	EXTE	NDED_TO_MA	Y_1	7, 2021)					
Form 990-T	Exempt Organization Business Income Tax Return OMB No 1545-0047								
,¢		proxy tax unde			2006		0040		
•	For calendar year 2019 or other tax year be					<u>0</u>	ZU 19		
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for Country SSN numbers on this form as it may be made public if your organization is a 501/c)/3								
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Object Check Description Check Description								
A Check box if address changed	Name of organization () Check box it hame changed and see instructions.) (Employees' trust, see								
B Exempt under section	Print NONPROFIT DEV	ELOPMENT (CORI	PORATION		27	7-2451830		
X 501(c)(3 ())3	or Number, street, and room or					E Unrelat	ted business activity code structions)		
408(e) 220(e)	Type 212-214 SOUTH					(366 111	sudctions)		
408A530(a)	City or town, state or province	ce, country, and ZIP or	foreig	n postal code					
529(a)	BUTLER, PA 1	6001				2300	000		
C Book value of all assets	F Group exemption number	(See instructions.)	<u> </u>						
3,393,5	35. G Check organization type	► X 501(c) corp	oration	501(c) trust	401(a)		Other trust		
H Filter the namber of the	organization's unitelated trades of busi	inesses. \blacktriangleright	2	Describe	the only (or first) un				
	CONSTRUCTION				complete Parts I-V.				
business, then complete	ank space at the end of the previous s	sentence, complete Pa	rts i an	d II, complete a Schedule	ivi for each additiona	ai trade (or		
	the corporation a subsidiary in an affil	listed group or a paren	ıt_cııhe	diany controlled group?		Yes	x No		
	nd identifying number of the parent c		it-subs	diary controlled group.			, 110		
	► MICHAEL ROBB	orporation: v		Telepho	one number > 7	24-4	131-3728		
	Trade or Business Incor	ne		(A) Income	(B) Expenses		(C) Net		
1a Gross receipts or sale	s 60,031.								
b Less returns and allow	vances c	Balance -	1c	60,031.					
2 Cost of goods sold (S	chedule A, line 7)		2						
3 Gross profit. Subtract			3_	60,031.			60,031.		
4a Capital gain net incon			4a			\longrightarrow			
	4797, Part II, line 17) (attach Form 47	797)	4b						
c Capital loss deduction		h otatoment\	4c						
	partnership or an S corporation (attac	en statement)	5 6						
•	ed income (Schedule E)		7						
	alties, and rents from a controlled orga	anization (Schedule F)	8				_		
• • • • • • • • • • • • • • • • • • • •	a section 501(c)(7), (9), or (17) orga	•	9						
	vity income (Schedule I)		10						
11 Advertising income (S	chedule J)		11						
12 Other income (See in:	tructions; attach schedule)		12						
13 Total. Combine lines	3 through 12		13	60,031.			60,031.		
Part II Deductio	ns Not Taken Elsewhere	(See instructions fo	r limita	ations on deductions.)			•		
	must be directly connected with		ess in	come.)	 				
·	cers, directors, and trustees (Schedul	REC	211/	ED 1		14	24 205		
15 Salaries and wages		- 1/2/01	E I V			15	24,395.		
16 Repairs and mainter17 Bad debts	ance	2 IVN 9		8		16 17			
	dule) (see instructions)	JAN 2	5 2	021		18			
19 Taxes and licenses	duic) (see instructions)]∝[19			
20 Depreciation (attach	Form 4562)	OGD	ΞN.	UT 20_		<u>"</u>	· -		
	umed on Schedule A and elsewhere o	7000		21a		21b			
22 Depletion						22			
23 Contributions to def	erred compensation plans					23			
24 Employee benefit pr	grams					24			
25 Excess exempt expe						25			
26 Excess readership of				~		26	04.545		
27 Other deductions (at				SEE STAT	EMENT 1	27	24,545.		
	dd lines 14 through 27	- 1 1 1 2 2 2 2				28	48,940.		
.,	axable income before net operating lo					29	11,091.		
· ·	erating loss arising in tax years begin	ning on or after Januai	ry 1, 2(אוע			0.		
(see instructions)	axable income. Subtract line 30 from	line 29	PA	WI	ſ	B0 B1	11,091.		
	r Paperwork Reduction Act Notice. s			1 1		1 6 1	Form 990-T (2019)		

