

Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990ez](http://www.irs.gov/form990ez).

OMB No 1545-1150  
**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018**

**B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
 LYCOMING NEIGHBORHOOD DEVELOPMENT CORPORATION  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
 P O BOX 442  
 City or town, state or province, country, and ZIP or foreign postal code  
 WILLIAMSPORT, PA 17701

**D** Employer identification number  
 23-1721709  
**E** Telephone number  
 (570) 322-0656  
**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(4) ◀ (insert no )  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 95

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I.

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received		<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts		<b>2</b>	
	<b>3</b> Membership dues and assessments		<b>3</b>	
	<b>4</b> Investment income		<b>4</b>	95
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	<b>5c</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
	<b>6</b> Gaming and fundraising events		<b>6d</b>	
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>		
<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>			
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>			
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	<b>7c</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
<b>8</b> Other revenue (describe in Schedule O)		<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<b>9</b>	95	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)		<b>10</b>	
	<b>11</b> Benefits paid to or for members		<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits		<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors		<b>13</b>	2,175
	<b>14</b> Occupancy, rent, utilities, and maintenance		<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping		<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)		<b>16</b>	3,687
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16		<b>17</b>	5,862	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)		<b>18</b>	-5,767
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		<b>19</b>	65,742
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)		<b>20</b>	-40,000
	<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20		<b>21</b>	19,975



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a
b If "Yes," was the related organization a section 527 organization? . . . . . 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . Yes No

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 2018-12-04 Date
PHILLIP MARRIE TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name GEORGE E RIZZO CPA Preparer's signature Date 2018-12-04 Check if self-employed PTIN P00083457
Firm's name KLEIN & RIZZO Firm's EIN 23-2491622
Firm's address 1418 EAST THIRD STREET WILLIAMSPORT, PA 17701 Phone no (570) 326-2668

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-1721709

**Name:** LYCOMING NEIGHBORHOOD DEVELOPMENT  
CORPORATION

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p><b>28</b> THE LYCOMING NEIGHBORHOOD NEIGHBORHOOD DEVELOPMENT CORPORATION CREATES OPPORTUNITIES FOR MODERATE INCOME FAMILIES TO PURCHASE DECENT HOUSING AND TO SERVE AS A CATALYST FOR IMPROVING RESIDENTIAL NEIGHBORHOODS WHENEVER POSSIBLE BY PURCHASING RUN-DOWN PROPERTIES IN QUALITY NEIGHBORHOODS AND REHABILITATING THE PROPERTIES FOR RESALE</p> <p>(Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	5,862

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<p><b>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>29</b> DEPRECIATION, ETC (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>29a</b></p>	

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. . . . . 

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
LIZ MIELE DIRECTOR	000 00	0		
JOHN CONKLIN DIRECTOR	000 00	0		
CAROLYN BULLOCK DIRECTOR	000 00	0		
MIKE WILEY EXECUTIVE CO	000 00	0		
DEBORAH CAULKINS DIRECTOR	000 00	0		
LORNA BRYANT DIRECTOR	000 00	0		
ROBERT SALAKI DIRECTOR	000 00	0		
WILLIAM ALSTEAD DIRECTOR	000 00	0		
LINDA SALAKIA DIRECTOR	000 00	0		
SARA MIRABITO DIRECTOR	000 00	0		
CHARLES LUPPERT PRESIDENT	000 00	0		
EDWARD LYON EXECUTIVE DI	000 00	0		
PHILLIP MARRIE TREASURER	000 00	0		
JOSEPH NEYHART VICE PRESIDE	000 00	0		
JUDY OLINSKY DIRECTOR	000 00	0		

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Check if the organization used Schedule O to respond to any question in this Part IV. . . . . 

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
MICHAEL RAFFERTY DIRECTOR	000 00	0		
PATRICIA RAFFERTY DIRECTOR	000 00	0		
MELINDA SALDIVIA DIRECTOR	000 00	0		
GERALD SEMAN DIRECTOR	000 00	0		
RICHARD SMITH EXECUTIVE C	000 00	0		
MARVIN STAIMAN DIRECTOR	000 00	0		
BETTY STEINBACHER DIRECTOR	000 00	0		
ANTHONY VISCO EXECUTIVE CO	000 00	0		



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
LYCOMING NEIGHBORHOOD DEVELOPMENT  
CORPORATION**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection**

Employer identification number

23-1721709

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 359 POSTAGE 155 OFFICE SUPPLIES & EXPENSE 452 CONTRACT LABOR 2,610 PARTNERSHIP LOSS - ALMOND 99 PARTNERSHIP LOSS - GRACE 10 PARTNERSHIP LOSS - NICHOL 2 TOTAL 3,687

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 20	DEFERRED GRANT REVENUE -40,000 ADJUSTMENT FOR PREVIOUS YEAR 6/30/17 0

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24	EQUIPMENT 12,006 12,006 LESS ACCUMULATED DEPRECIATION 12,006 12,006 REHABILITATION PROJECTS IN PROCESS 85,979 155,037 MORTGAGE RECEIVABLE 7,850 7,850 TOTAL 93,829 162,887

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26	PARTNERSHIP LOSSES IN EXCESS 0 0 OF BASIS 44,454 44,565 DEFERRED GRANT REVENUE 0 104,409 MORTGAGE AND OTHER NOTES PAYABLE 80,642 79,946

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART III, LINE 28	THE LYCOMING NEIGHBORHOOD NEIGHBORHOOD DEVELOPMENT CORPORATION CREATES OPPORTUNITIES FOR MODERATE INCOME FAMILIES TO PURCHASE DECENT HOUSING AND TO SERVE AS A CATALYST FOR IMPROVING RESIDENTIAL NEIGHBORHOODS WHENEVER POSSIBLE BY PURCHASING RUN-DOWN PROPERTIES IN QUALITY NEIGHBORHOODS AND REHABILITATING THE PROPERTIES FOR RESALE

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	DEPRECIATION, ETC