0

Department of the Treasury

Name and title of officer

Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-1878

2018

	vemb	L OI G	amzau		
ar year 2018, or fiscal year beginning	JUL	1,20	18, and ending	JUN	30

, 20**19** Do not send to the IRS. Keep for your records.

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

Name of exempt organization

Employer identification number

Peter Paul Development Center, Inc.

For calenda

54-1137164

Damon Jiggetts Executive Director

Type of Return and Return Information (Whole Dollars Only) Part I

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

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,457,169.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X Lauthorize Pilc & Moseley, LLC	to enter my PIN 17080
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within t is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au enter my PIN on the return's disclosure consent screen.	. ,
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating cha program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature Date	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 54140602455 Do not enter all zeros	5
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF <i>e-file</i> Providers for Business Returns.	-
ERO's signature Date	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do) So

LHA For Paperwork Reduction Act Notice, see instructions. 823051 10-26-18

Form 8879-EO (2018)

09030330 133457 16070

			Extended to May 15, 2020			
Forr	" 9	90	Return of Organization Exempt Fror Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	m Income Tax e (except private foundations	OMB No. 1545-0047	
Do not enter social security numbers on this form as it may be made nublic						
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
AF	or th	e 2018 calend	ar year, or tax year beginning $ m JUL1,2018$ and ending	<u>j J</u> UN 30, 2019		
B C a	Check if pplicab	le: C Name o	forganization	D Employer identifica	tion number	
	Addre chang		r Paul Development Center, Inc.	E4 11	27161	
	_chang _Initial _returr	ge Doing b	usiness as	54-11	5/104	
	Final returr	1708	and street (or P.O. box if mail is not delivered to street address) Room/s		80-1195	
	termii ated Amer returr	City or t	own, state or province, country, and ZIP or foreign postal code mond , VA 23223	G Gross receipts \$ H(a) Is this a group retu	2,473,080. um	
	Appli tion		nd address of principal officer: Damon Jiggetts	for subordinates?		
	pend		North 22nd Street, Richmond, VA 2322			
ΙT	ax-ex	empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		st. (see instructions)	
JV	Vebsi	te:►N/A		H(c) Group exemption	number 🕨	
κF	orm o	f organization:	X Corporation Trust Association Other ► L	Year of formation: 1979 M	State of legal domicile: VA	
	_	Summary				
0	1	Briefly describ	be the organization's mission or most significant activities: ${ m To}$ ${ m supp}$	ort the residen	ts of	
ŭ		Richmon	d's East End and educate its students	s, equipping th	em to	
ina	2	Check this bo	x if the organization discontinued its operations or disposed of	more than 25% of its net ass	ets.	
Governance	3	Number of vo	ting members of the governing body (Part VI, line 1a)		16	
ۍ م	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		16	
Activities &	5	Total number	of individuals employed in calendar year 2018 (Part V, line 2a)	5	91	
<u>viti</u>	6	Total number	of volunteers (estimate if necessary)		994	
lcti	7a		d business revenue from Part VIII, column (C), line 12		0.	
_	b	Net unrelated	business taxable income from Form 990-T, line 38		0.	
				Prior Year	Current Year	
ē	8	Contributions	and grants (Part VIII, line 1h)	1,937,844.	2,378,367.	
enu	9	Program serv	ce revenue (Part VIII, line 2g)	20,207.	0.	
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	16,052.	25,069.	
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,478.	53,733.	
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,044,581.	2,457,169.	
			milar amounts paid (Part IX, column (A), lines 1-3)	7,479.	15,150.	
			to or for members (Part IX, column (A), line 4)	0.	0.	
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots\dots\dots}$	1,478,916.	1,740,800.	
Expense	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.	
ğ			ing expenses (Part IX, column (D), line 25) ► 255, 376.	E 00 140		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	580,143.	625,218.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,066,538.	2,381,168.	
	19	Revenue less	expenses. Subtract line 18 from line 12	-21,957.	76,001.	
Net Assets or Fund Balances				Beginning of Current Year	End of Year	
sset 3ala	20	Total assets (6,173,556.	5,917,959.	
etAnd	21		(Part X, line 26)	375,281.	43,683.	
			fund balances. Subtract line 21 from line 20	5,798,275.	5,874,276.	
	art II					
			I declare that I have examined this return, including accompanying schedules and st		nowledge and belief, it is	
true,	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.		
		1 N				

Sign Here	Signature of officer Damon Jiggetts, Execut Type or print name and title	ive Director	D	ate			
Paid	Print/Type preparer's name William C. Pilc	Preparer's signature	Date	Check X PTIN if self-employed P00292400			
Preparer	Firm's name 🍃 Pilc & Moseley,	LLC	Fi	rm's EIN 20-1826687			
Use Only	Only Firm's address 4312 Grove Avenue						
	Richmond, VA 23221 Phone no.804-918-849						
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
		a and the compute instructions					

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

Form **990** (2018)

	990 (2018) Peter Paul Development Center, Inc. 54-1137164 Page 2 t III Statement of Program Service Accomplishments
Fa	
1	Check if Schedule O contains a response or note to any line in this Part III
	To support the residents of Richmond's East End and educate its
	students, equipping them to serve as positive contributors to their
	family, community, and society.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ŭ	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,441,570. including grants of \$) (Revenue \$1,964.)
	The Youth Program, comprised of the After School Learning Immersion
	Program and Summer Promise, provides year-round out-of-school time
	support for youth in the densest concentration of poverty in the City
	of Richmond. The focus of the program is academic growth; Peter Paul achieves this through required attendance, small classrooms,
	high-quality teachers and program assistants, individualized
	instruction and tutoring, and opportunities to participate in
	enrichment experiences.
4b	(Code:) (Expenses \$ 324,299. including grants of \$ 15,150.) (Revenue \$)
	Community supports include community events, food distribution, and
	community development work in collaboration with neighbors and other
	service partners. In addition, Peter Paul supports families during
	holiday seasons with food and provide gifts to children and families
	during the Christmas season.
4c	(Code:) (Expenses \$ 16,648. including grants of \$) (Revenue \$)
	Twice-weekly programming for senior citizens in partnership with the
	Senior Center of Greater Richmond. This program provides a hot lunch,
	exercise, field trips, speakers, and many more activities for senior
	citizens who live in the Peter Paul neighborhood.
4d	Other program services (Describe in Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,782,517.
	Form 990 (2018
83200	2 12-31-18
	2 330 133457 16070 2018 05070 Peter Paul Development Cent 16070 1

09030330 133457 16070

Form	aan	(2018)
гош	990	(2010)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15		45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
832003	12-31-18	Form	990	(2018)

09030330 133457 16070

3

Form 990 (2	2018)
-------------	-------

		_	Yes	N
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"	26		x
	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<u></u>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
Par	Note. All Form 990 filers are required to complete Schedule O	38	X	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	7	103	
1a		-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	ו		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	2		
b c) 1c	X 990	

Form 990	(2018)	Peter	Paul	Developmen	nt Center	, Inc.
Part V	Statements	Regarding	Other	IRS Filings and	Tax Complian	Ce (continued)

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 91						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O						
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
b	If "Yes," enter the name of the foreign country: ►						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		v			
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
-	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	7-		х			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7h					
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x			
Ь	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	70					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the						
D							
с	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c						
		14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b					
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		х			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х			
	If "Yes," complete Form 4720, Schedule O.						

Form **990** (2018)

832005 12-31-18

Form 990 ((2018)
------------	--------

Peter Paul Development Center, Inc.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

dule O contains a response or note to any line in this Part VI				
g Body and Management				-
	1 1 1/		Yes	
voting members of the governing body at the end of the tax year	1a 16	2		l
erences in voting rights among members of the governing body, or if the governing				
uthority to an executive committee or similar committee, explain in Schedule 0.	1	_		l
voting members included in line 1a, above, who are independent		2		l
tor, trustee, or key employee have a family relationship or a business relations	ship with any other			l
ee, or key employee?		2		ļ
delegate control over management duties customarily performed by or under				l
or trustees, or key employees to a management company or other person? $_{\ }$		3		ļ
make any significant changes to its governing documents since the prior For	m 990 was filed?	4		ļ
become aware during the year of a significant diversion of the organization's		5		ļ
have members or stockholders?		6		ļ
have members, stockholders, or other persons who had the power to elect or	r appoint one or			l
e governing body?		7a		L
decisions of the organization reserved to (or subject to approval by) members	s, stockholders, or			l
ne governing body?		7b		
ntemporaneously document the meetings held or written actions undertaken during the	year by the following:			ſ
,		8a	Х	ſ
authority to act on behalf of the governing body?		8b	Х	J
lirector, trustee, or key employee listed in Part VII, Section A, who cannot be				T
g address? If "Yes," provide the names and addresses in Schedule O		9		l
This Section B requests information about policies not required by the Internal	l Revenue Code.)			
			Yes	Ι
have local chapters, branches, or affiliates?		10a		Ī
nization have written policies and procedures governing the activities of such				t
ure their operations are consistent with the organization's exempt purposes?		10b		I
provided a complete copy of this Form 990 to all members of its governing b		11a	Х	t
the process, if any, used by the organization to review this Form 990.				t
		12a	х	l
, or trustees, and key employees required to disclose annually interests that could give r		12b	Х	t
regularly and consistently monitor and enforce compliance with the policy? If		12.0		t
nis was done		12c	х	l
have a written whistleblower policy?		13	X	t
have a written document retention and destruction policy?		14		t
		17		ł
letermining compensation of the following persons include a review and appro-				l
ty data, and contemporaneous substantiation of the deliberation and decisio		45 -		l
EO, Executive Director, or top management official		15a		╀
employees of the organization		15b		╞
r 15b, describe the process in Schedule O (see instructions).				I
invest in, contribute assets to, or participate in a joint venture or similar arrang				l
the year?		16a		ļ
nization follow a written policy or procedure requiring the organization to eval	• •			l
gements under applicable federal tax law, and take steps to safeguard the or	ganization's			l
espect to such arrangements?		16b		
'e North				
which a copy of this Form 990 is required to be filed None				
s an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,	, and 990-T (Section 501(c)(3	8)s only)	availa	a
Indicate how you made these available. Check all that apply.				
	ain in Schedule O)			
e O whether (and if so, how) the organization made its governing documents,	conflict of interest policy, an	ıd finan	cial	
to the public during the tax year.				
ress, and telephone number of the person who possesses the organization's	books and records 🕨			
zation - 804-780-1195				
22nd Street, Richmond, VA 23223				
		Form	990	(
22	nd Street, Richmond, VA 23223 6	nd Street, Richmond, VA 23223 6	nd Street, Richmond, VA 23223 Form 6	nd Street, Richmond, VA 23223 Form 990

Peter Paul Development Center, Inc.

