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	Fórn	. 990)-EZ	Retu	rn of Org	anization		From I	ncome	Tax		2019	
					_								essed
				Under see	tion 601(c), 527, 6	r 4947(a)(1) of the	iniornal Kevenus	Code (exce	ibi busana an	nimanone)		pen to Public	
	044		the Transum	Do not enter social security numbers on this form, as it may be made public Go to www.irs.gov/Form980EZ for instructions and the latest information.								Inspection	
			the Treasury wa Service	► G	o to www.irs.go	v/Fa <i>rm990EZ</i> for	instructions ar	ealsi ant br	t informatic			meloenici.	
	A	For the	2019 calen	dar year, or t	ax year beginnij	ng	7/1/2019	, er	d ending	ACCOUNT OF THE PARTY OF THE PAR	/30/20		***
	B		applicable	C Nome of an		Contract of the Contract of the State of the Contract of the C				D Emi	oloyer id	entification number	
		Address o	-hange	WATAUGA I	RESIDENTIALI	DEVELOPMENT	CORPORATION	ON					
		Name ch	ange	Number and st	rest (or P.O' pox at u	of benevilab ion at lian	street address)		Room/euse			<u>-1727579</u>	
	П	Initial reti	iw	PO BOX 90	054					E Tele	phone nu	impor	
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7		Аррікаля	on pending	Foreign countr	A usuc	Fareign provinc	e/state/county	Foreig	n postal code	1 4	up Exe	mption	
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	G	Account	ing Method	Cash	X Accruel	Other (specify)	>			H Check		if the organization is	1
			_	rontierhealth							,	attach Schedule B	,
	J	Tex-exem	oda) eniete 1q	ck only one) · ·	X 501(c)(3)	501(c) () 4 (insert no.)	4947(A)(1) or527	(Form	990, 99	0-6 2 , or 990-FF).	
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			organization.		orporation	Trust	— —	-					
						receipts. If gross					n. in	7E 0E	c a
			<u> (B)} a</u>	ra \$500. 00 0 c	or more, file Horra	890 lústead et fic	onn 990-EZ			مستنسند الا المدارة المسادات	P &	75,05	24
		THE	Revenu	e, Expense	is, and Chan	ges in Net As	sets or Fund	i Balance	is (see me	: INBUUCU	OUS 10	reanti)	x
			1/-			chedule O to re		y question	7 1 1 U 1 1 5 F 6	41L1		· · · - · · L	₽
	i	1	Contribution	ns, gifts, gran	its, and similar a	amounte receive	d	100	P			70.04	
	1	2				ernment fees an	d contracts	$\mathcal{O}_{\mathcal{O}_{\mathcal{F}}}$	·		2	75,00	32
		23			ssessments			. • • •			3		~~~
	ł	S	investment		. , .			ا سادا			4 1884 مينيان		
					of assets other		•	5a.			r with		
		≪p	Less: cost o	or other basis	s and sales exp	enses .		<u>56</u>			6c		0
		GC C				than inventory (anduact line of	HOM HITE	pary		ACCEPANA		٧.
	ı			d fundralsing		adula C if arous	ar Haan				199		
	g			ne from gam	япд (апасл осл	edule G if greate	er triatri	6a {			91.5.10 10 10 10 10 10 10 10 10 10 10 10 10 1		
	Revenue	G b	\$15,000)	no from fund	Iraising events (not including	r.	44 minutes - 444	ntributions	<i></i>	(CECTATE)		
	亂	₩"				e 1) (attach Sche	dule Gut the		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,] " <u> 5-</u> -1		
	2					llons exceeds \$		6b			សស្នាក់		
						l fundraising eve		66			<u>क्रिक</u> ्स स्थाप		
) d	Net income	or (loss) fro	m geming and f	undraising even	ts (add lines 6a	and 6b an	d subtract		*********		
			line 6c) .				,,,,,,,		, , , ,		6d		0
				of inventory	, less returns a	nd allowances .	, . ,	7a			Marie California		***
		b	Loss: cost o	of goods sold	i			710			99VIA		
						ntory (subtract III	ne 7b from Ilne	7a)			7c		0
					e in Schedule O					, , , ,	88_		
)					8 1, 2, 3, 4, 5c,		<u> </u>	م تسفیالی		.,4 - 1 - 🕰	9	75.0	54
•					unts paid (liel in	•					10		
		11		ud to or for m						-	11_		
	Š	12				oloyee benefits .				-	12		
	8	13	Professiona	al fees and o	ther payments t	to independent o	contractors .			-	13		
	sactiadica	14				ance , ,					14	, , , , , , , , , , , , , , , , , , ,	
	M	Į.				pping ,					15	71,0	27
		16			be in Schedule					Bo.	17	71,0	
		17	LOTAL EXDG	INSER, AGO III	nes 10 through	t line 17 from lin					18	4,0	
	8	18	EXCESS Of (oc (mod befor	e year (SUDIFEC	ng of year (from an	pej	· · · · · · · · · · · · · · · · · · ·	ences with		viikūtinoj;		
	388	19				ng or year (nom ar's return).			Byree with		19	-285,4	23
	Net Assets	20				dances (explain)			,	•	20	- meaning direct and the second of the secon	21
	Ž	20 21				ear. Combine lit				D-	21	-281,3	96
						rate instruction		-=: ''.		······································		Turn 990 F.2 (20	
	HTA		JIII I LOWNY	manda a mana a dang paga paga paga paga paga paga paga p	,b							·	

