

Pilc & Moseley, LLC
4312 Grove Avenue
Richmond, VA 23221

Peter Paul Development Center, Inc.
1708 North 22nd Street
Richmond, VA 23223



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CLIENT'S COPY

COPY

Pilc & Moseley, LLC
4312 Grove Avenue
Richmond, VA 23221

November 29, 2021

Peter Paul Development Center, Inc.
1708 North 22nd Street
Richmond, VA 23223

Dear Mr. Jiggetts:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

William C. Pilc

Filing Instructions

Prepared for:

Peter Paul Development Center, Inc.
1708 North 22nd Street
Richmond, VA 23223

Prepared by:

Pilc & Moseley, LLC
4312 Grove Avenue
Richmond, VA 23221

2020 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

COPY

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization or person subject to tax

Taxpayer identification number

Peter Paul Development Center, Inc.

54-1137164

Name and title of officer or person subject to tax

Damon Jiggetts
Executive Director

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,146,096.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Pilc & Moseley, LLC to enter my PIN 17080
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

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

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file 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.

Form **8879-EO** (2020)

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **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.

Type or print	Name of exempt organization or other filer, see instructions. Peter Paul Development Center, Inc.	Taxpayer identification number (TIN) 54-1137164
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1708 North 22nd Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Richmond, VA 23223	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The Organization

- The books are in the care of ▶ **1708 North 22nd Street - Richmond, VA 23223**
Telephone No. ▶ **804-780-1195** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until May 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Extended to May 16, 2022

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Peter Paul Development Center, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1708 North 22nd Street City or town, state or province, country, and ZIP or foreign postal code Richmond, VA 23223	D Employer identification number 54-1137164
	F Name and address of principal officer: Damon Jiggetts 1708 North 22nd Street, Richmond, VA 23223	E Telephone number 804-780-1195
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 3,146,096.
J Website: ▶ N/A		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶
	L Year of formation: 1979	M State of legal domicile: VA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: To support the residents of Richmond's East End and educate its students, equipping them to			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	19	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	91	
	6 Total number of volunteers (estimate if necessary)	6	350	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	2,455,652.	3,138,646.
9 Program service revenue (Part VIII, line 2g)		0.	0.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,965.	1,194.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,074.	6,256.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,482,691.	3,146,096.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,008.	18,714.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,093,701.	1,373,524.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 283,835.		
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	638,036.	641,240.
		18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,755,745.	2,033,478.
19 Revenue less expenses. Subtract line 18 from line 12	-273,054.	1,112,618.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	6,033,094.	7,016,700.	
	21 Total liabilities (Part X, line 26)	437,737.	68,966.	
	22 Net assets or fund balances. Subtract line 21 from line 20	5,595,357.	6,947,734.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of Officer 	Date 12/3/2021
	Damon Jiggetts, Executive Director Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name William C. Pilc	Preparer's signature Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00292400
	Firm's name ▶ Pilc & Moseley, LLC	Firm's EIN ▶ 20-1826687		
	Firm's address ▶ 4312 Grove Avenue Richmond, VA 23221	Phone no. 804-918-8490		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

032001 12-23-20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,044,835. including grants of \$) (Revenue \$ 3,056.) 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.

4b (Code:) (Expenses \$ 394,183. including grants of \$ 18,714.) Community supports include community events, food distribution, and community development work in collaboration with neighbors and other service partners.

4c (Code:) (Expenses \$ 431. including grants of \$) (Revenue \$) Twice-weekly programming for senior citizens in partnership with the Senior Center of Greater Richmond.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,439,449.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 19		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **The Organization - 804-780-1195**
1708 North 22nd Street, Richmond, VA 23223