Form 990	1 n_T (2019	NONPROFIT DEVELOPME	NT CORPORATION			27-2451	930 - 0
Part	_	Total Unrelated Business Taxal		Davt I		1	O J U Page 2
32		of unrelated business taxable income computed			-	32 1	1,091.
33		nts paid for disallowed fringes	(0	,	, ,	38	<u>-, -, -, -</u>
34	Charit	able contributions (see instructions for limitatio	n rules)			3,4	0.
35	Total u	inrelated business taxable income before pre-20	018 NOLs and specific deduction. Subtract	line 34 from the sum of	lines 32 and 33 5	35 1	1,091.
36	Deduc	tion for net operating loss arising in tax years b	eginning before January 1, 2018 (see instr	ructions)		36	
37	Total o	of unrelated business taxable income before spe	ecific deduction. Subtract line 36 from line	35	7	37 1	1,091.
38		ic deduction (Generally \$1,000, but see line 38	· · ·		8	38	1,000.
39		ted business taxable income. Subtract line 3	8 from line 37. If line 38 is greater than line	e 37 ,	1.		0 001
Part		he smaller of zero or line 37 Tax Computation		60.1	([]	39 1 1	0,091.
	 -		- 20 hy 248/ (0.04)	part-TI		- [2 110
40 41		izations Taxable as Corporations. Multiply lin Taxable at Trust Rates. See instructions for to		on line 20 from:	1 -	40	2,119.
41		Fax rate schedule or Schedule D (Form	·	on line 39 from.		- -	
42		tax. See instructions	1 1041)			42	
	_	ative minimum tax (trusts only)				43	
		Noncompliant Facility Income. See instruction	ons			44	
		Add lines 42, 43, and 44 to line 40 or 41, which			7		2,119.
Part		Tax and Payments	DC.	urt-HT-		<u> </u>	
46 a	Roreig	n tax credit (corporations attach Form 1118; tru	usts attach Form 1116)	46a			
b	Other	credits (see instructions)	·	46b			
C	Genera	al business credit. Attach Form 3800	•	46c			
d	Credit	for prior year minimum tax (attach Form 8801	or 8827)	460		_ _	
е		redits. Add lines 46a through 46d				46e	
47		ct line 46e from line 45	🗀 🖂 -				<u>2,119.</u>
48		taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	8866 Other	(attach schedule)	48	0 110
		ax. Add lines 47 and 48 (see instructions)			4	1 1	2,119.
50		net 965 tax liability paid from Form 965-A or Fo	rm 965-B, Part II, column (k), line 3	ایکا		_50	0.
	-	ents: A 2018 overpayment credited to 2019		51a 51b			
		estimated tax payments		 			
		posited with Form 8868 n organizations: Tax paid or withheld at source	(con instructions)	5/1c 5/1d			
	_	o withholding (see instructions)	(see instructions)	51e			
		for small employer health insurance premiums	(attach Form 8941)	51f]]	
			orm 2439	1		1	
•			ther Total	► 5 ng	j		
52	Total p	payments. Add lines 51a through 51g				52	
53	Estima	ted tax penalty (see instructions). Check if Forr	n 2220 is attached 🕨 🔲		. 8	53	47.
54	Tax du	e. If line 52 is less than the total of lines 49, 50), and 53, enter amount owed		9▶	54	<u>2,166.</u>
	•	ayment. If line 52 is larger than the total of line			▶	55	
		he amount of line 55 you want Credited to 20:			funded 🕨	56	
Part		Statements Regarding Certain		•	ctions)	<u> </u>	T 1
57		time during the 2019 calendar year, did the org	-	-			Yes No
		financial account (bank, securities, or other) in I Form 114, Report of Foreign Bank and Financ	-	-			}
	here	>	iai Accounts. II 165, cittel tile lidille of tile	, roreign coulitry			- <u>x</u> -'
58		the tax year, did the organization receive a dist	tribution from or was it the granter of or t	ransferor to a forei	an trust?	-	$\frac{x}{x}$
		" see instructions for other forms the organizat	· · · · · · · · · · · · · · · · · · ·		gir ti ust		
		he amount of tax-exempt interest received or a					
<u> </u>	Ţ	Inder penalties of perjury, I declare that I have examined orrect, and complete Declaration of preparer (other than	this return, including accompanying schedules and	statements, and to the	best of my knowled	ge and belief, it is true	∍,
Sign	[C1 : L			Ma	y the IRS discuss this	return with
Here		Supporture of officer	DIRECT	TOR OF FI	NANCE the	preparer shown belo	w (see
		Signature of officer	Date Flitle	— т		tructions)?	es No
		Print/Type preparer's name	Preparer's signa*	Date	Check if	PTIN	
Paid		TIMOTHY I MODOUG	Ting Juga	1/18/2021	self- employed	DOGGGG	E 2 E
Prep		TIMOTHY J. MORGUS	<u> </u>	_, , ,	C	P00229	
Use	Only	Firm's name ► MAHER DUESSE 503 MARTIN	L, CPA'S DALE STREET, SUITE	600	Firm's EIN	25-162	4/30
		Firm's address PITTSBURGH		000	Dhone no A	12-471-5	500
		Timis addiess P T T T T D DORGI	1 -42 13414	 	riioneno. 4.	T7-4/T-2	200