Part VII	Co	mpensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	່ Em	ployees, and Independe	ent Contra	ctors			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	son is both an rector/trustee)		compensation	compensation	amount of
	week				reciu	i/uus	(ee)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			Isated		organization (W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	idual	In stitutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Form			
(1) Jershon Jones	2.00									
Board Chair		Х		X				0.	0.	0.
(2) Mark Franko	2.00									
Board Vice Chair		Х		Х				0.	0.	0.
(3) Patrick D. Hanley	2.00									
Board Treasurer		X		Х				0.	0.	0.
(4) Hal Greer	2.00									
Board Secretary		Х		Х				0.	0.	0.
(5) Nancy Harrison	2.00									
Director		X						0.	0.	0.
(6) John Hopper	2.00									
Director		X						0.	0.	0.
(7) Kevin Sutherland, PhD	2.00									
Director		X						0.	0.	0.
(8) Christa Coleman	2.00									
Director		X						0.	0.	0.
(9) Mary Doswell	2.00									
Director		Х						0.	0.	0.
(10) Benita Miller	2.00									
Director		Х						0.	0.	0.
(11) The Rev. Andrew Terry	2.00									
Director		Х						0.	0.	0.
(12) Patte Koval	2.00									
Director		Х						0.	0.	0.
(13) Christopher Moore	2.00									
Director		Х						0.	0.	0.
(14) Missy Reynolds	2.00									
Director		Х						0.	0.	0.
(15) Scott Mayo	2.00									
Director		Х						0.	0.	0.
(16) Renee Robinson	2.00									
Director		Х						0.	0.	0.
(17) Damon Jiggitts	40.00									
Executive Director				Х				120,000.	0.	13,014.
832007 12-31-18										Form 990 (2018)

832007 12-31-18

09030330 133457 16070

7

Form	990 (2018)	Peter	Paul	Deve	101	pme	ent	: (Cer	nte	er, Inc.	54-1	137	164	Pa	age 8
Par	t VII Section A. Office	rs, Directors	, Truste	es, Key Em	ploy	vees,	and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and tit	tle		(B) Average hours per week	box offi	not ch , unles cer an	ss per	tion ^{more} rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on d	am	(F) imate ount o other	
			or	(list any hours for related ganizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		orga and	oensat om the nizati relate nizatio	e on ed
					-		_									
					$\left \right $											
1b	Sub-total										120,000.		0.	13	3,03	14.
	Total from continuation										0.		0.			0.
d	Total (add lines 1b and										120,000.		0.	13	3,01	14.
2	Total number of individu			limited to th	nose	liste	d ab	DOVE	e) wł	no re	received more than \$100	,000 of reportab	le			1
	compensation from the	organization		_											Yes	⊥ No
3	Did the organization list line 1a? If "Yes," comple													3		X
4	For any individual listed and related organization	on line 1a, is	the sum	of reportab	le co	ompe	ensa	ition	n and	d otl	her compensation from	the organization		4		х
5	Did any person listed on	-										idual for services		-		
	rendered to the organiza		" comple	ete Schedul	e J f	or su	ıch p	oers	ion .					5		Х
	tion B. Independent Cor											• · · · · · · · ·				
1	Complete this table for y the organization. Report	-			-								npens	ation fr	om	
	Ν	4) Name and bus		dress	N	ONE	2				(B) Description of s	ervices	С	(C) ompen		ı
2	Total number of indeper	ident contrac	tors (inc	ludina but r	not li	miter	d to	tho	se lie		d above) who received n	ore than				
	\$100,000 of compensat		•	•				(
														Form S	90 (2	2018)