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Form	990-EZ (2010) WATAUGA RESIDENTIAL DES	ELOPMENT CORPORAT	1ÖN	68-1727	579	Pulto 2
Par	Talanco Sheets (see the instructions for P	art II)				เสา
_	Chock if the organization used Schedule O to res	pond to any question in th	is Part II 、,		, , , , ,	, <u> </u> x
	The second second specific spe		(A)	Reginning of year		(B) Cod of year
22	Cash, savings, and investments			2,545		0,104
23	Land and buildings			55,054		44,647
24	Other assets (describe in Schedule O)		· · · · · · · · · · · · · · · · · · ·	20,521		10,209
25			es e e s 🖺 🚉	78,120		70,040
26	Total liabilities (describe in Schedule O)			363,543		351,438
27	Net agests of fund balances (line 27 of culumn (B)	must agree with line 21).		-285,423	27	-281,396
Pa	Statement of Program Service Accomplish	ments (see the instruction	s for Part III)	beneft .		_
I III GIALL	Check if the organization used Schedule O to	respond to any question is	n this Part III	· · · · · · · · · · · · · · · · · · ·	/ 5	Expanses
Wha	t is the organization's primary exempt purpose?	OUSING FOR MENTALLY	ILL			illed for section ((3) and 501(c)(4)
Des	cribe the organization's amoram service accompilation	ents for each of Its three la	irgest program servi	ices,	organ for oth	izations; optional
asn	neasured by expenses. In a clear and concise manner	describe the services pro	wided, the number o	of	101 OU	(C)7.)
12000	one bosotitod, and other relevant information for each	ວຽວຕາຊາກ ປປິອ.			ļ	
28	APARTMENT PROJECT (10 UNITS) FOR CHRONIC	: MENTALLY ILL SEMI-ING	DEPENDENT LIVIN	G		
	SUBSIDIZED BY THE U.S DEPARTMENT OF HOUS	ING & NUOVA DEVETOE	MENT (HUD)		}	
	**************************************	, sames as each of Maria heart a	********			
	(Grante \$) If this amount	Includes foreign grants, ch	ieck here	<u>` </u>	269	71,027
29					}	
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	The second secon	**************************************				ļ·
	(Grants \$) If this amount	includes foreign grants, ch	reck here.		29a	
30	AND INCOME.					
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	10.0	includes toraign grants, of		· · · •	309	
31	Other program services (describe in Schedule O) .			- , , , , r	}	
	(Grants \$) If this amount	includes foreign grants, ch	neck here	·	31a	
32	Total program service exponses, (and lines 28e in	ough 31a)			<u> </u>	71,027
32	Total program service exponses, (add lines 28e ib)	ough 31a) ey Employees (list each on	e even if not compens			
32	Total program service exponses, (and lines 28e in	ough 31a) ey Employees (list each on	e even if not compens			
32	Total program service exponses, (add lines 28e ib)	ough 31a) y Employees (list each on respond to any question in	e even if not compens n this Part IV.	sated—see the ins	truction	s for Part IV)
32 122 2	Total program service exponses, (add times 28e it) List of Officers, Directors, Trustoes, and Ke Check if the organization used Schedule O to	ey Employees (list each on respond to any question in the hours per week	e even if not compens n this Part IV.	saled—see the ins	lruction	
32	Total program service exponses, (add lines 28e ib)	ey Employees (list each on respond to any question in	e even if not compens n this Part IV (o) Reportable compensation	saled—see the ins	its,	s for Part IV)
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DIA SERVIC	Total program service exponess, (add times 28e it) List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O to (a) Name and tito NE BOWEN CRETARY GINIA GINGER NASERI E-PRESIDENT	ey Employees (list each on respond to any question in the control of the control	e even if not compens n this Part IV . (o) Reportable companiation (Forms W-2/1089-MISC (if not paid, enter-0-)	sated—see the insi	its,	s for Part IV)
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DIA SUR VICE RATE	Total program service expenses, (add times 28e things with the common process of the com	ey Employees (list each on respond to any question in the store of the	e even if not compenie n this Part IV . (o) Reportable compeniation (Forms W-2/1088-MISC (if not paid, enter-0-)	sated—see the insi	its,	s for Part IV)
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Earn 99	0-FZ (2010) WATAUGA RESIDENTIAL DEVELOPMENT CORPORATION	58-1727570 Pag	ل.ن
	Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	,
10000	instructions for Part V.) Check if the organization used Schedule O to respond to any question in	this Part V .	
	L. L. best blue manufacture and a second and	Yes	lo
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		
33	detailed description of each activity in Schedule O.	33	<u>X</u>
34	Were any significant changes made to the organizing or governing documents? If "Yos," attach a conformed		
•	copy of the amended documents if they reflect a charge to the organization's name. Otherwise, explain the		
	change on Schedule O. See instructions.	34	Χ
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)?		Χ.
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	_ 35b	<u>X</u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<u>X</u>
36	Old the organization undergo a liquidation, dissolution, termination, or significant disposition of not assets		
	during the year? If "Yes," complete applicable parts of Schedule N		X ಪರ್ಷ-೨%
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	MANUAL STATE TO	Tia-
b	Did the organization file Form 1120-POL for this year?	. 37b	X 4.37532
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	THE WAS COMES OF THE PARTY OF T	TINE.
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?.	38a	X
b	If "Yes," complete Schedule L. Part II and enter the total amount involved 38b	VOLUME TO THE PARTY OF THE PART	47
39	Soction 501(c)(7) organizations. Enter:	WHATTER STREET	#K###// ``
а	Initiation fees and capital contributions included on line 9.	and the control of th	HUNNING.
þ	Gross receipts, included on line 9, for public use of club facilities		TERE!
40 a	Section 501(c)(3) organizations, Enter amount of tax Imposed on the organization during the year under	Spring the Control of	10000
	section 4911 >, section 4912 >, section 4955 >	विकास सम्बद्धाः स्थानिक विकास व	leti-trair
a	Section 501(c)(3), 501(c)(4), and 501(d)(29) organizations. Did the organization engage in any section 4958	2 4 25 4 25 4 4 4 4 4 4 4 4 4 4 4 4 4 4	a16)**V
	excess benefit transaction during the year, or did it engago in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	x
_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	Total Managarian	incrit.
C	on organization managers or disqualified persons during the year under sections 4912,	THE THE PARTY OF T	NAME OF THE
	4955, and 4958	Section Division Williams	wildy,
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	CONTRACT THE PART OF	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
•	40c reimbursed by the organization	A MUNICIPALITY OF THE PRINTERS OF	Gu <u>can</u> ia
e	All organizations. At any timo during the tax year, was the organization a party to a prohibited tax shelter	Linema Espandido Es	加克克
•	transaction? If "Yes," complete Form 8886-T	40e	Χ
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	(423) 467-3622	2
,	**	7615-9054	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		No
Đ.	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	7.3.2.2. (= 4	X
	The state of the s	42b	· ·
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	Marine Park	MANUAL.
	Financial Accounts (ΓBAR)	A particular de	观损的
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
·	If "Yes," enter the name of the foreign country	,,,,,	
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here.	. , , , , , ,	• [
***	Section 4647 (a) (1) Horizontal activities of section of the secti		
	and enter the amount of tax-exempt interest received or accrued during the tax year	Yes	No
44.0	Did the organization meintein any donor advised funds during the year? If "Yes," Form 990 must be	And Market Street	
44 a	completed instead of Form 990-EZ	448	X
ь.	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	F L	15.3.444
Ü	completed instead of Form 990-EZ.	44b	X
^	Did the organization receive any payments for indoor tanning services during the year?	44c ""	X
d	TOO I was a supported by the support of the support	AND THE PROPERTY OF THE PERSON	
u	explanation in Schedule O.	44d	<u>X</u>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
h.	Did the organization receive any payment from or ongage in any transaction with a controlled entity within the	The state of the s	ยงสูนโรญ
,,	meaning of section 512(b)(13)? If "Yes," Form 990 and Schodule R may need to be completed instead of	22 12 100 112 miles	AGNOTED !
	#onn 990 EZ See Instructions	[45b	X
·		Form 990-EZ	(2019)