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Damon Jiggitts Executive Director	40.00	X		X			120,100.	0.	18,758.	
(2) Mark Franko Immediate Past Chair	2.00	X		X			0.	0.	0.	
(3) Mary Doswell Chair	2.00	X		X			0.	0.	0.	
(4) Patrick D. Hanley Board Treasurer	2.00	X		X			0.	0.	0.	
(5) Hal Greer Board Secretary	2.00	X		X			0.	0.	0.	
(6) Jessica Brooks, PhD Vice Chair	2.00	X		X			0.	0.	0.	
(7) John Hopper Director	2.00	X					0.	0.	0.	
(8) Thomas Watson Director	2.00	X					0.	0.	0.	
(9) Christa Coleman Director	2.00	X					0.	0.	0.	
(10) Benita Miller Director	2.00	X					0.	0.	0.	
(11) Tyrone Payton Director	2.00	X					0.	0.	0.	
(12) Charlotte McGee Director	2.00	X					0.	0.	0.	
(13) Christopher Moore Director	2.00	X					0.	0.	0.	
(14) Missy Reynolds Director	2.00	X					0.	0.	0.	
(15) Scott Mayo Director	2.00	X					0.	0.	0.	
(16) Renee Robinson Director	2.00	X					0.	0.	0.	
(17) Joy Brown Director	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Laura Lafayette Director	2.00	X					0.	0.	0.	
(19) Hillary Parkhouse, PhD Director	2.00	X					0.	0.	0.	
(20) Tamika Daniel Director	2.00	X					0.	0.	0.	
1b Subtotal							120,100.	0.	18,758.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							120,100.	0.	18,758.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 58,000.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 890,401.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 2,190,245.					
	g Noncash contributions included in lines 1a-1f	1g \$ 156,914.					
	h Total. Add lines 1a-1f		3,138,646.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,194.			1,194.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real 2,400. (ii) Personal				
		b Less: rental expenses ...	6b 0.				
		c Rental income or (loss)	6c 2,400.				
	d Net rental income or (loss)		2,400.			2,400.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	800.				
		b Less: direct expenses	8b 0.				
c Net income or (loss) from fundraising events			800.			800.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a Miscellaneous Revenue	Business Code 900099	3,056.	3,056.			
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		3,056.				
12 Total revenue. See instructions		3,146,096.	3,056.	0.	4,394.		

Part IX Statement of Functional Expenses

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	18,714.	18,714.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	144,550.	57,820.	43,365.	43,365.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	993,994.	782,029.	81,624.	130,341.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,428.	20,910.	1,881.	1,637.
9 Other employee benefits	124,371.	106,462.	9,577.	8,332.
10 Payroll taxes	86,181.	73,771.	6,636.	5,774.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,650.	4,465.	3,694.	4,491.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,085.		6,085.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	106,302.	54,293.	22,829.	29,180.
12 Advertising and promotion				
13 Office expenses	12,496.	5,243.	6,523.	730.
14 Information technology				
15 Royalties				
16 Occupancy	71,284.	61,812.	9,472.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,025.	3,329.	14,041.	655.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	147,409.	74,705.	57,963.	14,741.
23 Insurance	35,751.	28,159.	7,592.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Supplies	99,324.	98,688.	402.	234.
b Telephone	30,586.	21,278.	8,635.	673.
c Bad Debt Expense	25,400.			25,400.
d Repairs and maintenance	16,931.	15,110.	1,821.	
e All other expenses	58,997.	12,661.	28,054.	18,282.
25 Total functional expenses. Add lines 1 through 24e	2,033,478.	1,439,449.	310,194.	283,835.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,179,710.	1	2,912,663.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	271,857.	3	407,976.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,346,657.		
	b Less: accumulated depreciation	10b 1,465,943.	3,005,136.	10c 2,880,714.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	564,324.	12	801,098.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	12,067.	15	14,249.
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,033,094.	16	7,016,700.	
Liabilities	17 Accounts payable and accrued expenses	437,737.	17	68,966.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	437,737.	26	68,966.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,141,898.	27	6,285,369.
	28 Net assets with donor restrictions	453,459.	28	662,365.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,595,357.	32	6,947,734.
	33 Total liabilities and net assets/fund balances	6,033,094.	33	7,016,700.

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	3,146,096.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,033,478.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,112,618.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,595,357.
5	Net unrealized gains (losses) on investments	5	239,759.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,947,734.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **Peter Paul Development Center, Inc.** Employer identification number **54-1137164**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2984017.	1937844.	2378367.	2455652.	2742396.	12498276.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2984017.	1937844.	2378367.	2455652.	2742396.	12498276.
5 The portion of total contributions 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, column (f)						918,420.
6 Public support. Subtract line 5 from line 4.						11579856.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	2984017.	1937844.	2378367.	2455652.	2742396.	12498276.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,710.	34,158.	30,952.	8,665.	3,594.	98,079.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	88,017.	36,207.	1,964.	6,537.	399,306.	532,031.
11 Total support. Add lines 7 through 10						13128386.
12 Gross receipts from related activities, etc. (see instructions)					12	185,449.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	88.20 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	87.31 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. 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 qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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		

Section 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		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
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			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

[This section contains horizontal lines for supplemental information, with a large diagonal "COPY" watermark overlaid across the center.]