832008 12-31-18

Pert VIII Statement of Rovenue Check if Schedule O contains a response or nots to any line in the Part VII (P) It a Federated campaigns It a	Form	n 990 ((2018) Peter	Paul De	velopmen	t Center,	Inc.	54-1137	'164 Page 9
operation 1 a 111.755. 0 <th0< th=""> <th0< th=""> <th0< th=""></th0<></th0<></th0<>					-				
open of the second se			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
By Membership dues 10 b Pointaina perets d Pointainaino perets <td></td> <td></td> <td></td> <td></td> <td></td> <td>(A)</td> <td>(B) Related or exempt function</td> <td>(C) Unrelated business</td> <td>(D) Revenue excluded from tax under</td>						(A)	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
groupseded 2 a	nts nts	1 a	Federated campaigns	1a	111,755.				
groupsered becomment 2 a	Grai	b	Membership dues	1b					
groupsered becomment 2 a	a, (с	Fundraising events	1c					
groupsered becomment 2 a	Gift lar	d	Related organizations	1d					
groupsered becomment 2 a	ini,	е	Government grants (contribut	ions) 1e	234,431.				
groupsered becomment 2 a	rior S	f	All other contributions, gifts, gran						
groupsered becomment 2 a	ibu		similar amounts not included abo	ve 1f 2 ,	032,181.				
groupsered becomment 2 a	ontr od O	g	Noncash contributions included in lines	1a-1f: \$					
98 2 a	aŭ	h	Total. Add lines 1a-1f		►	<u>2,378,367.</u>	,		
g Total Add lines 2a.21 g Total Add lines 2a.21 3 Investment Income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 Gross rents b Less: rental expenses 0. 5,883. 7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses a Gain or (loss) 0. Second that inventory b Less: cost or other basis a forces income from investment on tundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from ingaring activities. See Part IV, line 18 9 Gross since from gaming activities. See Part IV, line 19 10. Sess direct expenses a Less: cost of goods soid b Less: cost of goods soid c Nate income or (loss) from gaming activities. See Part IV, line 19 a Less: cost of goods soid b Less: cost of goods soid					Business Code				
g Total Add lines 2a.21 g Total Add lines 2a.21 3 Investment Income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 Gross rents b Less: rental expenses 0. 5,883. 7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses a Gain or (loss) 0. Second that inventory b Less: cost or other basis a forces income from investment on tundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from ingaring activities. See Part IV, line 18 9 Gross since from gaming activities. See Part IV, line 19 10. Sess direct expenses a Less: cost of goods soid b Less: cost of goods soid c Nate income or (loss) from gaming activities. See Part IV, line 19 a Less: cost of goods soid b Less: cost of goods soid	ice	2 a							
g Total Add lines 2a.21 g Total Add lines 2a.21 3 Investment Income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 Gross rents b Less: rental expenses 0. 5,883. 7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses a Gain or (loss) 0. Second that inventory b Less: cost or other basis a forces income from investment on tundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from ingaring activities. See Part IV, line 18 9 Gross since from gaming activities. See Part IV, line 19 10. Sess direct expenses a Less: cost of goods soid b Less: cost of goods soid c Nate income or (loss) from gaming activities. See Part IV, line 19 a Less: cost of goods soid b Less: cost of goods soid	ervi	b							
g Total Add lines 2a.21 g Total Add lines 2a.21 3 Investment Income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 Gross rents b Less: rental expenses 0. 5,883. 7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses a Gain or (loss) 0. Second that inventory b Less: cost or other basis a forces income from investment on tundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from ingaring activities. See Part IV, line 18 9 Gross since from gaming activities. See Part IV, line 19 10. Sess direct expenses a Less: cost of goods soid b Less: cost of goods soid c Nate income or (loss) from gaming activities. See Part IV, line 19 a Less: cost of goods soid b Less: cost of goods soid	n S 'eni	С							
g Total Add lines 2a.21 g Total Add lines 2a.21 3 Investment Income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses 0. 5, 883. 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses a Gain or (loss) 0 9 Gross income from inversing events (not including \$ of coss income from inudraising events (not including \$ of coss income from inudraising events (not including \$ of coss income from inudraising events (not including \$ of coss income from ingaming activities. See Part IV, line 19 9 Gross sales of inventory, less returns and allowances a loss: direct expenses a b Less: cost of goods soid b Less: cost of goods soid b Less: cost of goods soid c a 11 a Miscellaneous Revenue b Less: cost of goods soid c b c Net income or (loss) from gaming activities	jrar Rev	d							
g Total Add lines 2a.21 g Total Add lines 2a.21 3 Investment Income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses 0. 5, 883. 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses a Gain or (loss) 0 9 Gross income from inversing events (not including \$ of coss income from inudraising events (not including \$ of coss income from inudraising events (not including \$ of coss income from inudraising events (not including \$ of coss income from ingaming activities. See Part IV, line 19 9 Gross sales of inventory, less returns and allowances a loss: direct expenses a b Less: cost of goods soid b Less: cost of goods soid b Less: cost of goods soid c a 11 a Miscellaneous Revenue b Less: cost of goods soid c b c Net income or (loss) from gaming activities	roc	е							
3 investment income (including dividends, interest, and other similar amounts) 25,069. 25,069. 4 income from investment of tax-exempt bond proceeds > 25,069. 25,069. 5 Royaties 0. > > > 6 a Gross rents 0.76,883. 0. > > > b Less: rental expenses 0. 5,883. 5,883. 5,883. > 5,883. 7 a Gross amount from sales of (loss) 0. S > S > S > S > S > S > S > S > S > S	а.								
other similar amounts) 25,069. 25,069. 4 income from investment of tax-exempt bond proceeds 25,069. 5 Royatties 0. 6 a Gross rents 5,883. 5,883. b Less: rental expenses 0. 5,883. c Rental income or (loss) 5,883. 5,883. 7 a Gross amount from sales of assets other than inventory 0. 5,883. 8 a Gross income from fundraising events (not including \$ of cain or (loss) 0. 61,797. 8 a Gross income from fundraising events (not including \$ of cain or (loss) from fundraising events (not including \$ of cain or (loss) from fundraising events be case: direct expenses 61,797. 9 a Gross income from gaming activities. See Part IV, line 18 a 61,797. 9 a Gross income from gaming activities. See Part IV, line 19 b b 45,886. 9 a Gross income from gaming activities. See Part IV, line 19 b b b 9 a Gross income or (loss) from gaming activities. See Part IV, line 19 b b b 9 a Gross income or (loss) from gaming activities. See Code Part IV, line 19 b b c 10 a Gross alse of inventory. Less retures an an alalowances b c									
4 Income from investment of tax-exempt bond proceeds 5 Royatties 6 a Gross rents 0. b Less: rental expenses 0. c Rental income or (loss) 5,883. 7 a Gross amount from sales of assets other than inventory 0. Securities 900000 10. Securities 0. Securities (0) Other assets other than inventory 0. Securities 0. Securities (0) Other assets other than inventory 0. Securities a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 0 a Gross income from gaming activities. See 0 9 a Gross income from gaming activities. See 15, 911. 9 a Gross income or (loss) from gaming activities. See 15, 911. 9 a Gross income from gaming activities. See 15, 911. 9 a Gross income from gaming activities. See 10. Seclaracous Revenue 9 a Gross income or (loss) from gaming activities. See 10. Seclaracous Revenue 9 a Gross income or (loss) from sales of inventory. 10. Seclaracous Revenue 9 a Gross income or (loss) from sales of inventory. 10. Seclaracous Revenue 9 a Gross incous from cond class of inv		3				25 060			25 060
5 Royatties (i) Real (ii) Personal 6 a Gross rents 5,883. 0. b Less: rental expenses 0. 5,883. c Rental income or (loss) 0. 5,883. 7 a Gross amount from sales of assets other than inventory 0. 5,883. 5,883. b Less: cost or other basis and sales expenses (ii) Other 5,883. 5,883. c Gain or (loss) (iii) Securities (iii) Other 61,797. b Less: direct expenses iiii) 61,797. 61,797. b Less: direct expenses iiiiiiiiii: 61,797. b Less: direct expenses iiiiii: 61,797. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a 61,797. b Less: direct expenses b iiii: iiii: 61,797. iiii: iii: iii: 61,797. iii: 61,797. b Less: direct expenses b iii: iii: 61,797. ii:: ii:: ii:: ii:: ii:: ii:: ii:: 0 a Gross sales of inventory, less returns ii::						25,009.			25,009.
6 a Gross rents (i) Real (ii) Personal b Less: rental income or (loss) 0. 5,883. c Rental income or (loss) 0. 5,883. d Net rental income or (loss) (ii) Other a Gross anount from sales of (iii) Other a Gross anount from sales of (iiii) Other b Less: cost or other basis and sales expenses (iiii) Other c Gain or (loss) of d Net gain or (loss) of b Less: clinect expenses of c Gain or (loss) of b Less: clinect expenses of c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. a c Net income or (loss) from gaming activities. a b Less: clinect expenses b c Net income or (loss) from gaming activities. a c Net income or (loss) from gaming activities. a i a dalowances a b Less: clinect expenses b c Net income or (loss) from gaming activities. a c Net income or (loss) from gaming activities. a c Net income or (loss) from gaming activities. b c Net income or					-				
6 a Gross rents 5,883. b Less: rental expenses 0. c Rental income or (loss) 5,883. d Net rental income or (loss) 5,883. 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses (iii) Other 5,883. c Gain or (loss) (iii) Securities (iii) Other d Net gain or (loss) (iii) Securities (iii) Other a Gross income from fundraising events (not including \$ of constitutions reported on line 1c). See 61,797. b Less: direct expenses b (iii) Securities c Net income or (loss) from fundraising events (iii) Securities (iii) Securities b Less: direct expenses b (iii) Securities (iii) Securities a Gross income from gaming activities. See a (iii) Securities (iii) Securities b Less: direct expenses b (iii) Securities (iii) Securities (iii) Securities i a Gross income flogs) from gaming activities iii) Securities (iii) Securities (iii) Securities (iii) Securities i a dilowances a Securet income or (loss) from sales of inventory		5	Royalties						
b Less: rental expenses 0. c Rental income or (loss) 5,883. d Net rental income or (loss) 5,883. r a Gross amount from sales of assets other than inventory (i) Securities b Less: cost or other basis and sales expenses (ii) Other c Gain or (loss) (iii) Other d Net gain or (loss) of c Catin or (loss) of d Net gain or (loss) of d Net income or (loss) from fundraising events (not including \$ of c Net income or (loss) from gaming activities. See a p a Gross income from gaming activities. See b s c direct expenses b c Net income or (loss) from gaming activities. b d Net cellaneous Revenue b miscellaneous Revenue 9000099 vetai. Add lines 11a.110		c -	Overe verte						
c Rental income or (loss) 5,883. 5,883. d Net rental income or (loss) (i) Securities (ii) Other assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses (ii) Other c Gain or (loss) (iii) Other d Net gain or (loss) (iiii) Other d Net gain or (loss) (iiiii) Other d Net gain or (loss) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii									
d Net rental income or (loss) 5,883. 5,883. 7 a Gross amount from sales of assets other than inventory 0) Securities (i) Other b Less: cost or other basis and sales expenses c Gain or (loss) 6 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 15, 911. 6 61, 797. b Less: direct expenses b 15, 911. c Net income or (loss) from fundraising events b 15, 911. 45, 886. 45, 886. 9 a Gross income from gaming activities. See Part IV, line 19 a b 15, 911. b 6 45, 886. 9 a Gross income from gaming activities									
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) f I a Miscellaneous Revenue b Less: cost of goods sold b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory main allowances a d allowances a d allowances a d allowances b Less: cost of goods sold c Total. Add lines 11a:11d c Total. Add lines 11a:11d 12 Total revenue. See instructors						5,883.			5,883.
assets other than inventory b b b c Gain or (loss) d Red gain or (loss) d									
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b b b c. Sincer expenses b c. Net income or (loss) from fundraising events b c. Net income or (loss) from fundraising events b c. Net income or (loss) from fundraising events b c. Net income or (loss) from gaming activities. See Part IV, line 19 a b c. Net income or (loss) from gaming activities incluster expenses b c. Net income or (loss) from gaming activities incluster expenses b c. Net income or (loss) from gaming activities incluster expenses a d a d incluster expenses a b c. Net income or (loss) from gaming activities a b c. Net income or (loss) from sales of inventory. c miscellaneous Revenue b b c c d d d its cost of goods sold b c d d d d d									
and sales expenses		b							
e Gain or (loss)									
d Net gain or (loss)		с							
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a 61, 797. 61, 797. b Less: direct expenses b 15, 911. 45, 886. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b b c a b c b c c b c c b c c b c c c c					►				
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Miscellaneous Revenue Business Code 11 a Miscellaneous Revenue b c d All other revenue e Total revenue. See instructions All other revenue See instructions	anu		Gross income from fundraisin	g events (not					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Miscellaneous Revenue Business Code 11 a Miscellaneous Revenue b c d All other revenue e Total revenue. See instructions All other revenue See instructions	evel								
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Miscellaneous Revenue Business Code 11 a Miscellaneous Revenue b c d All other revenue e Total revenue. See instructions 12 Total revenue. See instructions	R.			,	61,797.				
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Miscellaneous Revenue Business Code 11 a Miscellaneous Revenue b c d All other revenue e Total revenue. See instructions 12 Total revenue. See instructions	the	b							
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Miscellaneous Revenue 900099 1,964. 1,964. c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	0					45,886.			45,886.
Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b Miscellaneous Revenue Business Code 11 a Miscellaneous Revenue Business Code 11 a Miscellaneous Revenue 900099 1,964. 1,964. 12 Total revenue. See instructions						-			
b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Miscellaneous Revenue b 900099 1,964. 1,964. c 1,964. d 1,964. 12 Total revenue. See instructions		-	• •						
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Miscellaneous Revenue b 900099 1,964. 1,964. c 1,964. d All other revenue e Total revenue. See instructions		b							
and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory b Miscellaneous Revenue Business Code 11 a Miscellaneous Revenue 900099 1,964. 0,76,838.					►				
b Less: cost of goods soldb c Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code 11 a Miscellaneous Revenue 900099 1,964. 1,964 b E c All other revenue e Total. Add lines 11a-11d ► 1,964 12 Total revenue. See instructions ► 2,457,169. 1,964. 0. 76,838.		10 a	Gross sales of inventory, less	returns					
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Miscellaneous Revenue 900099 1,964. 1,964. b			and allowances	а					
Miscellaneous Revenue Business Code 1,964. 1,964. 11 a Miscellaneous Revenue 900099 1,964. 1,964. b		b							
11 a Miscellaneous Revenue 900099 1,964. 1,964. b		с	Net income or (loss) from sale	s of inventory	►				
b									
c		11 a	Miscellaneous R	levenue	900099	1,964.	1,964.		ļ
d All other revenue ■ 1,964. e Total. Add lines 11a-11d ■ 1,964. 12 Total revenue. See instructions ■ 2,457,169. 1,964. 0. 76,838.		b			ļļ				
e Total. Add lines 11a-11d ▶ 1,964. 12 Total revenue. See instructions ▶ 2,457,169. 1,964. 0. 76,838.					ļ				
12 Total revenue. See instructions 2,457,169. 1,964. 0. 76,838.						1 0 0 4			
									76.020
					►	4,40/,109 .	ц 1,964.	υ.	