Form 9	1CAVV (4103).23-06	HIGA:RESIDENTIAL	DEVELOPMENT COPE	PORATION	<u></u>	58-1727579 PAGS 4
46	Did the organization engage to candidates for public office	e'/ If "Yes," complete	Schedule C, Part I	divities on behalf of or	in opposition	46 X
Paul	All section 501(c)(3) organizations mu	ly ist answer questions ule O to respond to a			
47 48 49 a b 50	Old the organization engage year? If "Yes," complete Sch is the organization a school Did the organization make a if "Yes," was the related org. Complete this table for the comployees) who each received.	nedule C, Part II as described in section as transfers to an exe anization a soction 52 organization's five high	on 170(b)(1)(A)(ii)? If "Y empt non-charitable rela 7 organization? nest compensated empl	es," complete Schedu ted organization?. oyees (other than office	e E . cers, directors, lru there is none, en	ter "None."
	(a) Name and title of each e	mptoyee	(b) Average hours per week dovoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Healfin bene contributions to em benefit plans, and d compensation	played (e) Estimated simple of element of other compensation
<u>Лик</u>	None		ньлик .0	o i	- AND 2110 MATERIAL AND	
Name Titk			HI/MIK . , , , . , . , . , . , . , . , . , .	o		
Tiffr Name	A CONTRACTOR OF THE PROPERTY O	Januaran Caragnar Para	<u>ничк</u>			
Name Ville	, , ,		<u> </u>	0		
f 51	Total number of other employ Complete this table for the compensation	organization's five high	hest compensated inde	pendent contractors w	ho each received	I more than
-	(a) Name end business	address of each independen	nt contractor	(b) Type of se	rvice	(c) Compensation
Napa Oct	None	8ф. 8Т	7117			
Naine Naine	7111				n popular	
On	1	Str ST	zir		and other particles for the desired	
Vjetil Č(i Vjetil	y	81 St	ZIP			- -
C _{it} d					b	naka sa Fifikifangangangan pagapan na manana ana ana panapan ana m
	completed Schedule A.					, ▶ [X] Yes [No
true, o	orrect, and complete Defleration or p	reputar (QUI) than officer)	e beand on all inloimation of w	hich preparer has any know	edge,	10/22/2020
Sign Hem		MONDS	**************************************		oste PREŞI	DENT
Paid	Pont/Type preparer's		Preparor's signature	D	Rib Chad	# PTIN
Use	Only Firm's address	MARKET OF THE SHEETING CONTROL OF THE			Fighth F	0
May	the IRS discuss this return w	nn the preparer show	H BOOVEY SEE INSTRUCTO	118	THE STREET STREET, STR	Yes No Form 990-EZ (2019

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete If the organization is a section \$01(c)(3) organization or a section 4947(a)(1) honoxympt charitable trust

► Attach to Form 990 or Form 990-E2.