Schedule A

Identification of Excess Contributions
Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
Suhor Graham Foundation	268,200.	5,632.
Nunnally Charitable Lead Trust	341,519.	78,951.
The Community Foundation	494,461.	231,893.
Capital One Services	290,000.	27,432.
Steve and Kathie Markel	476,180.	213,612.
CarMax Foundation	315,710.	53,142.
Altria	462,323.	199,755.
City of Richmond	370,571.	108,003.
Total Excess Contributions to Schedule A, Part II, Line 5		918,420.

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

2020

Name of the organization

Peter Paul Development Center, Inc.

Employer identification number

54-1137164

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions 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).

Name of organization Peter Paul Development Center, Inc.	Employer identification number 54-1137164
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Capital One Services 1500 Capital One Drive Richmond, VA 23238	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Community Foundation 3409 W. Moore St Richmond, VA 23230	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Gwathmey Memorial Trust 1111 E Main St., 12th Floor Richmond, VA 23219	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Nunnally Charitable Lead Trust 100 N Main St Winston-Salem, NC 27101	\$ 66,519.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Carmax Foundation 12800 Tuckahoe Creek Parkway Richmond, VA 23238	\$ 100,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Bob and Anna Lou Schaberg Fund at VNHC 1111 E Main St., Suite 1100 Richmond, VA 23219	\$ 69,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Peter Paul Development Center, Inc.	Employer identification number 54-1137164
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	United Way of Greater Richmond and Petersburg 2001 Maywill St, Suite 201 Richmond, VA 23230	\$ 80,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	City of Richmond (Non-Departmental) 900 E Broad St, Suite 1603 Richmond, VA 23219	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Richmond Memorial Health Foundation 4901 Libbie Mill East Blvd, Suite 210 Richmond, VA 23230	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Estes Foundation 5607 Grove Avenue Richmond, VA 23226	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Virginia Department of Health 109 Governor St Richmond, VA 23059	\$ 94,322.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	City of Richmond 900 E Broad St, Suite 103 Richmond, VA 23219	\$ 370,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Peter Paul Development Center, Inc.	Employer identification number 54-1137164
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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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization Peter Paul Development Center, Inc.	Employer identification number 54-1137164
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Peter Paul Development Center, Inc. **Employer identification number** 54-1137164

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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 funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a 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 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part 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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts 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, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	549,232.	576,122.	567,190.	155,440.	83,695.
b Contributions	3,100.			400,800.	71,745.
c Net investment earnings, gains, and losses	254,851.	-5,865.	22,627.	10,950.	3,458.
d Grants or scholarships					
e Other expenditures for facilities and programs		15,145.	8,040.		3,458.
f Administrative expenses	6,085.	5,880.	5,655.		
g End of year balance	801,098.	549,232.	576,122.	567,190.	155,440.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 81.3000 %
 - b Permanent endowment 18.7000 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		323,006.		323,006.
b Buildings		3,332,144.	933,009.	2,399,135.
c Leasehold improvements				
d Equipment		222,544.	204,882.	17,662.
e Other		468,963.	328,052.	140,911.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,880,714.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) Endowment Investments	801,098.	Cost
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	801,098.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,379,770.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	239,759.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	239,759.
3	Subtract line 2e from line 1		3	3,140,011.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,085.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	6,085.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,146,096.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,027,393.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,027,393.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,085.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	6,085.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,033,478.

Part XIII Supplemental Information.

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

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 satellite 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

Part XIII Supplemental Information (continued)

no longer subject to examination by tax authorities for periods before 2017. The Center is not currently under audit by any tax jurisdiction.