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation > N/A								
1 Inventory at beginning of year 1			6	Inventory at end of year		6						
2 Purchases	2 Purchases <u>2</u>			Cost of goods sold. Su								
3 Cost of labor	3		_	from line 5. Enter here	and in f	Part I,						
4 a Additional section 263A costs		line 2			7							
(attach schedule)	(attach schedule) 4a					8 Do the rules of section 263A (with respect to						
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to						
5 Total Add lines 1 through 4b	5		the organization?									
Schedule C - Rent Income (see instructions)	From Real	Property and	i Per	sonal Property L	ease	d With Real Prope	erty)					
1. Description of property												
(1)	-											
(2)		_										
(3)		_										
(4)												
	2. Rent receiv	ed or accrued										
rent for personal property is more than			personal	conal property (if the percentag property exceeds 50% or if led on profit or income)	36	3(a) Deductions directly columns 2(a) an	connected with the id 2(b) (attach schei	income in dule)				
(1)						_						
(2)												
(3)												
(4)												
Total	0.	Total			0.							
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.				
Schedule E - Unrelated Det	t-Financed	Income (see	ınstru	ictions)								
			;	2. Gross income from		Deductions directly conn to debt-finance		able				
Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		deductions schedule)				
(1)			+-				 					
(2)			+				+					
(3)				-			†					
(4)							<u> </u>					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)		Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ole deductions total of columns and 3(b))				
(1)			1	%			+					
(2)			1	- <u>/</u> %		 						
(3)			\top	%	-	·						
(4)				%								
						Enter here and on page 1, Part I, line 7, column (A)		nd on page 1, 7, column (B)				
Totals						0.		0.				
Total dividends-received deductions in	icluded in column	1 R			Ь——							

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)]
(3)		_]
(4)						1
		_				
Totals (carry to Part II, line (5))	0.	0.			L	<u> </u>

Form 990-T (2019)

Total. Enter here and on page 1, Part II, line 14

Part II Income From Perio			Separ	ate Basis (For ea	ch perio	dical listed in Pa	art II, fill in	
columns 2 through 7 on a	line-by-line basis.))			_			
1. Name of periodical	2. Gross advertising income	3. D advertisi	rect ng costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation 6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					_			
(2)								
(3)								
(4)								
Totals from Part I	0.		0.					0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter her page 1 line 11,	Part I,					Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	1	0.					0.
Schedule K - Compensation	n of Officers, I	Directo	rs, and	Trustees (see in	structio	ns)		
1. Name				2. Title	-	3. Percent of time devoted to business		pensation attributable nrelated business
(1)						%		
(2)		_				%		
(3)		-				%		

Form 990-T (2019)

0.

FORM 990-T	OTHER DEDUCTIONS	,	STATEMENT 1
DESCRIPTION			AMOUNT
FICA & LOAD MATERIALS MISC			4,603. 18,759. 1,183.
TOTAL TO FORM 990-T, PA	AGE 1, LINE 27		24,545.