09030330 133457 16070

Peter Paul Development Center, Inc. Part IX Statement of Functional Expenses

54-1137164 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons t include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	o, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	arants and other assistance to domestic organizations nd domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
iı	ndividuals. See Part IV, line 22	15,150.	15,150.		
	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	130,930.	105,530.	12,635.	12,765
6 (compensation not included above, to disqualified				
р	ersons (as defined under section 4958(f)(1)) and				
р	ersons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	1,417,245.	1,142,299.	136,764.	138,182
8 F	ension plan accruals and contributions (include				
S	ection 401(k) and 403(b) employer contributions)	14,345.	11,562.	1,384.	<u>1,399</u> 6,363
	Other employee benefits	63,349.	50,290.	6,696.	6,363
	Payroll taxes	114,931.	92,634.	11,091.	11,206
	ees for services (non-employees):				
	lanagement				
	egal	21 202	720	20 402	
		21,203.	720.	20,483.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25, olumn (A) amount, list line 11g expenses on Sch 0.)	44,367.	16,850.	3,517.	24,000
	Advertising and promotion	11,507.	10,050.	5,51,6	21,000
	Office expenses	9,367.	264.	9,003.	100
	nformation technology				
	Royalties				
		41,496.	30,950.	10,546.	
	ravel	-	-		
	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	18,027.	2,329.	15,301.	397
0 li	nterest	5,410.		5,410.	
1 F	Payments to affiliates				
2 [Depreciation, depletion, and amortization	143,855.	71,928.	57,542.	14,385
	nsurance	27,960.	12,544.	15,416.	
a	other expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A)				
а	mount, list line 24e expenses on Schedule 0.)				
	Supplies	215,983.	167,473.	5,501.	43,009
	Vehicle Expenses	34,567.	34,406.	157.	4
	Repairs and maintenance	22,543.	6,526.	16,017.	
-	Telephone	18,878.	13,758.	5,120.	2 5 6 6
	Ill other expenses	21,562.	7,304.	10,692.	3,566
	otal functional expenses. Add lines 1 through 24e	2,381,168.	1,782,517.	343,275.	255,376
	oint costs . Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	if following SOP 98-2 (ASC 958-720) 12-31-18				Form 990 (201

09030330 133457 16070

09030330 133457 16070

34

Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 4,310,901. basis. Complete Part VI of Schedule D _____ 10a 1,215,600. b Less: accumulated depreciation 10b 3,205,427. 3,095,301. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 8,589. 15 Other assets. See Part IV, line 11 15 6,173,556. 5,917,959. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 51,176. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disgualified persons. Complete Part II of Schedule L 22 324,105. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 375,281. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. 5,1<u>82,102</u>. 5,205,383. 531,331. 27 Unrestricted net assets 27 453,955. Temporarily restricted net assets 28 28 162,218. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 5,798,275. 5,874,276. Total net assets or fund balances 33 33 6,173,556. 5,917,959. 34 Total liabilities and net assets/fund balances

Peter Paul Development Center, Inc. Part X | Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing

Notes and loans receivable, net

Inventories for sale or use

employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L

4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L

1

2

3

4

5

6

7 8

(A)

Beginning of year

2,022,646.

570,153.

366,741.

54-1137164 Page 11

(B)

End of year

1,897,394.

578,917.

334,260.

12,087.

43,683

43,683.

137,562.

Form **990** (2018)

Form 990	(2018	3
----------	-------	---

1

2

3

6

7

8

Assets

_iabilities

Vet Assets or Fund Balances

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 2,457,169. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,381,168. 3 Total expenses (must equal Part IX, column (A), line 25) 2 2,381,168. 5 Net unrealized gains (losses) on investments 5 6 6 7 7 8 6 7 8 6 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5,874,276. Part XII Financial Statements and Reporting 10 5,874,276. Column (B) 10 5,874,276. 2 Part XII Check if Schedule O contains a response or note to any line in this Part XII 10 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 the organization changed its method of accounting from a prior year or checked 'Other," explain in Sc		1990 (2018) Peter Paul Development Center, Inc.	54-11	37164	Paç	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2,457,169. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,381,168. 3 Revenue less expenses. Subtract line 2 from line 1 3 76,001. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5,798,275. 5 Donated services and use of facilities 6 6 7 7 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 5,874,276. Part XII Financial Statements and Reporting 7 7 Check if Schedule 0 contains a response or note to any line in this Part XII 7 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting financial statements complied or reviewed by an independent accountant? 2a X 11 Accounting financial statements and Bed pendent accountant? 2b X	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 381, 168. 3 Revenue less expenses. Subtract line 2 from line 1 3 76, 001. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5, 798, 275. 5 Net unrealized gains (losses) on investments 6 7 6 7 7 8 7 8 6 7 8 9 0. 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5, 874, 276. Check if Schedule 0 contains a response or note to any line in this Part XII 10 5, 874, 276. Check if Schedule 0 contains a response or note to any line in this Part XII 10 5, 874, 276. Check if Schedule 0 contains a response or note to any line in this Part XII 10 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidat		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 381, 168. 3 Revenue less expenses. Subtract line 2 from line 1 3 76, 001. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5, 798, 275. 5 Net unrealized gains (losses) on investments 6 7 6 7 7 8 7 8 6 7 8 9 0. 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5, 874, 276. Check if Schedule 0 contains a response or note to any line in this Part XII 10 5, 874, 276. Check if Schedule 0 contains a response or note to any line in this Part XII 10 5, 874, 276. Check if Schedule 0 contains a response or note to any line in this Part XII 10 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidat						
3 Revenue less expenses. Subtract line 2 from line 1 3 76,001. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5,798,275. 5 Net unrealized gains (losses) on investments 6 6 6 7 7 8 7 8 9 0. 6 7 8 9 0. 9 0. 10 5,874,276. 8 9 0. 10 5,874,276. Part XIII Financial Statements and Reporting 10 5,874,276. 10 5,874,276. Part XIII Financial Statements completed or prepare the Form 990: Cash X Accrual Other 10 5,874,276. Part XIII Financial statements completed or reviewed by an independent accountart? Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis. 2b X 1	1		1	2,457	7,1	<u>69</u> .
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5, 798, 275. 5 Net unrealized gains (losses) on investments 5 6 6 0 7 8 7 8 Prior period adjustments 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5, 874, 276. Part XII Financial Statements and Reporting 10 5, 874, 276. Part XII Financial statements compiled or reviewed by an independent accountant? Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to indicate whether the financial statements accountant? 2a X Yes No 1 Accounting the organization's financial statements audited by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X X X	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 6 6 7 7 6 6 7 7 7 8 7 7 9 0.1 9 0.1 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 0.1 Part XII 10 5, 874, 276. 9 Part XII 7 10 5, 874, 276. 2a X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the ye	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5,874,276. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis, consolidated basis b Were the organization's financial statements and election of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis b Were the organization's financial statements and election of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis b Were the organization's financial statements and selection of an independent accountant? If "Yes," to line 2a or 2b, does the organization have a committee that assumes	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,798	3,2	75.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5 , 874 , 276 . Part XII Financial Statements and Reporting 10 5 , 874 , 276 . Part XII Financial Statements and Reporting 10 5 , 874 , 276 . Part XII Financial Statements and Reporting 10 5 , 874 , 276 . Part XII Financial Statements and Reporting 10 5 , 874 , 276 . Part XII Financial Statements and Reporting 10 5 , 874 , 276 . 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5,874,276. Part XIII Financial Statements and Reporting 10 5,874,276. Check if Schedule O contains a response or note to any line in this Part XII 10 5,874,276. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Doth consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consol	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5,874,276. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: X If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required audit or audits? If the organization undergo the required audit or audits? If the organization undergo the required au	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5,874,276. Part XII Financial Statements and Reporting	8	Prior period adjustments	8			
column (B) 10 5,874,276. Part XII Financial Statements and Reporting Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Separate basis Consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection process during the tax year, explain in Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or solidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation changed either its oversight process or selection process during the tax year, explain in Schedule O. 2a X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Au		column (B))	10	5,874	1,2	76.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construct to the prepare the form 990: Cash X Accrual Other Image: Construct to the prepare the form 990: Cash X Accrual Other Image: Construct to the prepare the form 990: Cash X Accrual Other Image: Construct to the prepare the form 990: Cash X Accrual Other Image: Construct to the prepare the form 990: Cash X Accrual Other Image: Construct to the prepare the form 990: Cash X Accrual Other Image: Construct to the prepare the form 990: Cash X Accruat Other Y Accruat Image: Construct to the prepare to the p		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X <tr< th=""><th></th><th></th><th></th><th></th><th>Yes</th><th>No</th></tr<>					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X <t< th=""><td>1</td><td>Accounting method used to prepare the Form 990: Cash X Accrual Other</td><td></td><td></td><td></td><td></td></t<>	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X 3a X 5 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b Image: Construction of the construction of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits. 3b Image: Construction of the construction of the construction of the construction of the construction of t		separate basis, consolidated basis, or both:				
b Were the organization of manofal otationeries dudited by an independent decontrart. Image: Second control of the organization of the organization indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Second control of the organization of the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Image: Second control of the organization of the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Image: Second control of the organization of the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. Image: Second control of the organization of the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Image: Second control of the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits Image: Second control of the organization control of the organization did not undergo the required audit or audits If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits Image: Second control of the second control of the organization control of		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: X X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. Image: Consolidated audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Image: Consolidated basis are sufficient or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits Image: Consolidated basis are sufficient or audits are sufficient or a	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Description c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. Image: Consolidated basis Im		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2 X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		consolidated basis, or both:				
review, or compilation of its financial statements and selection of an independent accountant? <u>2c X</u> If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <u>3a X</u> b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <u>3b</u>		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		Act and OMB Circular A-133?		3a		X
	b		ired audit			
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2018)

832012 12-31-18

SCHEDULE A	
------------	--

1	Form	990	or	990-EZ
J		330	UI.	330-LZ

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2018
Open to Public Inspection

