column A)	3	MANAGE THE PROPERTY OF THE PARTY  0	
4 Enter gittate of tine 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	٦ <u> </u>		
emorgoncy temporary reduction (see instructions).	6	HARMAN TO THE PROPERTY OF THE PARTY OF THE P	n
7 Check here If the current year is the organization's first as a non-functional		egrated Type III sunnorting	organization (see
Cleck field if the correct year is the organization's first as a non-tonctional		carried the mediboling	21201111111111111111111111111111111111

Schedule A (Farm 980 or 990-52) 2019

	A (Form 880 or 088-02) 2019 WATALIGA DEVELOPMENT (X			8-1627216 PAGO 7
277		Supporting Organi	zations (continued).	Current Year
	n D - Distributions			Culterin teat
	Amounts pend to supported argunitations to accomplish exe		<del> </del>	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	l	
·	organizations, in excess of income from activity			,}
3_	Administrative expanses paid to accomplish exampt purpos	es of supported organization	atlons	}; ,
. 4	Amounts paid to acquire execupt-use assets		u(	·},
	Qualified agt-aside amounts (prior IRS approval required)		<del> </del>	
	Other distributions (describe in Part VI): See instructions.			, , <del></del>
	Total annual distributions, Add liftes 1 through 8			0
8	Distributions to attentive supported organizations to which to	ne organization is respoi	nsive .	}
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			QQ_
10	Line & amount divided by line 9 amount	lan.w		0 000
_		(1)	(ii)	(04)
S	section E - Distribution Allocations (see Instructions)	Excese Distributions	Underdistributions	Distributable
<del></del>			Рте-2019	Amount for 2019
<u> </u>	Distributable amount for 2010 from Section C, line G	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state 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2	Underdistributions, if any, for years prior to 2019	A STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE		white the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little
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Schedule A (Form 990 or 990-62) 2019

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REPEAL	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a o III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, 6, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 6; and Part V, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	r 17b; Part Section : 1c, 2ə, 2b,
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SCHEDULE L (Form 990 or 990-EZ)

## Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 25, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 890-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Farms90 for instructions and the latest information. Name of the organization Employer Identification number 58-1627216 WATAUGA DEVELOPMENT CORPORATION Excess Benefit Transactions (section 501(c)(3), section 501(c)(4) and section 501(c)(29) organizations only). Complote if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Nalationship between disqualified person and (tathyrtad) 1 (e) Description of transaction (a) Name of disqualified person огавлігаціон Yes No (1) (2)(3) ...(4) (6) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . Panell Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of Interested person (b) Refetionship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) in default? (h) Approved (i) Written with organization from the principal amount by board or agreement? organization? committee? From Νo Yes No Yes No To (2) (E) (4) (5)(6) (7) (8)(63) (10) Total 0 Grants or Assistance Banefiting Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (b) Relationable between interested (c) Amount of applicance (e) Purpose of assistance (d) Type of assistance person and the organization (1) -(2)...(3) (4) (5) (6) .(?) (8) (8)

(19) For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-FZ

Schodule L (Form 990 or 980 EZ) 2019

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Schedule L (Form 990 or 990-FZ) 2019

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

## 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.frs gov/Form990 for the latest information.

Name of the organization	Employer Identification number
WATALIGA DEVELOPMENT CORPORATION	68-1627216
Form 990-£Z, Part I, Line 16, Other Expenses. Equipment rental and maintenance, 16,323	
Form 990-EZ, Part I, Line 16, Other Expenses Interest: 10,601	- 11 6 6 7 7 7 7 7
Form 990-E4, Part I, Line 16, Other Expenses Depreciation: 1,087	
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Schedule (7. (Fann-980 or 99))-LZ) (2015)	Employer Identification number
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