OMB No. 1545-0047
2019
Opport to Publication

		t of the freeeury venue Sepykee	▶ Go to	www.irg.gov/Engn8	90 for instructions are	i ine lelesi	t informati	ion.	Inspection
		e organization						Employer identification r	umbar
۸A۱	AUC	SA RESIDENTIA	AL DEVELOPME	<u>VI CORPORATION</u>	7 1 1 1871/00 To APE APE	- 		58-172	7579
Pai		Reason fo	r Public Chark	y Status (All org	anizations must cor	nplete thi	s part) s	see instructions.	,
Γhe ∙	orga	ilibetion is not a	private foundalid	M because it is: (Fo	r līnes 1 through 12, c churches described in	neck only	000 00KJ) 7015)(416)	100 AD	1
1	H							()	}
2	님				ch Schedule E (Form				
3	뉘				ation described in sect ction with a hospital de				er the
4	ш		arch organization a, city, and state.	operated in conjun	ution with a nospital of	Jack Incom	accion	i i o(e)(i)(c)(iii): Eik	J. 414
5	[]	An organization		benefit of a college	or university owned o	or operated	t by a gov	ernmental unit descr	ni bedin
6					al unit described in se	ction 170((b)(1)(A)(v	<i>r</i>).	
7	X			ceives a aubstantial A)(vI). (Complete Pa	part of its support froi art II.)	m a goveri	nmental u	nit or from the genera	al public
8		A community to	ust described in :	section 170(b)(1)(A)(vI). (Complete Part I	1)			
9		or university of	a non-land-gran	t college of agricultu	eotlon 170(b)(1)(A)(ix ire (see instructions). I	Enter the n	iame, city.	and state of the coll	вде ог
10		receipts from a	ictivities related to rose investment i	ts exempt function	an 33 1/3% of its suppins—subject to certain do business taxable incees escetion 509(a)(2).	exceptions come (less	s, end (2) s section 5	no more than 33 1/3	% o f its
11	[to test for public safe			(a)(4).	
12	-	An organizatio	n organized and	perated exclusively	for the benefit of, to p	erform the	e functions	s of, or to carry out th	ne purposes
•	l	of one or more	publicly supporte	ed organizations de	scribed in section 509 les the type of support	l(a)(1) or s	ection 50	9(a)(2). See section	509(a)(3).
а	l	the support	ed organization(s	ation operated, supr) the power to regul plete Part IV, Secti	ervised, or controlled barry appoint or elect a cons A and B.	y its supp majority o	orted orga f the direc	unization(s), lypically stors or trustees of th	by giving e supporting
ŧ	,	control or m	nanagement of the	ation supervised or supporting organizations supplete Part IV, Se	controlled in connected to the sales of the	on with its Inte persoi	supported as that co	f organization(s), by atrol or manage the	having supported
c	:	Type III fur	ctionally integra	ited. A supporting o	rganization operated i You must complete P	n connecti Part IV, Se	on with, a ctions A.	nd functionally integr D, and E.	ated with,
c	l	not f	unctionally integra	ated. The organizati	ing organization operation generally must satilified Part.IV, Stortlone	lsfy a distri	ibulion red	quirement and an atto	anization(s) entiveness
e	•	Check this	box if the organiz	ation received a wri	tton determination for	n the IRS	that it is a	Type I, Type II, Type) KI
_		functionally	integrated, or ly	pe III non-functional	lly integrated supportin	iy organiza	eition		-
f			per of supported (_					· [
k	(i)	Name of supported		3 sbout the support (II) EIN	(iii) Type of organization (deachbed on lines 1-10 above (see instructions))	(iv) is the o	n Bonewijuð	(v) Amount of monetary support (see mateuations)	(vi) Amount of other support (see instructions)
<u> </u>				· · · · · · · · · · · · · · · · · · ·		Yes	<u>N</u> o		
(A)									
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				era successional mark the control					ana anga atsassitansa a 122 at na ila
(C)								1	
(D)		/\\\\) (Макединения у			**************************************	
(E)					<u>renewerze wang sa gapagahikhikhikhik alauka alauka kanila da da anaka alauka da anaka alauka da anaka alauka da anaka anaka</u>	· · · · · · · · · · · · · · · · · · ·			wallen and a wallen and all mines
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Tota	RI	a bhacas afrashwa yan arran mara arra		limahilih salahin salah sa	And the Control of th	in contract		0	O

STANCE OF	TO SELECT THE PARTY OF THE PART	RESIDENTIAL	PAGTOLMENT	CORPORATION		58-172757	9 Page 2
Par	Support Schedule for Orga (Complete only if you check	ed the box on Ir	ne 5, 7, or 8 of	Part I or if the	organization fai	led to qualify un	nder
	Part III. If the organization fa	<u>sils to qualify un</u>	der the tests lis	ted below, plea	ise complete P	art III.)	