Т

		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instructi			nformation		Inspection
Nan	ne of t	the organizati		GO LO WWW.II S.GO			ie ialest i		Employer	identification number
		and digunizati		r Paul Dev	velopment Cen	ter	Inc.			4-1137164
Pa	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
					(For lines 1 through 12, o					
1					on of churches describe					
2					(Attach Schedule E (Forn					
3					anization described in s e			ii).		
4		A medical res	search organiz	ation operated in co	onjunction with a hospita	l described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental u	init descrik	oed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	ite, or local go	vernment or governi	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	ally receives a substa	antial part of its support f	rom a gov	ernmental	unit or from the	ne general	public described in
				omplete Part II.)						
8					(1)(A)(vi). (Complete Par					
9					in section 170(b)(1)(A)(
		-	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of	the colleg	je or
10		university:			· · · · · · · · · · · · · · · · · · ·					
10					e than 33 1/3% of its sup					
					ect to certain exceptions, e (less section 511 tax) fr					
				mplete Part III.)			sses acqu		ganization	alter Julie 30, 1973.
11					sively to test for public sa	ifety. See	section 50)9(a)(4).		
12		-	-	-	sively for the benefit of, to				arry out the	e purposes of one or
					ed in section 509(a)(1) o					
					of supporting organizatio					
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	/ giving
		the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		organizatio	n. You must c	complete Part IV, S	ections A and B.					
b		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	aving
		control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	oported
	_			t complete Part IV,						
С			-		ng organization operated				ly integrat	ed with,
					s). You must complete I					/ .
d			-		oorting organization oper				-	
					zation generally must sa				an attent	Iveness
е					mplete Part IV, Sections written determination fro					
U			•		onally integrated support				n, rype m	
f	Ente									
g				n about the support						•
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990-EZ) 2018 Peter Paul Development Center, Inc. 54-1137164 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3429807.	2948937.	2984017.	1937844.	2378367.	13678972.	
2	Tax revenues levied for the organ-							
_	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
U	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	3429807.	2948937.	2984017.	1937844.	2378367.	13678972.	
	The portion of total contributions	5425007.	29409571	25010170	19970110	2570507.	130703720	
5								
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						1444000	
_	column (f)						1444022. 12234950.	
	Public support. Subtract line 5 from line 4.				_		12234950.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017 1937844.	(e) 2018	(f) Total 13678972 •	
7	Amounts from line 4	3429807.	2948937.	2984017.	193/844.	23/836/.	130/89/2.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	2 21 2	11 200		24 4 5 0	20 050	101 100	
	and income from similar sources \dots	3,912.	11,368.	20,710.	34,158.	30,952.	101,100.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on \dots							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	64,387.	239,404.	88,017.	36,207.	1,964.		
11	Total support. Add lines 7 through 10						14210051.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	214,368.	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
	organization, check this box and stop	here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2018 (I	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	86.10 %	
15	Public support percentage from 2017	' Schedule A, Part	II, line 14			15	82.50 %	
1 6a	33 1/3% support test - 2018. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this be		
	stop here. The organization qualifies	as a publicly supp	orted organization				► X	
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶□	
17a	10% -facts-and-circumstances tes							
	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"							
b	10% -facts-and-circumstances tes							
	more, and if the organization meets th							
	organization meets the "facts-and-circ				• •			
18	Private foundation. If the organizatio						ns ►	
				, ,, .			or 990-E7) 2018	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990 EZ) 2018 Peter Paul Development Center, Inc. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
~	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				·		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	zation,
	check this box and stop here		<u></u>		<u></u>	<u></u>)
Sec	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2018 (li	ne 8, column (f), (divided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2018. If the						
150	more than 33 1/3%, check this box an						
Ь							and
D.	33 1/3% support tests - 2017. If the						
00	line 18 is not more than 33 1/3%, check						
	Private foundation. If the organization	I UIU NOT CHECK A	box on line 14, 19	a, or 190, check th			
83202	23 10-11-18			15	Sch	equie A (Form 990	0 or 990-EZ) 2018
าวเ	1330 133457 16070	201	18 05070 1			mont Cont	16070 1
121)330 133457 16070	20.	TO • O 7 O 1 O 1	recer rau.	г релетор	ment Cent	T0010 T

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV 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

- 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*) *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 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* "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.
- **c** 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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 filing 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 L (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 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 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.)

832024 10-11-18

09030330 133457 16070

Schedule A (Form 990 or 990-EZ) 2018

16

Schedule A (Form 990 or 990-EZ) 2018 Peter Paul Development Center, Inc. 54-1137164 Page 5 Part IV Supporting Organizations (continued)

	copporting of gamma done (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions	s).	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 99	30 or 99	90-EZ)	2018 (

09030330 133457 16070

	(Form 990 or 990-EZ) 2018 Pe			
Part V	Type III Non-Functional	ly Integrated	509(a)(3) Supporting	g Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount	-		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

Schedule A (Form 990 or 990 EZ) 2018 Peter Paul Development Center, Inc.

Fai		(a)(s) supporting Org	anizations (continued)	l
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	r	r	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A	(Form 990 or 990-E	Z) 2018	Peter	Paul	Develor	oment	Center,	Inc.	54-1137164 _{Pag}
Part VI	Supplemental Part IV, Section A,	Inform lines 1, 2 tion D, lin	ation. Pr 2, 3b, 3c, 4 lies 2 and 3	rovide the b, 4c, 5a, s; Part IV, s	explanations r 6, 9a, 9b, 9c, 1 Section E, lines	equired by 1a, 11b, a 1c, 2a, 2t	Part II, line 10; nd 11c; Part IV, , 3a, and 3b; P	Part II, line 17a c Section B, lines art V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
					4				
32028 10-11-	18					20		Schedu	le A (Form 990 or 990-EZ) 2
30330	133457 16	070		201	.8.05070		r Paul D	evelopme	nt Cent 16070_

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

54-1137164

2018

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
Suhor Graham Foundation	295,000.	10,799.
Katharine Gray	295,000.	10,799.
Mary Morton Parsons Foundation	370,000.	85,799.
Cabell Foundation	880,000.	595,799.
Nunnally Charitable Lead Trust	650,362.	366,161.
The Community Foundation	492,326.	208,125.
Kirk & Kelly Tattersall	300,000.	15,799.
Steve and Kathie Markel	434,942.	150,741.
Total Excess Contributions to Schedule A, Part II, Line 5		1,444,022.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Internal Revenue Service									
Name of the organiza	ation	Employer identification number							
	Peter Paul Development Center, Inc.	54-1137164							
Organization type (cl	heck one):								
Filers of:	Section:								
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on							
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation								
General Rule	501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution								
	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution om any one contributor. Complete Parts I and II. See instructions for determining a co								
Special Rules									
X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received fror any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line or (ii) Form 990-EZ, line 1. Complete Parts I and II.									
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and II, and III.									
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, durin year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year									

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

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

Peter Paul Development Center, Inc.

Name of organization

Employer identification number

54-1137164

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Bon Secours Health System 5801 Bremo Road Richmond, VA 23226	\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Capital One Services 1500 Capital One Drive Richmond, VA 23238	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Altria 6603 West Broad St Richmond, VA 23230	\$ <u>171,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Community Foundation 3409 W. Moore St Richmond, VA 23230	\$61,576.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Nunnally Charitable Lead Trust 100 N Main St Winston-Salem, NC 27101	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 823452 11-02	Carmax Foundation 12800 Tuckahoe Creek Parkway Richmond, VA 23238	\$ <u>65,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)

09030330 133457 16070

22

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

51 - 1137161

Peter	Paul Development Center, Inc.	54-1137164	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
7	Bob and Anna Lou Schaberg Fund at VNHC 1111 E Main St., Suite 1100 Richmond, VA 23219	\$100,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
8	John and Kathleen Luke 330 Flag Station Road Richmond, VA 23238	\$100,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
9	Shelton Hardaway Short Trust 100 N Main St Winston-Salem, NC 27101	\$50,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
	Evelyn Y. Davis Foundation 1111 E Main St., 14th Floor Richmond, VA 23219	\$50,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
	Marietta McNeill Morgan & Samuel Tate Morgan Jr. Foundation 730 15th St. NW Washington, DC 20005	\$50,0	00. Person X Payroll Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
<u> 12</u>	Gertrude M. Conduff Foundation PO Box 397 Richmond, VA 23218	\$126,0	Person X Payroll

823452 11-08-18

09030330 133457 16070

23

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

Peter Paul Development Center, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - -	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - - - - - - - - 	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	

09030330 133457 16070

2018.05070 Peter Paul Development Cent 16070_1

Page 3

54-1137164

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
Name of organization

Page 4

	Exclusively religious, charitable, etc., contr from any one contributor. Complete columns completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if additio	s (a) through (e) and the following line entry. ous, charitable, etc., contributions of \$1,000 or les	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the For organizations s for the year. (Enter this info. once.) \$
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—		_	
-	Transferee's name, address	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee

(Form	990)
-------	------

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Peter Paul Development Center, Inc.	54-1137164
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used o	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	ring
	impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d		
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
•	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
Ŭ	Stan and voluncer nouis devoted to monitoring, inspecting, narialing of violations, and emotoring conservation	on casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	esements during the year
•	S	action to during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	8)(i)
U	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	
5	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization of the footnote to the organization of the organization of the organization of the org	, ,
	conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	alance sheet works of art historical
-	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
-	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018
	1 10-29-18	(, , ,)
00200	26	