Employer identification number

27-2451830

-9,015.

Schedule M (Form 990-T) 2019

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning \underline{JUL} 1, $\underline{2019}$, and ending \underline{JUN} 30, $\underline{2020}$

2019

Department of the Treasury Internal Revenue Service

Name of the organization r calendar year 2019 or other tax year beginning <u>JUL I, ZUI9</u>, and ending <u>JUN 3U,</u>

■ Go to www.irs.gov/Form990T for instructions and the latest information.

NONPROFIT DEVELOPMENT CORPORATION

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

OMB No 1545-0047

ι	Inrelated Business Activity Code (see instructions) 52229					
	escribe the unrelated trade or business CREDIT CA	RD :	PROCESSING			
Pai	t I Unrelated Trade or Business Income	(A) Income	(B) Expense	es	(C) Net	
1a	Gross receipts or sales 33,339.					 -
b	Less returns and allowances c Balance	1c	33,339.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	33,339.			33,339.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5			1	
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8		_		
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
<u>13</u>	Total. Combine lines 3 through 12	13	33,339.			33,339.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	come	e.) 			
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses		امما		19	
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	_	21b	
22	Depletion				22	
23	Contributions to deferred compensation plans					 -
24	Employee benefit programs Excess exempt expenses (Schedule I)				24	
25 26	Excess readership costs (Schedule J)				26	
26 27	Other deductions (attach schedule)		SEE STAT	емемт 2	27	42,354.
28	Total deductions. Add lines 14 through 27		DUE DINI		28	42,354.
20 29	Unrelated business taxable income before net operating loss deductions.	ction (Subtract line 28 from line	.13	29	-9,015.
30	Deduction for net operating loss arising in tax years beginning on o			. 10	23	<u> </u>
~	instructions)	unter	January 1, 2010 (366		30	0.

Unrelated business taxable income. Subtract line 30 from line 29

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T (M)	OTHER	DEDUCTIONS	÷	٦	STATEMENT 2
DESCRIPTION					AMOUNT
ADVERTISING STAFF TRAININGS & MEETINGS CONTRACTED & MATERIALS PROFESSIONAL FEES OFFICE SUPPLIES INSURANCE					8,658. 1,990. 28,988. 695. 210. 1,813.
TOTAL TO SCHEDULE M, PART II, L	INE 27				42,354.

NONPROFIT	DEVELOR	MENT COR	PORATTON		27-2451	830	
Schedule A - Cost of Good	s Sold. Enter	method of invent	tory valuation N	/A			
1 Inventory at beginning of year	1		6 Inventory at end of		<u> </u>	6	
2 Purchases	2		7 Cost of goods sold.	-	line 6		
3 Cost of labor	3		from line 5. Enter h				
4 a Additional section 263A costs			line 2		[-	7	
(attach schedule)	4a		8 Do the rules of sect	ion 263A (1	with respect to	Yes No	
b Other costs (attach schedule)	4b		property produced	•	•		
5 Total. Add lines 1 through 4b	5		the organization?	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X	
Schedule C - Rent Income	(From Real	Property and	Personal Property	Lease	d With Real Prope	rty)	
(see instructions)							
Description of property							
(1)							
(2)	-						
(3)			-			_	
(4)		•					
	2. Rent receive	ed or accrued					
rent for personal property is more than of rent for per			nd personal property (if the percentage ersonal property exceeds 50% or if it is based on profit or income) 3(a) Deductions directly connected with the income columns 2(a) and 2(b) (attach schedule)				
(1)			<u> </u>				
(2)	-						
(3)	-						
(4)		- -					
Total	0.	Total	 	0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter	.	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.	
Schedule E - Unrelated Deb		Income (see	instructions)		r art i, into o, column (o)		
		(55.	2. Gross income from		Deductions directly conne to debt-financed		
Description of debt-financed property			or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)			 -	 			
(2)				_			
(3)							
(4)				<u> </u>			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis allocable to nced property a schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			9/	.	-		
(2)			9/				
(3)			9/				
(4)			0/				

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0.

0.

Enter here and on page 1, Part I, line 7, column (B)

Enter here and on page 1, Part I, line 7, column (A)

0.

Totals

Total dividends-received deductions included in column 8