	tion A. Public Support	T 750 5646	(b) 2016	(c) 2017	(d) 2018	(c) 2019.	(#) Total
Cale	ndar year (or fiscal year beginning in) 🗼 🕨	(a) 2015	(b) 2016	(C) 2017	(u) 2010	<u>10) 20 19.</u>	(a) 10fest
1	Gifts, grants, contributions, and		'				
	membership fees received (Do not	57,249	71,732	72,686	76,199	75,052	352,918
2	include any "unusual grants.")	17,24B		,	70,100	10,002	
_	organization's benefit and either paid					i	
	to or expended on its behalf.]	'				0
3	The value of services or facilities		, -		25, (, , , ,		, ,, ,,
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	57,249	71,732	72,686	70,199	75,052	352,910
5	The portion of total contributions by	inglighted and the property			The second second	Killer Karler British British St.	
	each parson (other than a	an en all and an anna an each		SUPERIOR AND MANAGEMENT OF THE PROPERTY OF THE	Mind Manager of a Can	A Transport of the Contract of	
	governmental unit or publicly	mari and apply about the little like	To the following to the second	AND THE PROPERTY OF THE	and some allowers are a second		
	supported organization) included on		Ewinder proposition than the state of the st	Applications - Sec. c. je.		was dines of the property	
	line 1 that exceeds 2% of the amount	C. H. S. C. W. D. WOOD CONTROL	perecepting best hallely light en	A THE PROPERTY OF THE PROPERTY	THE PARTY OF THE P	anne contra di Anne	
•	shown on line 11, column (f)			may major and kind of mar	A LET LE DE LE LES PRINTES DE LA CONTROL DE	the legal strates and the strate.	352,918
Sec	Fugue puppor subvete fine 5 from line 4	<u>Minime</u> ra	Salaharan ing Arti anna dan tan tan tan tan	ANT THE REPORT OF THE PARTY OF	proving the street of the street		
- ,	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(a) 2019	(f) Total
7	Amounts from line 4	57,249	71,732	72,686	76,199	75,052	352,918
8	Gross Income from interest, dividends,						and market property
	payments received on securities loans,		}	}			
	rents, royalties, and income from						
	similar sources	2	9		2	2	15
9	Net Income from unrelated business	1	ļ			}	
	activities, whether or not the business as			[_
	regularly carried on		4, 1,	,mc , m 4,		, , ,,,,,	δ.
10	Other income Do not include gain or		1	1	ļ		
	loss from the sale of capital assets	ŧ		ŀ	Ì		^
	(Explain in Part VI.)	Eggingent and and the state of	Lament danger da og RIA. ("Engers	WWW.CORNERSON	Malatalana mahasara	The state of the s	352,933
11	Total support. Add lines 7 through 10	PULL ACTUAL DESCRIPTION OF THE PROPERTY SPECIAL AND	deduction in account have see	107.00	والمستحدد والمتجران والمتجران	12	<u> </u>
12 13	First five years. If the Form 990 is for the		second third toud	r lb. or lifth lex veet i	es a section 501(c)	—	
15	organization, check this box and stop here		, , , ,			· · · · · · · · · · · · · · · · · · ·	. , . ▶ [""]
Sec	ction C. Computation of Public St		,		- 14, -		(~
14	Public support percentage for 2019 (lino 6,			(f))		14	100.00%
						15	100 ሀ0%
	33 1/3% support test-2019. If the organ-			3, and line 14 is 33	1/3% or more, che	ck this box	
	and stop here. The organization qualifies	as a publicly suppoi	rted organization				
b	33 1/3% support test-2018. If the organi	ization did not chec	k a box on line 13	or 16a, and line 15	13 33 1/3% or more	e, oheck (his	(mm)
	box and stop here. The organization quali	fies as a publicly su	pported organizate	, по			> []
17a	10%-facts-and-circumstances test—201	19, If the organization	on dld not check a	box on line 13, 16a	i, or 16b, and line 1	4	
	10% or more, and if the organization meets Part VI how the organization meets the "fac	the "facts-and-circ	rumstances" lest, c	heck this box and t	stop here. Explain	in ad	
	organization.	cts-and-circumstant	zes" rest. The orga		s a bonucia anbbou	HO	
h	10%-facts-and-circumstances tost—20	He oroppiselie	nn did not chack a			line	· · · · · · · · · · · · · · · · · · ·
u	15 is 10% or more, and if the organization	meets the "facts-an	d-circumstances" t	est, check this box	and stop here.		
	Explain in Part VI how the organization me	uts the "facts-and-c	arcumetances" test	The organization	qualifies as a publi	cly	ר־ ו
	supported organization					i i .	▶ []
18	Private foundation if the organization did	I not check a box o	n line 13, 16a, 16b	, 17s, or 17b, chec	k this box and see		_ {~~1
Marian.	Instructions		manufacture and of I make to consider the Philosophia	* * * * * * * * * * * * * * * * * * *			· · · » [_ [
		•				Schedulo A (For	n 990 or 990-EZ) 2019