09030330 133457 16070

		aul Develo					54-11			age 2
Pa	t III Organizations Maintaining C	collections of Ar	rt, Historica	I Treas	sures, or Oth	er Simi	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any c	f the follo	owing that are a s	significant	use of its	collectior	item	S
	(check all that apply):									
а	Public exhibition	d			ge programs					
b	Scholarly research	е	Other_							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they fur	her the o	rganization's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historica	l treasure	es, or other simila	ar assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organizatio	n's collect	tion?		L	Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the organ	zation an	nswered "Yes" or	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							-		1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				1			
								Amount		
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance					1 f		1		
	Did the organization include an amount on F						L	Yes		No
-	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete i							_		
		(a) Current year	(b) Prior yea		Two years back	(d) Three	years back	(e) Four		
1a	Beginning of year balance	567,190.	155,		83,695.		82,043.			163.
b	Contributions		400,		71,745.		1,652.		54,	880.
	Net investment earnings, gains, and losses	22,627.	10,	950.	3,458.		949.			55.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	8,040.			3,458.		949.			55.
f	Administrative expenses	5,655.								
g	End of year balance	576,122.	567,	190.	155,440.		83,695.		82,	043.
2	Provide the estimated percentage of the cur		e (line 1g, colu	mn (a)) he	eld as:					
	Board designated or quasi-endowment	77.00	_%							
b	Permanent endowment 23.00	%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organization	ation that are h	eld and a	administered for	the organi	zation	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedu	e R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pa	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 1	1a. See F	Form 990, Part X	, line 10.				
	Description of property	(a) Cost or of	ther (b)	Cost or o	other (c) A	ccumulat	ed	(d) Book	value	Э
		basis (investn	nent) b	asis (othe	,	preciation	۱			
1a	Land			323,					3,00	
	Buildings		3	,316,	882.	761,5	71.	2,555	5,31	11.
	Leasehold improvements									
	Equipment			266,		195,0			.,84	
	Other			404,	095.	258,9			5,14	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B),	line 10c.)				3,095	5,30	01.
							Schedule	D (Form	990)	2018

832052 10-29-18

Schedule D	Investments - Other Securities.	Development			54-1137164 Page 3
(a) Descrit	Complete if the organization answered "Yes" otion of security or category (including name of security)	(b) Book value			ost or end-of-year market value
	al derivatives		(0) 1000		
	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.				
	Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, (b) Book value			13. ost or end-of-year market value
(1)	(a) Description of investment				Ust of end-of-year market value
(1) (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. ((b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"		line 11d. See For	m 990, Part X, line	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u> (7)					
(7) (8)					
(9)					
	umn (b) must equal Form 990, Part X, col. (B) lir	ne 15)			•
Part X	Other Liabilities. Complete if the organization answered "Yes'		ling 11g or 11f S	oo Form 000 Part	V lino 25
1.	(a) Description of liability		(b) Book valu		Λ, μιε 20.
	deral income taxes		(-)		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) lir	ne 25.) 🕨			
	/ for uncertain tax positions. In Part XIII, provid ation's liability for uncertain tax positions unde				
5. 90.112					Sebedulo D (Form 990) 2019

Schedule D (Form 990) 2018

832053 10-29-18

-	dule D (Form 990) 2018 Peter Paul Development Cent				1137164 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Revenue per F	Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,473,080.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,473,080.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-15,911.	•	
с	Add lines 4a and 4b			4c	-15,911.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,457,169.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,397,079.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	15,911.		
е	Add lines 2a through 2d			2e	15,911.
3	Subtract line 2e from line 1			3	2,381,168.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4-	0.
-	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				2,381,168.
5				5	2,381,168.

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

Part V, line 4:

The David T. Anderson Endowment for Youth Education will provide a legacy

of sustainable funding with the revenue providing support for the

education of youth at the Center and its satelite locations.

Part X, Line 2:

The Center follows Financial Accounting Standards Board ("FASB") guidance

for how uncertain tax positions should be recognized, measured, and

disclosed and presented in the financial statements. Management evaluated

the Center's tax position and concluded that the Center had taken no

uncertain tax positions that require adjustment to the financial

statements to comply with the provisions of this guidance. The Center is
832054 10-29-18
Schedule D (Form 990) 2018
29

Schedule D (Form 990) 2018 Peter Part XIII Supplemental Information (column)	Paul Develop	ment Center	, Inc.	54-1137164 Page 5
no longer subject to exami		k authoriti	es for pe	riods before
2015. The Center is not	currently unde	er audit by	any tax	jurisdiction.
Part XI, Line 4b - Other 2	Adjustments:			
Special Events Expense				-15,911
Part XII, Line 2d - Other	Adjustments:			
Special Events Expense				15,911
				Schedule D (Form 990) 20
832055 10-29-18 030330 133457 16070	2018.05070	30 Peter Paul	Developme	ent Cent 160701

SCHEDULE G	Suppleme	ental Information Regarding	a Fun	drais	ing or Gaming /	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" or	- Form	990, F	Part IV, line 17, 18, o			2018
	c	organization entered more than \$ Attach to Form 99						
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for inst				ion.		Open to Public Inspection
Name of the organization								ntification number
Part I Fundrais		aul Development Co.				line 1	54-1137	
	complete this par		erea r	es" o	n Form 990, Part IV, I	line i	7. Form 990-E2	Thers are not
 a Mail solicitati b Internet and c Phone solicit d In-person sol 2 a Did the organizatio key employees lister 	ons email solicitations ations icitations n have a written o ed in Form 990, P highest paid indir	s f Solicita g Specia or oral agreement with any individua Part VII) or entity in connection with viduals or entities (fundraisers) pure	ation of ation of I fundra al (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
		on is registered or licensed to solicit		oution	s or has been notified	d it is	exempt from re	egistration
LHA For Paperwork Re	duction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form 9	90 or 990-EZ) 2018

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		or fullulaising event contributions and gr						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
er			Heart of the			(add col. (a) through		
				Shine	1	col. (c))		
			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	56,847.	4,670.	280.	61,797.		
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)	56,847.	4,670.	280.	61,797.		
	4	Cash prizes						
es	5	Noncash prizes						
ztpens	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses		1,875.	675.	15,911.		
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	15,911.		
	11	Net income summary. Subtract line 10 from li				45,886.		
Pa	nrt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Re								
	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	│	└── Yes %	└── Yes %			
	0	Volunteer labor						
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
		ter the state(s) in which the organization condu						
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No		
b	lf "	No," explain:						
					-	Yes No		
 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: 								
8320	32 10	0-03-18			Schedule G (For	rm 990 or 990-EZ) 2018		

Sch	hedule G (Form 990 or 990-EZ) 2018 Peter Paul Development Center, Inc. 54-1	137164	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
	of gaming revenue retained by the third party > \$		
с	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Ves	
b	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Ра	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
00000		000 or 001	EZ 0010
63208	083 10-03-18 Schedule G (Form 33	390 01 990	-LL) 2018

chedule G (Form 990 or 990-EZ) Part IV Supplemental I	Peter Paul	Development	Center,	Inc.	54-1137164 _P	age
				So	hedule G (Form 990 or 99	90-E
2084 04-01-18		34			-	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	irants and Oth vernments, ar ete if the organizatio Go to www.ir	nd Individua n answered "Yes Attach to For	ls in the Ŭn i " on Form 990, Pa	ited States rt IV, line 21 or 22.		OMB No. 1545-0047 2018 Open to Public Inspection
Name of the organizati				_				Employer identification number
Part I General In	Peter Pau formation on Grants a		ment Center	, Inc.				54-1137164
	ation maintain records		amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
criteria used to a	ward the grants or assi	stance?	-					X Yes No
2 Describe in Part	IV the organization's pro	ocedures for monit	oring the use of grant	funds in the Unite	ed States.			
	d Other Assistance to nat received more than a	-				anization answered	res" on Form 990, Par	t IV, line 21, for any
	dress of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
	vernment		(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	
					2			
2 Enter total numb	er of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table	•		•	>
	er of other organization							
LHA For Paperwork	Reduction Act Notice	, see the Instructi	ions for Form 990.					Schedule I (Form 990) (2018)

Part III can be duplicated if additional space is needed.

(e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance cash assistance recipients cash grant Food 500 0. Food Program 14,220.Cost to Purchase 0.Book Value Individual Need Based Assistance 930

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part I, Line 2:

Through the Community Outreach Program, the Center follows up with

individuals that have recieved assistance to determine how the individuals

have benefitted.

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2018

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public . Inspection

Name of the or	ganization
----------------	------------

Peter Paul Development Center, Inc.

Employer	identification	number
5	4-11371	54

Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		•	S
	· · · · · · · · · ·		items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property			100.050				
9	Securities - Publicly traded	Х	8	102,372.	Fair Market	Va	lue	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous		4					
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other 🕨 ()							
26	Other ► ()							
27	Other ► ()							
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	contributions				
	for which the organization completed Form 828	3, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rep	oorted in Part I. lines 1 throu	ah 28. that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	itions?	31	х	
	Does the organization hire or use third parties of							
	contributions?		-			32a		x
h	If "Yes," describe in Part II.							_
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	v for which column (a) is che	cked			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

832141 10-18-18

09030330 133457 16070

Schedule M (Form 990) 2018 Peter P	aul Development	Center, In	nc. 54-	1137164 Page
Part II Supplemental Information is reporting in Part I, column (b), this part for any additional inform	n Provide the information requ	uired by Part L lines ?	ROD 32b and 33 and wh	other the organization
32142 10-18-18			S	chedule M (Form 990) 2
30330 133457 16070	2018.05070	38 Peter Paul	Development	Cent 16070

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization



Form 990, Part I, Line 1, Description of Organization Mission:

Peter Paul Development Center, Inc.

serve as positive contributors to their family, community, and society.

Form 990, Part III, Line 1

Peter Paul Development Center is an outreach and community center serving children and families in Church Hill and neighboring communities in Richmond's East End. Founded by John Coleman in 1979, PPDC is the oldest continually operating community center in the area. The organization changed its focus from recreation to education in 2008, following a project sponsored by Virginia Commonwealth University to assess the academic development of children in the community. Using nationally standardized testing, the assessment revealed that 75 percent of school children in our area tested one of more grade levels behind academically.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization Peter Paul Development Center, Inc.	Employer identification number 54-1137164
Promise Family Network, and parent engagement, is the sec	ond
programming area. Engaging parents through family program	ming, social
supports, and engaging in family goal setting are the hal	lmarks of this
programming. Through the Promise Family Network, parents	of current and
perspective students of the Peter Paul Youth Program have	created a
community focused on strengthening their family well-bein	g and
developing stronger relationships between parents, childr	en, and other
families.	