COPY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **Peter Paul Development Center, Inc.** Employer identification number **54-1137164**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

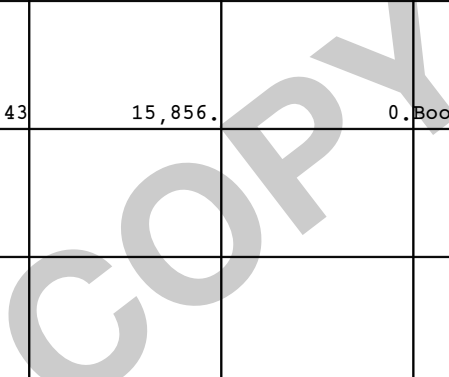
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Food Distribution	706	0.	360.	Cost to Purchase	Food
Immediate Response	43	2,498.	0.	Book Value	
Giving Wall	43	15,856.	0.	Book Value	



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

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Name of the organization **Peter Paul Development Center, Inc.** Employer identification number **54-1137164**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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				
9	Securities - Publicly traded	X	6	156,914.	Fair Market Value
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
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 organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information with horizontal ruling lines.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

Peter Paul Development Center, Inc.

Employer identification number

54-1137164

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

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 or more grade levels

behind academically.

Today, our mission is one of empowerment through education: to support

the residents of the East End and educate its students, equipping them

to serve as positive role contributors to their family, community, and

society. Under the leadership of our executive director, Damon

Jiggetts, MPA, we achieve our mission at Peter Paul through three

program areas. First, we serve the community through our Youth Program,

which consists of the After School Learning Immersion Program and the

Summer Promise. Both focus on providing out-of-school time education,

and the success of each is based on our developing innovative,

individualized academic supports for students from grades 2 through 12.

Name of the organization Peter Paul Development Center, Inc.	Employer identification number 54-1137164
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Promise Family Network, and parent engagement, is the second programming area. Engaging parents through family programming, social supports, and engaging in family goal setting are the hallmarks 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-being and developing stronger relationships between parents, children, 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 VI, Section B, 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

Name of the organization Peter Paul Development Center, Inc.	Employer identification number 54-1137164
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directors.

Form 990, Part VI, Section C, Line 19:

Available upon request.