Sched	He A (Form 880 or 980-FZ) 2019 WAFAUGA	.KESIDENTIAL D	DEVILOPMENT	CORPORATION		58-172757	9 PRIS 3
Par	We Support Schedule for Orga	nizations Des	cribed in Sec	tion 509(a)(2)			
	(Complete only if you checke	ed the box on li	ne 10 of Part i	or if the organiz	ation failed to d	qualify under Pa	ert II
	If the organization fails to qua	allfy under the i	tests listed bel	ow, please com	plete Part II.)		
Q.c.	non A. Public Support			Linear Lift invanience and a track of the			
	dar year (or fisca) year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(c) 2019	(i) Total
	- · · · · · · · · · · · · · · · · · · ·	- 18) 2010	(2) 20.10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Giffe, grente contributions, and membership fees received, (Do not include any "unusual grants")					1	0
	Gross receipts from admissions, merchandles				· · · · ·		/
	note or pervices performed, or facilities						
	furnished in any activity that is related to the	•					٥
	organization's tax-oxompt purposo		- m/m		' \ -		
3	Gross receipts from activities that erc not an						0
	unrelated trade or business under section 513 .						
4	Tax revenues lovied for the						
	organization's benefit and either paid to						0
	or expended on its behalf						·
5	fine value of services or facilities						
	furnished by a governmental unit to the			1			.0
	organization without charge		ļ 			_	<u>;Q.</u>
6	Total. Add lines 1 through 5	0		0	O		
[•] 7a	Amounta included on lines 1, 2, and 3			j			
	received from disqualified persons	'			the minimal effected the bear area.		0
	Amounts included on lines 2 and 3						
	received from other than disqualified		}			.	
	persons that exceed the greater of \$5,000		Į]	
	or 1% of the amount on line 13 for the year .		<u> </u>				0
c	Add lines 7a and 7b .	0	(0	<u> </u>	.0
	Public support (Subtract line 7c from	puntur da pagantan	that the way	a rapide policie de la cale principa.		Manual Company of the	
	line Gi)			LA-MOUREMENT MARKET	THE PARTY OF THE PARTY OF	The workship to	0
	tion B. Total Support						·
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(t). lotal
			المع رب)	(4) -4	70,20.0		1-7 14.1(2)
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9	Amounts from line 6						•
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9 10a b c 11	Amounts from line 6	organization's first,		0 0	0	0	0 0 0 0 0
9 10a b c 11 12	Amounts from line 6	organization's first	second, third, fou	0 0	0 0 as a section 501(c)	0	0 0 0 0 0
9 10a b c 11 12	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (leas section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10s and 10b. Not income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or lose from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the corganization, check this box and stop here there of Public Su	organization's first	second, third, fou	O C	0 0 as a section 501(c)	0	0 0 0
9 10a b c 11 12	Amounts from line 6	organization's first	second, third, fou	O C	0 0 as a section 501(c)	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
9 10a b c 11 12	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (leas section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10s and 10b. Not income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or lose from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the corganization, check this box and stop here there of Public Su	organization's first,	second, third, four	O Conth, or fifth lax year	0 0 as a section 501(c)	0	0 0 0
9 10a b c 11 12 13 14 \$ec 15	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (least section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10s and 10b. Not income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or lose from the sale of capital assets. (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the corganization, check this box and stop here tion C. Computation of Public Support percentage for 2019 (line 8,	organization's first, soport Percent column (f), divided divie A, 13-art, fil, line	second, third, four	O Conth, or fifth lax year	0 0 as a section 501(c)	0)(3)	0 0 0 0 0 0 0 0 0 0 0 0 0
9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (leas section 511 taxes) from businesses acquired after Juhe 30, 1975. Add lines 10s and 10b. Not income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or lose from the sale of capital assets. (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the corganization, check this pox and stop here tion C. Computation of Public Support percentage for 2019 (line 8, Public support percentage from 2018 Scherttion D. Computation of fuvesime	organization's first, soport Percent column (f), divided duis A, 13 ant III, line ant Income Per	second, third, four	O Conth, or fifth lax year	0 0 as a section 501(c)	0)(3)	0 0 0 0
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (leas section 511 taxes) from businesses acquired after Juhe 30, 1975. Add lines 10s and 10b. Not income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or lose from the sale of capital assets. (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the corganization, check this pox and stop here attorn C. Computation of Public Support percentage for 2019 (line 8, Public support percentage from 2018 Scheet investment income percentage from 2018 Scheet inv	organization's first, column (f), divided divis A, 13 art III, line nt Income Per p 10c, column (f), Schedule A, 13 art III	second, third, four targes by line 13, column 15 roefftage divided by ilno 13	O Counth, or fifth lax year	0 as a section 501(c)	0 0 0 (3) 15, 16	0 0 0 0 0 0 0 0 0 0 0 0 0
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (leas section 511 taxes) from businesses acquired after Juhe 30, 1975. Add lines 10s and 10b. Not income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or lose from the sale of capital assets. (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the corganization, check this pox and stop here tion C. Computation of Public Support percentage for 2019 (line 8, Public support percentage from 2018 Schertion D. Computation of Investment income percentage from 2018 Schertion D. Computation percentage from 2018 Scherting Investment income percentage from 2018 Scherting Investment income percentage from 2018 States and 1/3% support tests—2018, If the organical investment income percentage from 2018 States and 1/3% support tests—2018, If the organical investment income percentage from 2018 States and 1/3% support tests—2018, If the organical investment income percentage from 2018 States and 1/3% support tests—2018, If the organical investment income percentage from 2018 States and 1/3% support tests—2018, If the organical investment income percentage from 2018 States and 1/3% support tests—2018, If the organical investment income percentage from 2018 States and 1/3% support tests—2018, If the organical investment income percentage from 2018 States and 1/3% support tests—2018, If the organical investment income percentage from 2018 States and 1/3% support tests—2018, If the organical investment income percentage from 2018 States and 1/3% support tests—2018, If the organical investment income percentage from 2018 States and 1/3% support tests—2018, If the organical investment income percentage from 2018 States and 1/3% support tests—2018, If the organical investment in the conten	organization's first, column (f), divided dule A, isant III, line int Income Per is 10c, column (f). Schedule A, isant III inization did not che	second, third, four larges by line 13, column 15 rcefflage divided by line 13 I, line 17	Q (mith, or fifth tax year or (f)) , , column (f)) , , at 14, and line 15 is r	0 as a section 501(c)	0 0 0 0 15, 16	0 0 0 0 0 0 0 0 0,00%
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (leas section 511 taxes) from businesses acquired after Juhe 30, 1975. Add lines 10s and 10b. Not income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or lose from the sale of capital assets. (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the corganization, check this pox and stop here tion C. Computation of Public Support percentage for 2019 (line 8, Public support percentage from 2018 Scheet tion D. Computation of Investment income percentage from 2018 Scheet investment income percentage	organization's first, column (f), divided divis A, isant III, line int Income Per is 10c, column (f), Schedule A, isant III inization did not che stop here. The or	second, third, four third, fou	Q (inth, or fifth lax year (in (f)), (column (f)), (column (f)), (column (f)), (column (f)) (col	as a section 501(c)	0 0 0 (3) 15, 16	0 0 0 0 0 0 0 0 0,00%
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9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6. Gross income from interest, dividenda, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (least section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10s and 10b. Not income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or lose from the sale of capital assets. (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support percentage for 2019 (line 8, Public amport permantage from 2018 Scheetion D. Communication of live sime investment income percentage from 2018 (linestment income per	organization's first, speort Percent column (f), divided dule A, Part III, line nt Income Per ne 10c, column (f), Schedule A, Part III nization did not che stop here. The or nization did not che s box and stop he	second, third, four third, fou	O O O O O O O O O O O O O O O O O O O	as a section 501(c) as a section 501(c) more than 33 1/3%, ported arganization ine 16 is more than blicity supported org	0 (3) 15, 16 17 18, and line 17 is 33 1/3%, and ganization	0 0 0 0 0 0 0 0 0 00%
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Yes No