Our third area of programming is called Richmond Promise Neighborhood (RPN). Through RPN, we engage the entire community in a variety of events, including Field Day activities, community Info Feasts on important issues (for example, Growing Great Schools), and programs for seniors. In addition, RPN has cultivated five action teams that partner with community organizations to host workshops vital to personal health and mental well-being, academic success, family development, and community cohesion. These teams address topics such as helping Smart Beginnings with kindergarten registration, increasing parental involvement in East End schools, and coordinating training programs on developing resilience for children who experience trauma.

Form 990,	Part	ε VI,	Sect	tion 1	в, і	line 11b:						
A copy of	the	form	990	will	be	distributed	to	the	board	and	reviewed	prior
to filing	•											

Form 990, Part VI, Section B, Line 12c:

Conflict of interest policy is reviewed annually with officers and 832212 10-10-18
Schedule O (Form 990 or 990-EZ) (2018) 40

09030330 133457 16070

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization		Page Employer identification number
Peter Paul Development Cen	ter, Inc.	54-1137164
directors.		
Earn 200 Doub WI Gostion G. Line 10.		
Form 990, Part VI, Section C, Line 19:		
Available upon request.		
	41	edule O (Form 990 or 990-EZ) (2018
030330 133457 16070 2018.05070 Pe	eter Paul Develo	oment Cent 160701

Form 990 Page 10

01111 9.	90 Page 10	_	_					990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Buildings														
8	Peter Paul Development Center	12/01/07	/ SL	39.00	MM	16	2,196,696.				2,196,696.	593,770.		56,326.	650,096.
24	1716 N 22nd St	08/21/07	SL	39.00	MM1	16	121,596.				121,596.	33,908.		3,118.	37,026.
25	AC Unit	03/01/08	3 SL	39.00	MM	16	3,050.				3,050.	807.		78.	885.
44	Sprinkler System	10/13/09	SL	15.00	1	16	6,538.				6,538.	3,815.		436.	4,251.
47	Garden Shed	09/03/09	SL	15.00	1	16	1,846.				1,846.	1,086.		123.	1,209.
100	PPDC Addition	06/30/16	SL	39.00	MM	16	254,337.				254,337.	13,042.		6,521.	19,563.
102	PPDC Addition	12/15/16	5 SL	39.00	MM	16	732,819.				732,819.	29,751.		18,790.	48,541.
	* 990 Page 10 Total Buildings						3,316,882.				3,316,882.	676,179.		85,392.	761,571.
	Furniture & Fixtures														
2	Copier	08/09/05	5 SL	5.00	1	16	2,013.				2,013.	2,013.		0.	2,013.
4	3 Donated Computers	09/30/06	5 SL	5.00	MQI	16	3,000.				3,000.	3,000.		0.	3,000.
5	5 Donated Computers	12/31/06	5 SL	5.00	MQ1	16	5,000.				5,000.	5,000.		0.	5,000.
6	Computers	11/01/06	5 SL	5.00	MQ1	16	8,116.				8,116.	8,116.		0.	8,116.
7	Printer	11/29/06	5 SL	5.00	MQ1	16	550.				550.	550.		0.	550.
12	Air Conditioners	07/09/07	7 SL	15.00	1	16	1,046.				1,046.	781.		70.	851.
13	Copier	08/16/07	/ SL	7.00	1	16	1,215.				1,215.	1,215.		0.	1,215.
14	Furniture	10/15/07	/ SL	7.00	1	16	46,007.				46,007.	46,007.		0.	46,007.

828111 04-01-18

(D) - Asset disposed

Form 990 Page 10

330		9	0
-----	--	---	---

OIM J.	90 Page 10	_						990		-					
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
15	Telephone System	11/15/07	SL	7.00		16	5,180.				5,180.	5,180.		٥.	5,180.
16	Security System	11/21/07	SL	7.00		16	3,965.				3,965.	3,965.		٥.	3,965.
17	Office Furniture	12/12/07	SL	7.00		16	2,300.				2,300.	2,300.		0.	2,300.
18	Computers - Youth	12/21/07	SL	5.00		16	10,599.				10,599.	10,599.		0.	10,599.
19	Kitchen Equipment	01/08/08	SL	7.00		16	3,605.				3,605.	3,605.		0.	3,605.
20	Computers	01/24/08	SL	5.00		16	3,603.				3,603.	3,603.		0.	3,603.
21	Signs	12/01/07	SL	15.00		16	1,314.				1,314.	983.		88.	1,071.
23	Dell Computers	11/21/07	SL	5.00		16	4,000.				4,000.	4,000.		0.	4,000.
26	Color Laser Printer	02/04/08	SL	5.00		16	530.				530.	530.		0.	530.
27	Virco Furniture	02/08/08	SL	7.00		16	8,639.				8,639.	8,639.		0.	8,639.
28	Telephones	02/11/08	SL	7.00		16	1,287.				1,287.	1,287.		0.	1,287.
29	PA Sound System	02/29/08	SL	7.00		16	690.				690.	690.		0.	690.
30	Dishwasher	04/03/08	SL	7.00		16	1,062.				1,062.	1,062.		0.	1,062.
31	Dell Computer	04/08/08	SL	5.00		16	1,059.				1,059.	1,059.		0.	1,059.
32	Gusti Resturant Equipment	04/08/08	SL	7.00		16	100.				100.	100.		0.	100.
33	5 Bookcases	08/21/08	SL	7.00		16	940.				940.	940.		٥.	940.
34	5 Folding Tables & Cart	08/29/08	SL	7.00		16	739.				739.	739.		٥.	739.
35	HP Computers	09/12/08	SL	5.00		16	4,877.				4,877.	4,877.		٥.	4,877.

828111 04-01-18

(D) - Asset disposed

Form 990 Page 10

01M).	90 Page 10	_						990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
36	Apple Computers	10/29/08	SL	5.00		16	2,568.				2,568.	2,568.		٥.	2,568.
37	Mega Office Furniture	10/31/08	SL	7.00		16	1,474.				1,474.	1,474.		٥.	1,474.
38	After School Dividers	11/24/08	SL	7.00		16	4,176.				4,176.	4,176.		0.	4,176.
39	Acorn Outdoor Signs	04/22/08	SL	39.00	MM	16	4,005.				4,005.	1,047.		103.	1,150.
45	Dell Computer	07/17/09	SL	5.00		16	1,302.				1,302.	1,302.		0.	1,302.
49	Dell Computer	03/17/10	SL	5.00		16	870.				870.	870.		0.	870.
50	Dell Laptop	04/17/10	SL	5.00		16	2,150.				2,150.	2,150.		0.	2,150.
51	Dell Computers	08/17/11	SL	5.00		16	2,350.				2,350.	2,350.		0.	2,350.
52	Porcelain Dry Erase Board	01/11/12	SL	7.00		16	400.				400.	371.		29.	400.
53	Tables	01/11/12	SL	7.00		16	730.				730.	676.		24.	700.
55	Lap Top Computer	03/17/12	SL	5.00		16	828.				828.	828.		٥.	828.
58	Dell Laptop	09/17/12	SL	5.00		16	839.				839.	839.		0.	839.
59	10 LAptops - Lab	10/26/12	SL	5.00		16	4,290.				4,290.	4,290.		0.	4,290.
60	Laptop – Ingrid	11/15/12	SL	5.00		16	579.				579.	579.		0.	579.
61	Velocity Server	12/20/12	SL	5.00		16	9,783.				9,783.	9,783.		0.	9,783.
62	Camera Security System	11/02/12	SL	7.00		16	10,240.				10,240.	8,290.		1,463.	9,753.
63	Server and Monitors	12/04/12	SL	5.00		16	3,425.				3,425.	3,425.		0.	3,425.
64	6 Computers - Fairfield	04/30/13	SL	5.00		16	5,665.				5,665.	5,665.		0.	5,665.

828111 04-01-18

(D) - Asset disposed

Form 990 Page 10

991	D
-----	---

OIM J.	90 Page 10							990		-				_	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
66	Laptops	07/14/13	SL	5.00		16	1,155.				1,155.	1,155.		٥.	1,155.
67	ATrust Computer	11/12/13	SL	5.00		16	1,610.				1,610.	1,503.		107.	1,610.
68	Dishwasher	09/02/13	SL	7.00		16	568.				568.	392.		81.	473.
69	Refrigerator	09/02/13	SL	7.00		16	447.				447.	309.		64.	373.
70	Value City Furniture	12/12/13	SL	7.00		16	440.				440.	289.		63.	352.
71	2 Hon Training Tables	01/03/14	SL	7.00		16	802.				802.	517.		115.	632.
72	Projector	03/22/14	SL	7.00		16	516.				516.	314.		74.	388.
73	Dell Computer - Danielle	09/04/14	SL	5.00		16	768.				768.	590.		154.	744.
74	Dell Computer - Rosemary	09/06/14	SL	5.00		16	767.				767.	587.		153.	740.
75	Tablet - Natasha	09/26/14	SL	5.00		16	469.				469.	352.		94.	446.
76	Laptop -Adrienne Cole	11/07/14	SL	5.00		16	700.				700.	513.		140.	653.
77	Dell Laptop - Rosemary	12/05/14	SL	5.00		16	525.				525.	376.		105.	481.
78	Microsoft Laptop - NAtisha	12/05/14	SL	5.00		16	1,070.				1,070.	767.		214.	981.
79	(10) Mini IPads	12/05/14	SL	5.00		16	5,020.				5,020.	3,598.		1,004.	4,602.
80	Mac Laptop - Lamont	12/15/14	SL	5.00		16	1,053.				1,053.	756.		211.	967.
81	(2) MacBooks Pro	12/17/14	SL	5.00		16	1,348.				1,348.	945.		270.	1,215.
82	Laptop - Louis Autry	01/09/15	SL	5.00		16	153.				153.	108.		31.	139.
83	Kid Trax Single Site - Hardware	01/27/15	SL	5.00		16	550.				550.	376.		110.	486.