COPY

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv 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	MM16	2,196,696.				2,196,696.	706,422.		56,326.	762,748.
24	1716 N 22nd St	08/21/07	SL	39.00	MM16	121,596.				121,596.	40,144.		3,118.	43,262.
25	AC Unit	03/01/08	SL	39.00	MM16	3,050.				3,050.	963.		78.	1,041.
44	Sprinkler System	10/13/09	SL	15.00	16	6,538.				6,538.	4,687.		436.	5,123.
47	Garden Shed	09/03/09	SL	15.00	16	1,846.				1,846.	1,332.		123.	1,455.
100	PPDC Addition	06/30/16	SL	39.00	MM16	254,337.				254,337.	26,084.		6,521.	32,605.
102	PPDC Addition	12/15/16	SL	39.00	MM16	732,819.				732,819.	67,331.		18,790.	86,121.
132	Acoustics and Interior Construction	09/19/19	SL	39.00	MM16	712.				712.	14.		18.	32.
158	New Flooring	11/07/19	SL	39.00	MM16	4,923.				4,923.	84.		126.	210.
159	Lighting	11/07/19	SL	39.00	MM16	9,627.				9,627.	165.		247.	412.
	* 990 Page 10 Total Buildings					3,332,144.				3,332,144.	847,226.		85,783.	933,009.
	Furniture & Fixtures													
2	Copier	08/09/05	SL	5.00	16	2,013.				2,013.	2,013.		0.	2,013.
4	3 Donated Computers	09/30/06	SL	5.00	MC16	3,000.				3,000.	3,000.		0.	3,000.
5	5 Donated Computers	12/31/06	SL	5.00	MC16	5,000.				5,000.	5,000.		0.	5,000.
6	Computers	11/01/06	SL	5.00	MC16	8,116.				8,116.	8,116.		0.	8,116.
7	Printer	11/29/06	SL	5.00	MC16	550.				550.	550.		0.	550.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
12	Air Conditioners	07/09/07	SL	15.00		16	1,046.				1,046.	921.		70.	991.
13	Copier	08/16/07	SL	7.00		16	1,215.				1,215.	1,215.		0.	1,215.
14	Furniture	10/15/07	SL	7.00		16	46,007.				46,007.	46,007.		0.	46,007.
15	Telephone System	11/15/07	SL	7.00		16	5,180.				5,180.	5,180.		0.	5,180.
16	Security System	11/21/07	SL	7.00		16	3,965.				3,965.	3,965.		0.	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.	1,159.		88.	1,247.
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.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
33	5 Bookcases	08/21/08	SL	7.00		16	940.				940.	940.		0.	940.
34	5 Folding Tables & Cart	08/29/08	SL	7.00		16	739.				739.	739.		0.	739.
35	HP Computers	09/12/08	SL	5.00		16	4,877.				4,877.	4,877.		0.	4,877.
36	Apple Computers	10/29/08	SL	5.00		16	2,568.				2,568.	2,568.		0.	2,568.
37	Mega Office Furniture	10/31/08	SL	7.00		16	1,474.				1,474.	1,474.		0.	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.	1,253.		103.	1,356.
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.	400.		0.	400.
53	Tables	01/11/12	SL	7.00		16	730.				730.	700.		0.	700.
55	Lap Top Computer	03/17/12	SL	5.00		16	828.				828.	828.		0.	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.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
62	Camera Security System	11/02/12	SL	7.00		16	10,240.				10,240.	10,240.		0.	10,240.
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.
66	Laptops	07/14/13	SL	5.00		16	1,155.				1,155.	1,155.		0.	1,155.
67	ATrust Computer	11/12/13	SL	5.00		16	1,610.				1,610.	1,610.		0.	1,610.
68	Dishwasher	09/02/13	SL	7.00		16	568.				568.	554.		14.	568.
69	Refrigerator	09/02/13	SL	7.00		16	447.				447.	437.		10.	447.
70	Value City Furniture	12/12/13	SL	7.00		16	440.				440.	415.		25.	440.
71	2 Hon Training Tables	01/03/14	SL	7.00		16	802.				802.	747.		55.	802.
72	Projector	03/22/14	SL	7.00		16	516.				516.	462.		54.	516.
73	Dell Computer - Danielle	09/04/14	SL	5.00		16	768.				768.	768.		0.	768.
74	Dell Computer - Rosemary	09/06/14	SL	5.00		16	767.				767.	767.		0.	767.
75	Tablet - Natasha	09/26/14	SL	5.00		16	469.				469.	469.		0.	469.
76	Laptop -Adrienne Cole	11/07/14	SL	5.00		16	700.				700.	700.		0.	700.
77	Dell Laptop - Rosemary	12/05/14	SL	5.00		16	525.				525.	525.		0.	525.
78	Microsoft Laptop - NATisha	12/05/14	SL	5.00		16	1,070.				1,070.	1,070.		0.	1,070.
79	(10) Mini iPads	12/05/14	SL	5.00		16	5,020.				5,020.	5,020.		0.	5,020.
80	Mac Laptop - Lamont	12/15/14	SL	5.00		16	1,053.				1,053.	1,053.		0.	1,053.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
81	(2) MacBooks Pro	12/17/14	SL	5.00		16	1,348.				1,348.	1,348.		0.	1,348.
82	Laptop - Louis Autry	01/09/15	SL	5.00		16	153.				153.	153.		0.	153.
83	Kid Trax Single Site - Hardware	01/27/15	SL	5.00		16	550.				550.	550.		0.	550.
84	Security TV's	07/31/14	SL	7.00		16	445.				445.	378.		64.	442.
85	Monitors & Cameras - 1716	12/31/14	SL	7.00		16	611.				611.	479.		87.	566.
86	Security TV's - 1716	12/31/14	SL	7.00		16	348.				348.	275.		50.	325.
87	Dishwasher - 1716	12/31/14	SL	7.00		16	357.				357.	281.		51.	332.
88	Furniture - 1716	12/31/14	SL	7.00		16	842.				842.	660.		120.	780.
89	Projector - 1716	12/31/14	SL	7.00		16	2,305.				2,305.	1,810.		329.	2,139.
90	Nighthawk Router - 1716	12/31/14	SL	7.00		16	303.				303.	237.		43.	280.
91	Tables	01/09/15	SL	7.00		16	421.				421.	330.		60.	390.
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.	1,202.		62.	1,264.
95	HP Envy Laptop - LaKetra	10/08/15	SL	5.00		16	1,085.				1,085.	1,031.		54.	1,085.
96	Computer	10/11/15	SL	5.00		16	1,270.				1,270.	1,207.		63.	1,270.
97	Computer - Michael	02/16/16	SL	5.00		16	937.				937.	810.		127.	937.
98	Donated Computers (West Rock)	05/11/16	SL	5.00		16	12,950.				12,950.	10,792.		2,158.	12,950.
99	Audio Visual Equipment	12/16/15	SL	7.00		16	8,258.				8,258.	5,310.		1,180.	6,490.