Schedule A (Frain 990 or 680-ሮጂ) 2019	WATAUGA RE	SIDENTIAL DEVELOPMENT CORPORATION	лв-1727579 Pige 4
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Supporting Organizations

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

Section A. All Supporting Organizations

- 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) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when end 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- o Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 benefit one or more of the filling organization's supported organizations? If "Yos," provide detail in Part VI.
- 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 "Yes," provide defail in **Part V**I
- 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 personal 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 "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schodu	TO A (Fund 990 or 990-02) 2018 WAJAUGA RESIDENTIAL DEVELOPMENT CORPORATION 58-1/2/5	<u>/9</u>	يا	w 5.
Pari	Supporting Organizations (continued)			
		6 25 55 1	Yes	No ∵(Cinit
11	Has the organization accepted a gift or contribution from any of the following persons?	West St	2.78	142 Kr.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	aajaure#		ะเลียนั้นใ
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	116		
c_	A 35% controlled entity of a person described in (a) or (b) above? If "Yos" to H, b, or b, provide detail in Part VI.	1 <u>1c </u>	لـــــــــــــــــــــــــــــــــــــ	· •
Sect	Ion B. Type I Supporting Organizations		Yes	No
		handle	JUMP	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	19/1/25	mio buta	NG 37
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	200mms	יייי ליגים אוניייי היייייייייייייייייייייייייייייייי	No Page
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	The state of the s	200	and this
	controlled the organization's activities. If the organization had more than one supported organization,	MOVING	A COLUMN	Min II ali
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ndu-ridi	Kaimar.	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	piploga	ستستند	- William 7
2	Did the organization operate for the benefit of any supported organization other than the supported	- 100	62 13V	Alberra A.
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	(8:13-12.2)	HEHE	A TOTAL
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	25.50	.स.स्य	My Ville
	supervised, or controlled the supporting organization.	121	"•	l,,, -
Sect	Ion C. Type II Supporting Organizations		Yes	Na
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	5-5C4	जुद्ध गण्ड	3.3.4
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	4734	"性似鬼 "	N
	or management of the supporting organization was vested in the same persons that controlled or managed	, AJUST	1/4/1/	F. Marie
		1		רה מדופה <i>מ</i> ב
Coci	the supported organization(s) ion D. All Type III Supporting Organizations	لمست ليي	l ,	
Zaći	IOI D. VII 14 DE IN STODOGING ATTOMICANOMIS		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		SIMP.	WAY AL
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	Politicity	加坡的	UV G. S. W.
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	1481920	7711.1844 L	11/2
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		L`
2	Were any of the organization's officers, directors, or trustoes either (i) appointed or elected by the supported	than the	1,200	THE OWN
•	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	acres fills.	Milita	6.61
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ļ	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	440	na arad	15.20.00
•	significant voice in the organization's investment policies and in directing the use of the organization's	in sar	, in the	MRIDINE
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	กล้าวานายกั	TOTUE (MAKER
	supported ตญลกโรสโเลกซ played in this regard	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to sahsfy the Integral Part Test during the year (see ins	itruction	s).	
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 (s	ee instruc	tions))
2	Activities Test, Answer (a) and (b) below	[======================================	Yes	No valvate
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		W-101C/T	1,1700
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	Marille of	PHINA	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	property to		HIMP M
	how the organization was responsive to those supported organizations, and how the organization determined	2a	7.00	海州航
	that these activities constituted substantially all of its activities	1,1,1,1,1	dames	المستعقبات
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Tra u	1,1-,42	nayikini.
	of the organization's supported organization(s) would have been ongaged in? If "Yes," explain in Part VI the	£.1844	ar C	เลือกสหรั
	reasons for the organization's position that its supported organization(s) would have organization these		يو و تريي	\ <u>-</u>
	activities but fur the organization's involvement	2b	a gridage	
3	Parent of Supported Organizations Answer (a) and (b) below.	2,000	The true	น กุมที่ให้กับ เ
Ð	Did the organization have the power to regularly appoint or elect a inajority of the officers, directors, or	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Lugar	4
	trustnes of each of the supported organizations? Provide details in Part VI.	38	THE PARTY OF	a mana
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	r	1 7	7:-:-
-	of its supported organizations? If "Yes," describe in Part VI the role relevant by the organization in this regard,	<u> 3b</u>		<u> </u>

Schoolule A (Tokini 990 oi 990-#2) 2019 WATADGA RESIDENTIAL DEVELOPMENT CORE	POR	ATION 58-1	#27579 Page 6
Type Itt Non-Functionally Integrated 509(a)(3) Supporting Or	gan	dzations	
1 Check here if the organization satisfied the integral Part Test as a qualifying	trus	t on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other '(ypo III non-functionally integrated supporting organi	zatio	ns must complete Sections	s Attirough E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optlogal)
1 Net short form capital yoin	1		
2 Recoveries of prior-year distributions	2		
3 Offier gross indome (see Instructions)	3		
4 Add lines 1 through 3.	4	0	,δ
5 Demeciation 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 (sen instructions)	8]	
7 Other expenses (see instructions)	7	, 11 / / /	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	h h
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		Appropriately, it is a profited by the March and a prime.	
instructions for short tax year or assets held for part of year):	HILL LAND	duminutil in the second of the	Annatana di sendi de de dicabial
a Average monthly value of securities	18		
b Average monthly pash balances	1b		
c Fair market value of other non-exampl-was assets	10		
d Total (add lines 1a, 1b, and 1e)	1d		0
Discount claimed for blockage or other	1 200 11	The same of the sa	a gaparata da
factors (explain in detail in Part VI):	A Section		Madalan da na mana ang ang ang ang ang ang ang ang ang
2 Acquisition indebtedness applicable to non-exempt-use assets	2	1	mo my was a
3 Subtract line 2 from line, 1d.	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	-		
see instructions).	4	0	0
5 Net value of non-exempt, use assets (subtract line 4 from line 3)	5	Ö	1
6 Multiply line 5 by 085	6	0	C
7 Recoveries of pylor-year distributions	7	0	O
8 Minimum Asect Amount (add tine 7 to line C)	8	0	0
Section C - Distributable Amount	,,,,4,, - ,, ,	The state of the particular of the constitution of the state of the st	Current Year
1 Adjusted net income for prior year (from Section A, line B, Column A)	1	ancorne de constitue de la con	
2 Enter 85% at line 1	. 2	THE PROPERTY OF THE PARTY OF TH	C
3 Minimum asset amount for prior year (from Section B, Ilina 8, Column A)	3		5
4 Enter greater of line 2 of line 3	4		
5 Income tax imposed in prior year	5		6
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	<u>' </u>	Maria Ma	
emergericy temporary reduction (see instructions).	6	Martin Martin Antonian Paristra	al (
7 Check here if the current year is the organization's first as a non-functional	lly (ni	egrated Type III supporting	organization (see
inchandlone)	,		U