828111 04-01-18

(D) - Asset disposed

Form 990 Page 10

990

01111 91	90 Page 10							990	_						
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
84	Security TV's	07/31/14	SL	7.00		16	445.				445.	250.		64.	314.
85	Monitors & Cameras - 1716	12/31/14	SL	7.00		16	611.				611.	305.		87.	392.
86	Security TV's - 1716	12/31/14	SL	7.00		16	348.				348.	175.		50.	225.
87	Dishwasher - 1716	12/31/14	SL	7.00		16	357.				357.	179.		51.	230.
88	Furniture - 1716	12/31/14	SL	7.00		16	842.				842.	420.		120.	540.
89	Projector - 1716	12/31/14	SL	7.00		16	2,305.				2,305.	1,152.		329.	1,481.
90	Nighthawk Router - 1716	12/31/14	SL	7.00		16	303.				303.	151.		43.	194.
91	Tables	01/09/15	SL	7.00		16	421.				421.	210.		60.	270.
92	KidTrax Single Site Software	01/27/15	SL	3.00		16	4,400.				4,400.	4,400.		0.	4,400.
94	Surface Pro - Damon	10/08/15	SL	5.00		16	1,264.				1,264.	696.		253.	949.
95	HP Envy Laptop - LaKetra	10/08/15	SL	5.00		16	1,085.				1,085.	597.		217.	814.
96	Computer	10/11/15	SL	5.00		16	1,270.				1,270.	699.		254.	953.
	Computer - Michael	02/16/16	SL	5.00		16	937.				937.	436.		187.	623.
	Donated Computers (West Rock)	05/11/16	SL	5.00		16	12,950.				12,950.	5,612.		2,590.	8,202.
99	Audio Visual Equipment	12/16/15	SL	7.00		16	8,258.				8,258.	2,950.		1,180.	4,130.
101	Computers - Woodville	10/08/15	SL	5.00		16	3,123.				3,123.	1,718.		625.	2,343.
105	VIRCO Furniture for Addition	10/26/16	SL	7.00		16	44,379.				44,379.	10,567.		6,340.	16,907.
106	Furniture – Devan & Adrienne	12/02/16	SL	7.00		16	902.				902.	204.		129.	333.

828111 04-01-18

(D) - Asset disposed

Form 990 Page 10

	90 Page 10	_						990						-	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
107	Best Buy Computer	02/21/17	SL	5.00		16	920.				920.	245.		184.	429.
108	Best Buy Computer	02/03/17	SL	5.00		16	1,243.				1,243.	353.		249.	602.
109	Best Buy Computer	02/03/17	SL	5.00		16	990.				990.	281.		198.	479.
110	Best Buy Computer	02/12/17	SL	5.00		16	2,180.				2,180.	618.		436.	1,054.
	Best Buy Computer	02/13/17	SL	5.00		16	230.				230.	65.		46.	111.
	Best Buy Computers - Fairfield	02/19/17	SL	5.00		16	2,100.				2,100.	560.		420.	980.
113	Alarm System - Addition	12/15/16	SL	7.00		16	25,457.				25,457.	5,758.		3,637.	9,395.
114	Curtains - Addition	01/04/17	SL	7.00		16	6,750.				6,750.	1,446.		964.	2,410.
115	Signage - Addition	06/20/17	SL	15.00		16	16,072.				16,072.	1,071.		1,071.	2,142.
119	Gusti Ice Maker	11/02/17	SL	7.00		16	2,220.				2,220.	211.		317.	528.
120	Best Buy Computer - Dr. Bassett	11/21/17	SL	5.00		16	1,315.				1,315.	153.		263.	416.
121	Playground Equipment	04/01/18	SL	7.00		16	31,618.				31,618.	1,129.		4,517.	5,646.
123	Playground Equipment	09/28/18	SL	7.00		16	655.				655.			70.	70.
124	Operable Wall	10/05/18	SL	7.00		16	3,122.				3,122.			335.	335.
125	Computer – Development	08/07/18	SL	5.00		16	1,195.				1,195.			219.	219.
126	Computer - Lamont	10/18/18	SL	5.00		16	541.				541.			72.	72.
127	Rosemary Computer - Mike Brown	06/11/19	SL	5.00		16	1,108.				1,108.			18.	18.
128	Security Cameras	08/17/18	SL	7.00		16	2,512.				2,512.			299.	299.

828111 04-01-18

(D) - Asset disposed

Form 990 Page 10

99()
-----	---

01111).	90 Page 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
129	Furniture	12/19/18	SL	7.00		16	5,545.				5,545.			396.	396.
130	Phones	12/17/18	SL	7.00		16	1,831.				1,831.			131.	131.
131	Heat/AC Systems	01/29/19	SL	39.00		16	17,220.				17,220.			184.	184.
	* 990 Page 10 Total Furniture & Fixtures						404,095.				404,095.	227,581.		31,372.	258,953.
	Transportation Equipment														
10	Commonwealth Bus	08/15/07	SL	5.00		16	41,600.				41,600.	41,600.		0.	41,600.
11	2007 GMC Minotour Bus	07/06/07	SL	5.00		16	44,374.				44,374.	44,374.		٥.	44,374.
54	2011 Chevrolet Bus	02/17/12	SL	5.00		16	45,489.				45,489.	45,489.		0.	45,489.
103	2015 Ford Transit 350 Passenger Van – Black	07/06/16	SL	5.00		16	30,500.				30,500.	12,200.		6,100.	18,300.
104	2017 Thomas Mybus - 29 Passenger	07/06/16	SL	5.00		16	51,973.				51,973.	20,790.		10,395.	31,185.
122	2018 Thomas MyBus	02/28/18	SL	5.00		16	52,982.				52,982.	3,532.		10,596.	14,128.
	* 990 Page 10 Total Transportation Equipment						266,918.				266,918.	167,985.		27,091.	195,076.
	Land														
41	Land	01/01/00	L				5,500.				5,500.			٥.	
42	Land - 1709 N. 22nd St	05/23/06	L				22,564.				22,564.			٥.	
43	Land - 1716 N. 22nd St	08/21/07	L				27,563.				27,563.			0.	
46	Land - 1719 21st Street	01/04/10	L				25,974.				25,974.			0.	
	Lots-1703,1704,1706,1708, 1710,1712,1715 N. 22nd St	06/30/12	L				101,383.				101,383.			0.	

828111 04-01-18

(D) - Asset disposed

Form 990 Page 10

990

	o rage 10				_			990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Lot Demolition & Grading for														
65	Garden	12/31/13	L				14,459.				14,459.			٥.	
	Lot - 1717 N. 21st Street	03/15/17	L				9,305.				9,305.			0.	
	Lots - 1702 & 1702 1/2 N 22nd Street	11/01/16	L				49,237.				49,237.			0.	
118	Lot - 1720 N 22nd St	02/28/18	L				67,021.				67,021.			٥.	
	* 990 Page 10 Total Land						323,006.				323,006.	٥.		٥.	٥.
	* Grand Total 990 Page 10 Depr						4,310,901.				4,310,901.	1,071,745.		143,855.	1,215,600.
	Current Year Activity														
	Beginning balance						4,277,172.			0.	4,277,172.	1,071,745.			1,213,876.
	Acquisitions						33,729.			0.	33,729.	0.			1,724.
	Dispositions						٥.			٥.	0.	٥.			0.
	Ending balance						4,310,901.			٥.	4,310,901.	1,071,745.			1,215,600.
	Ending accum depr											1,215,600.			
	Ending book value											8,095,301.			

828111 04-01-18

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Enter filer's identifying number

Department of the Treasury Internal Revenue Service

File a	congrate	applicati	on for a	ach ratu	rn

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					Enter mer staentnying namber				
Type or	Name of exempt organization or c	Employe	Employer identification number (EIN) or						
print	Peter Paul Development Center, Inc.					54-1137164			
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, see instructions.					ocial security number (SSN)			
return. See instructior									
Enter th	e Return Code for the return that this		ate application for each return)			01			
Applica	ition	Return	Application			Return			
Is For		Code	Is For			Code			
Form 990 or Form 990-EZ			Form 990-T (corporation)			07			
Form 990-BL			Form 1041-A			08			
Form 4720 (individual)			Form 4720 (other than individual)			09			
Form 99	90-PF	04	Form 5227			10			
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above)			Form 8870	12					
• If the • If this box 1 II the 2 If 2	request an automatic 6-month extension organization named above. The extension calendar year or X tax year beginning JUL 1 the tax year entered in line 1 is for less Change in accounting period	or place of business in the U nization's four digit Group Ex eck this box \blacktriangleright and attain on of time until <u>Ma</u> ension is for the organization ., 2018, ar is than 12 months, check reas	emption Number (GEN) ach a list with the names and EINs of y 15, 2020, to files return for: nd ending	If this is fo f all memb e the exen	r the whole goers the extension organization organization organization organization organization of the second sec				
	this application is for Forms 990-BL, 9 ny nonrefundable credits. See instruct		, or 6069, enter the tentative tax, less		\$	0.			
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
e	estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.			
c Balance due. Subtract line 3b from line 3a. Include your			vith this form, if required, by						
u	sing EFTPS (Electronic Federal Tax Pa	yment System). See instructi	ions.		\$	0.			
Caution instruct	 If you are going to make an electron ions. 	ic funds withdrawal (direct de	ebit) with this Form 8868, see Form 8	3453-EO a	nd Form 887	9-EO for payment			
LHA	For Privacy Act and Paperwork Red	uction Act Notice, see inst	ructions.		Form 8	8868 (Rev. 1-2019)			