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101	Computers - Woodville	10/08/15	SL	5.00		16	3,123.				3,123.	2,968.		155.	3,123.
105	VIRCO Furniture for Addition	10/26/16	SL	7.00		16	44,379.				44,379.	23,247.		6,340.	29,587.
106	Furniture - Devan & Adrienne	12/02/16	SL	7.00		16	902.				902.	462.		129.	591.
107	Best Buy Computer	02/21/17	SL	5.00		16	920.				920.	613.		184.	797.
108	Best Buy Computer	02/03/17	SL	5.00		16	1,243.				1,243.	851.		249.	1,100.
109	Best Buy Computer	02/03/17	SL	5.00		16	990.				990.	677.		198.	875.
110	Best Buy Computer	02/12/17	SL	5.00		16	2,180.				2,180.	1,490.		436.	1,926.
111	Best Buy Computer	02/13/17	SL	5.00		16	230.				230.	157.		46.	203.
112	Best Buy Computers - Fairfield	02/19/17	SL	5.00		16	2,100.				2,100.	1,400.		420.	1,820.
113	Alarm System - Addition	12/15/16	SL	7.00		16	25,457.				25,457.	13,032.		3,637.	16,669.
114	Curtains - Addition	01/04/17	SL	7.00		16	6,750.				6,750.	3,374.		964.	4,338.
115	Signage - Addition	06/20/17	SL	15.00		16	16,072.				16,072.	3,213.		1,071.	4,284.
119	Gusti Ice Maker	11/02/17	SL	7.00		16	2,220.				2,220.	845.		317.	1,162.
120	Best Buy Computer - Dr. Bassett	11/21/17	SL	5.00		16	1,315.				1,315.	679.		263.	942.
121	Playground Equipment	04/01/18	SL	7.00		16	31,618.				31,618.	10,163.		4,517.	14,680.
123	Playground Equipment	09/28/18	SL	7.00		16	655.				655.	164.		94.	258.
124	Operable Wall	10/05/18	SL	7.00		16	3,122.				3,122.	781.		446.	1,227.
125	Computer - Development	08/07/18	SL	5.00		16	1,195.				1,195.	458.		239.	697.

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126	Computer - Lamont	10/18/18	SL	5.00		16	541.				541.	180.		108.	288.
127	Rosemary Computer - Mike Brown	06/11/19	SL	5.00		16	1,108.				1,108.	240.		222.	462.
128	Security Cameras	08/17/18	SL	7.00		16	2,512.				2,512.	658.		359.	1,017.
129	Furniture	12/19/18	SL	7.00		16	5,545.				5,545.	1,188.		792.	1,980.
130	Phones	12/17/18	SL	7.00		16	1,831.				1,831.	393.		262.	655.
131	Heat/AC Systems	01/29/19	SL	39.00	MM	16	17,220.				17,220.	626.		442.	1,068.
133	Computer Equipment - Mike Brown	09/16/19	SL	5.00		16	1,057.				1,057.	159.		211.	370.
134	Computer Equipment - Lamont	09/30/19	SL	5.00		16	396.				396.	59.		79.	138.
135	Computer Equipment - Lamont	09/30/19	SL	5.00		16	842.				842.	126.		168.	294.
136	Computer Equipment - Lamont	09/30/19	SL	5.00		16	1,261.				1,261.	189.		252.	441.
137	Computer Equipment - Lamont	10/03/19	SL	5.00		16	419.				419.	63.		84.	147.
138	Computer equipment - Lamont	10/03/19	SL	5.00		16	442.				442.	66.		88.	154.
139	Computer Equipment - Lamont	10/03/19	SL	5.00		16	210.				210.	32.		42.	74.
140	Computer equipment - Lamont	10/18/19	SL	5.00		16	1,927.				1,927.	257.		385.	642.
141	Computer equipment - Lamont	10/25/19	SL	5.00		16	253.				253.	34.		51.	85.
142	computer equipment - kim young	11/05/19	SL	5.00		16	1,488.				1,488.	198.		298.	496.
143	Carolyn Champion Computer	11/06/19	SL	5.00		16	1,590.				1,590.	212.		318.	530.
144	McAfee - Carolyn Champion	11/06/19	SL	3.00		16	25.				25.	6.		8.	14.

