

Form **990EZ**
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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- 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 17703

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 ▶ \$ 63

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

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																										
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income																								63		
	5a	Gross amount from sale of assets other than inventory										5a																
	b	Less cost or other basis and sales expenses										5b																
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)										5c																
	6	Gaming and fundraising events																										
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)										6a																
	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)										6b																
c	Less direct expenses from gaming and fundraising events										6c																	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)										6d																	
7a	Gross sales of inventory, less returns and allowances										7a																	
b	Less cost of goods sold										7b																	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)										7c																	
8	Other revenue (describe in Schedule O)																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																								63			
Expenses	10	Grants and similar amounts paid (list in Schedule O)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors																								1,675		
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe in Schedule O)																								1,030		
17	Total expenses. Add lines 10 through 16 ▶																								2,705			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																								-2,642		
	19	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)																								19,975		
	20	Other changes in net assets or fund balances (explain in Schedule O)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																								17,333		

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 columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of PHILIP MARRIE TREASURER Telephone no (570) 322-0656 Located at 1053 RURAL AVENUE WILLIAMSPORT, PA ZIP + 4 17701

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	Yes	No
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

	Yes	No
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	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(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 "

(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	2019-11-25 Date
PHILIP 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 2019-11-25	Check <input type="checkbox"/> 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>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</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	2,705

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 DEPRECIATION, ETC (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

Form 990EZ, Part IV — List of Officers, 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.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TIMOTHY MAHONEY PRESIDENT	1 00	0		
RICHARD SMITH VICE PRESIDE	1 00	0		
MICHAEL WILEY SECRETARY	1 00	0		
PHILIP MARRIE TREASURER	1 00	0		
HAROLD A ANTHONY DIRECTOR	1 00	0		
JOHN CONKLIN DIRECTOR	1 00	0		
JUDY OLINSKY DIRECTOR	1 00	0		
PHIL PREZIOSI DIRECTOR	1 00	0		
MELINDA SALDIVIA DIRECTOR	1 00	0		
MARVIN STAIMAN DIRECTOR	1 00	0		
ANTHONY VISCO DIRECTOR	1 00	0		
LORNA BRYANT DIRECTOR	1 00	0		
GRETCHEN KENNEDY DIRECTOR	1 00	0		
LIZ MIELE DIRECTOR	1 00	0		
JOSEPH NEYHART DIRECTOR	1 00	0		

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.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LINDA SALAKIA DIRECTOR	1 00	0		
GERALD SEMAN DIRECTOR	1 00	0		
BETTY STEINBACHER DIRECTOR	1 00	0		
CAROLYN BULLOCK DIRECTOR	1 00	0		
SARA MIRABITO DIRECTOR	1 00	0		
CARMELLA PREZIOSI DIRECTOR	1 00	0		
ROBERT SALAKI DIRECTOR	1 00	0		
LOIS VINCENT DIRECTOR	1 00	0		

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2018**Open to Public Inspection**

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.

Department of the Treasury

Name of the organization

LYCOMING NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number

23-1721709

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 240 POSTAGE 92 OFFICE SUPPLIES & EXPENSE 377 MISCELLANEOUS 201 PARTNERSHIP LOSS - ALMOND 116 PARTNERSHIP LOSS - GRACE 2 PARTNERSHIP LOSS - NICHOL 2 TOTAL 1,030

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	EQUIPMENT 12,006 12,006 LESS ACCUMULATED DEPRECIATION 12,006 12,006 REHABILITATION PROJECTS IN PROCESS 155,037 168,263 MORTGAGE RECEIVABLE 7,850 7,850 TOTAL 162,887 176,113

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	PARTNERSHIP LOSSES IN EXCESS 0 0 OF BASIS 44,565 44,685 DEFERRED GRANT REVENUE 104,409 107,738 MORTGAGE AND OTHER NOTES PAYABLE 79,946 79,252

990 Schedule O, Supplemental Information

Return Reference	Explanation
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