The state of the s		ios Z
Section D - Distributions	od 509(a)(3) Supporting Organizations (continued) Current Year	
1 Amounts paid to supported organizations to	complish exempt buryoses	
2 Amounts paid to perform activity that direct	inthers exempt purposes of supported	
omanizations, in excess of income from act	γ	
3 Administrative expanses paid to accomplish	tempt purposes of supported organizations	ن بالسميسات
4 Amounts paid to acquire exempt-une assets		
5 Qualified set-aside amounts (prior IRS appr	al maulrad)	
6 Office distributions (describe in Part VI). Se	retructions	
7 Total annual distributions, Add lines 1 three	th G.	<u> </u>
8 Distributions to attentive supported organiza	ins to which the organization is responsive	
(provide details in Part VI). See instructions	VILLA VILLA DISTANCE CONTROL C	
9 Distributable amount for 2019 from Section	line 6	<u> </u>
10 I ine 8 amount divided by line 9 amount	0	000
And Address County Property of the Property of	(ii) (ui)	
Section E - Distribution Allocations (see in	uctions) Excess Distributions Underdistributions Distributable Excess Distributions Pre-2019 Amount for 20	
1 Distributable amount for 2019 from Section	line 6	0
2 Underdistributions, if any, for years prior to		na ar ili azi
(reasonable cause required—explain in Par		niverille.
instructions.	The state of the s	
3 Excess distributions carryover, if any, to 20	Modern and Market and	
a From 2014.	O (management of the property	
b From 2015	O COMPANY CONTROL OF THE PROPERTY OF THE PROPE	
c From 2016.	O a straight an ann a suite an ann ann ann ann ann ann ann ann ann	
d From 2017	O petito in the contraction of t	indred at c
e From 2018	O have a managed and the control of	ACAMANA T
f Total of lines 3a through e		WORTH THE
g Applied to underdistributions of prior years	O formation of the state of the	14. I
h Applied to 2019 distributable amount	U paret and a control of the control	0 संग्रह्मा
I Carryover from 2014 not applied (see instri	Ione)	avanoe
J Remainder, Subtract lines 3g, 3h, and 3i fro	3f. Olympianing in the control of th	
4 Distributions for 2019 from	HER THE THE PROPERTY OF THE PR	All Abraras
Section D, line 7	O property of the control of the con	SPATANTA
a Applied to underdistributions of priet years	Action for the second s	WANTED TO
b Applied to 2019 distributable amount	distribution of the first of the state of th	0
c Remainder, Subtract lines 4a and 4b from	O Company of the property of the second of t	Village Fit,
5 Remaining underdistributions for years price		TO THE PARTY OF TH
any. Subtract lines 3g and 4a from line 2. F	result Emphasize and a second	piraningle.
greater than zero, explain in Part VI See in		
6 Remaining underdistributions for 2019. Su	act lines 3h	
and 4b from line 1. For result greater than	O. explain in	_
Part VI See instructions.	o. explain in	O
7 Excess distributions carryover to 2020.	d lines 3	Schlubbank
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	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, B, 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 8; and Part V.	Section s 1c, 2a, 2b,	
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Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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Name of the organization						Empto	yer ideni	tification	חניוו חס	nber		
WATALIGA RESIDENTIAL I	DEVELOPMENT	CORPORATION	ON		at 6 at 18 mm mm		27579			,		
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1 (a) Name of disqualifi	ed person	(b) Relationship be	etween disqueli erganication	bna nosneq belf		(a) Description	of trains	action			(d) Con	No.
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2 Enter the amount of	tax incurred by	the organizatio	n managers	s or disqualifié	d betec		ear e		. dr			
under section 4958					il a.u.		٠.	, ,	, a.	•••		
3 Enter the amount of	tax, if any, on lif	ne 2, apove, re	mbursea b	y the organiza	uon, ,		,	, ,	Ψ,			
Loans to and	or From Interes	ted Persons.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,			<u> </u>	•	,4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,-	
Complete if the	organization ar	nswered "Yes" o	on Form 99	0-EZ, Part V, I	ıne 38a	or Form 990, P	art IV, li	ine 26	3, or ı	i the		
organization re	ported an amou	int on Form 990), Part X, Iır	ie 5, 6, or 22			*****************************	-			and the state of t	
(a) Name of interested person	(b) Relationship	(c) Purpose of	(d) Loan lo			(f) Balance due	(g) in de	fault?	(h) App			/illen
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(a) Name of Interested person) (b) Relation person :	ehip between interc and the organization		lonut ol seaapauce		(d) Type of assistant	9	(•) Рчгрс	se of £	netelee	Ce
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Porm 990 or 900-FZ) 2019

	Business Transactions Involvi Complete if the organization and (a) Name of Interested person	wered "Yes" on Form 990, P	art IV, line 28a, 28b,	or 28c			
l	(a) Name of interested person	1					
		(b) Relationship between interested person and the organization	(a) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
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2617AVA	Provide additional information f	or responses to questions or	Schedule L (see ins	iructions)			
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ

OMB No. 1545-0047
2019
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Department of the Transury infuted Response Riverse Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
WATAUGA RESIDENTIAL DEVI-LOPMENT CORPORATION	58-1727579
Form 990-EZ, Part I, Ling 16, Other Expenses: Equipment rental and maintenence: 11,581	
Form 990-EZ, Part I, Line 16, Ollier Expenses Depreciation: 12,957	
Form @00-EZ. Part I, Line 16, Other Expenses: ADMINSTRATIVE EXPENSES, 11/456	,
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Form 990-EZ, Part I, Line 16, Other Expenses TAXES & INSRUANCE: 3,126	manufacture of the state of the
Form 990-EZ, Part I, Line 16, Other Expenses, FINANCIAL EXPENSES: 17,341	مع مد مدهم ما معادد و المناهم
Form 990 C./, Part II, Line 24, Other Assets, RESERVES & RESTRICED DEPOSITS, Beginn	ing of year:
20,521, End of year 19,289	
Form 980-1-7, Part II, Line 26, Liabilities: TOTAL LIABILITIES: Beginning of year, 363,543, Er	nd,
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Schedule O (1'0/m) 990 or 19(1) (2014)	Employer (dentification number
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Schedule O (Fanti 890 or 850-EZ) (2019)