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145	Computer equipment - lamont	11/25/19	SL	5.00		16	62.				62.	7.		12.	19.
146	Computer Equipment - lamont	11/25/19	SL	5.00		16	62.				62.	7.		12.	19.
147	Computer Equipment - Lamont	03/30/20	SL	5.00		16	1,424.				1,424.	71.		285.	356.
148	Computer for Teen Room	12/09/19	SL	5.00		16	207.				207.	24.		41.	65.
149	PKW Enterprises Furniture	08/21/19	SL	7.00		16	4,021.				4,021.	479.		574.	1,053.
150	Global Industrial Furniture	10/23/19	SL	7.00		16	1,522.				1,522.	145.		217.	362.
151	Specified Tile and Flooring	08/15/19	SL	7.00		16	2,057.				2,057.	269.		294.	563.
152	Donor Boards	08/31/19	SL	7.00		16	1,393.				1,393.	166.		199.	365.
153	Table in conference room	09/12/19	SL	7.00		16	527.				527.	63.		75.	138.
154	Receptionist furniture - Ball Office	10/31/19	SL	7.00		16	2,589.				2,589.	247.		370.	617.
155	Projector Installation	10/25/19	SL	7.00		16	850.				850.	81.		121.	202.
156	37 Window Perfs - Worth Higgins	10/29/19	SL	7.00		16	2,699.				2,699.	257.		386.	643.
157	Heat/AC Systems	11/14/19	SL	7.00		16	14,558.				14,558.	1,386.		2,080.	3,466.
160	New Laptop	07/22/20	SL	5.00		16	1,660.				1,660.			304.	304.
161	Chrome Book and Warranty	08/03/20	SL	5.00		16	925.				925.			170.	170.
162	Chrome Book and Warranty	08/03/20	SL	5.00		16	925.				925.			170.	170.
163	Fridge and Freezer	11/04/20	SL	7.00		16	5,101.				5,101.			486.	486.
	* 990 Page 10 Total Furniture & Fixtures						454,587.				454,587.	293,515.		34,537.	328,052.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
	Transportation Equipment														
10	Commonwealth Bus	08/15/07	SL	5.00		16	41,600.				41,600.	41,600.		0.	41,600.
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.	24,400.		6,100.	30,500.
104	2017 Thomas Mybus - 29 Passenger	07/06/16	SL	5.00		16	51,973.				51,973.	41,580.		10,393.	51,973.
122	2018 Thomas MyBus	02/28/18	SL	5.00		16	52,982.				52,982.	24,724.		10,596.	35,320.
	* 990 Page 10 Total Transportation Equipment						222,544.				222,544.	177,793.		27,089.	204,882.
	Land														
41	Land	01/01/00	L				5,500.				5,500.			0.	
42	Land - 1709 N. 22nd St	05/23/06	L				22,564.				22,564.			0.	
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.	
57	Lots-1703,1704,1706,1708, 1710,1712,1715 N. 22nd St	06/30/12	L				101,383.				101,383.			0.	
65	Lot Demolition & Grading for Garden	12/31/13	L				14,459.				14,459.			0.	
116	Lot - 1717 N. 21st Street	03/15/17	L				9,305.				9,305.			0.	
117	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.			0.	
	* 990 Page 10 Total Land						323,006.				323,006.	0.		0.	0.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
	Other														
164	Fire Alarm system	06/23/21	SL	7.00		16	14,376.				14,376.			0.	
	* 990 Page 10 Total Other						14,376.				14,376.	0.		0.	0.
	* Grand Total 990 Page 10 Depr						4,346,657.				4,346,657.	1,318,534.		147,409.	1,465,943.
	Current Year Activity														
	Beginning balance						4,323,670.			0.	4,323,670.	1,318,534.			1,464,813.
	Acquisitions						22,987.			0.	22,987.	0.			1,130.
	Dispositions/Retired						0.			0.	0.	0.			0.
	Ending balance						4,346,657.			0.	4,346,657.	1,318,534.			1,465,943.
	Ending accum depr											1,465,943.			
	Ending book value											2,880,714.			