

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-1150  
**2019**  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 10-01-2019, and ending 09-30-2020**

<b>B</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	<b>C</b> Name of organization LOCAL DEVELOPMENT DISTRICT ASSOCIATION OF PENNSYLVANIA Number and street (or P. O. box, if mail is not delivered to street address) Room/suite 49 RIDGMONT DRIVE City or town, state or province, country, and ZIP or foreign postal code RIDGWAY, PA 15853	<b>D</b> Employer identification number 23-2080591 <b>E</b> Telephone number (814) 773-3162 <b>F</b> Group Exemption Number
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**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: [WWW.PALDD.ORG](http://WWW.PALDD.ORG)

**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 . . . . . ▶ \$ 103,016

**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>2</b>	Program service revenue including government fees and contracts . . . . .		
	<b>3</b>	Membership dues and assessments . . . . .		103,000
	<b>4</b>	Investment income . . . . .		16
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>5c</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>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>6d</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>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>		
<b>7c</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>	103,016	

<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .		
	<b>11</b>	Benefits paid to or for members . . . . .		
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .		
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .		78,000
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .		
	<b>15</b>	Printing, publications, postage, and shipping . . . . .		
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .		9,577
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	87,577	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	15,439
	<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>	7,011
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	22,450

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	7,011	<b>22</b> 22,450
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	7,011	<b>25</b> 22,450
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	7,011	<b>27</b> 22,450

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?  
**PROMOTING COMMUNITY AND ECONOMIC DEVELOPMENT WITHIN VARIOUS REGIONS OF PENNSYLVANIA.**  
 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>28</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b>	<b>29a</b>	
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>30a</b>	
<b>30</b>	<b>30a</b>	
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>31a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . .	<b>31a</b>	
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>32</b>	87,577
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		

**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
JOHN BROWN	2.00	0	0	0
DIRECTOR				
JILL FOYS	2.00	0	0	0
DIRECTOR				
KEVIN ABRAMS	1.00	0	0	0
VICE CHAIR				
JEFFREY BOX	2.00	0	0	0
CHAIRPERSON				
VINCENT VALDES	1.00	0	0	0
DIRECTOR				
JAMES CHORNEY	1.00	0	0	0
TREASURER/SECRETARY				
STEVE HOWSARE	2.00	0	0	0
DIRECTOR				

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. [X]

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financials, and tax reporting.

42a The organization's books are in care of JAMES CHORNEY Telephone no. (814) 773-3162
Located at 49 RIDGMONT DRIVE RIDGWAY, PA ZIP + 4 15853

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, tanning services, and controlled entities.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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. . . . .	<b>46</b>	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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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.

***** Signature of officer	2021-03-22 Date
JAMES CHORNEY TREASURER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name PATRICK R KEEN CPA	Preparer's signature	Date 2021-03-22	Check <input type="checkbox"/> if self-employed	PTIN P00121273
	Firm's name ▶ SHARKEY PICCIRILLO & KEEN LLP			Firm's EIN ▶ 25-0997271	
	Firm's address ▶ 991 BEAVER DRIVE DUBOIS, PA 15801			Phone no. (814) 371-8340	

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2080591

**Name:** LOCAL DEVELOPMENT DISTRICT ASSOCIATION  
OF PENNSYLVANIA

## 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> TO PROMOTE, ENCOURAGE, ASSIST, AND COORDIANTE PLANNING AND ECONOMIC DEVELOPMENT PROGRAMS WITHIN VARIOUS REGIONS OF PENNSYLVANIA. (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	87,577

**TY 2019 Reasonable Cause Explanation**

**Name:** LOCAL DEVELOPMENT DISTRICT ASSOCIATION  
OF PENNSYLVANIA

**EIN:** 23-2080591

**Explanation:** THE LOCAL DEVELOPMENT DISTRICT ASSOCIATION OF PENNSYLVANIA (LDDAP) IS MADE UP OF SEVEN LOCAL DEVELOPMENT ORGANIZATIONS LOCATED ACROSS THE COMMONWEALTH OF PENNSYLVANIA; ITS BOARD IS MADE UP FROM THE EXECUTIVE DIRECTORS OF THOSE ORGANIZATIONS. NORTH CENTRAL PENNSYLVANIA REGIONAL PLANNING AND DEVELOPMENT COMMISSION (NCRPDC) IS THE CURRENT SECRETARY/TREASURER FOR LDDAP WHICH IS A TWO-YEAR APPOINTMENT AND THEN IS ROTATED TO ANOTHER DIRECTOR AT THE NEXT ELECTION OF OFFICERS. NCRPDC HAD ITS FISCAL DIRECTOR RESIGN IN LATE DECEMBER 2020 WHOM WAS THE INDIVIDUAL RESPONSIBLE FOR FILING THE 990. NCRPDC EXPERIENCED DELAYS IN FILLING THE POSITION DUE TO COVID RESTRICTIONS AND END OF YEAR RESPONSIBILITIES FOR THEMSELVES. LDDAP IS CONSIDERING EXTENDING THE TERM OF THE TREASURER TO A LONGER PERIOD OF TIME TO CREATE CONSISTENCY WITH THE FINANCIAL RECORDS AND ALL REPORTING REQUIREMENTS; THIS WILL BE DECIDED PRIOR TO THE NEXT ELECTION OF OFFICERS. THE ORGANIZATION RESPECTFULLY REQUESTS ABATEMENT OF ANY LATE FILING PENALTY SINCE THE FAILURE TO FILE A TIMELY RETURN WAS DUE TO REASONABLE CAUSE AND NOT WILLFUL NEGLECT.

## **TY 2019 Transfers Personal Benefits Contracts Declaration**

**Name:** LOCAL DEVELOPMENT DISTRICT ASSOCIATION  
OF PENNSYLVANIA

**EIN:** 23-2080591

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**SCHEDULE O**  
(Form 990 or 990-EZ)

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

LOCAL DEVELOPMENT DISTRICT ASSOCIATION OF PENNSYLVANIA

Employer identification number

23-2080591

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION: INTEREST INCOME. AMOUNT: 16.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: MEETING EXPENSE. AMOUNT: 8,459. DESCRIPTION: INSURANCE. AMOUNT: 750. DESCRIPTION: MISCELLANEOUS EXPENSE. AMOUNT: 368. TOTAL TO FORM 990-EZ, LINE 16: 9,577.