

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.**

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

C Name of organization
 SHIPPENSBURG AREA DEVELOPMENT CORPORATION
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 53 WEST KING STREET
 City or town, state or province, country, and ZIP or foreign postal code
 SHIPPENSBURG, PA 17257

D Employer identification number
 23-7177887
E Telephone number
 (717) 532-5509
F Group Exemption Number ▶

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

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

I Website: ▶ WWW.SHIPPENSBURG.ORG/SADCO
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (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. ▶ \$ 36,139

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.

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	2
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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	4,200	
6c	Less direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,200	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	31,937	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	36,139	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	950
	14	Occupancy, rent, utilities, and maintenance	14	10,035
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	22,112
17	Total expenses. Add lines 10 through 16	17	33,097	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,042
	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	210,234
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	213,276

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
22 Cash, savings, and investments	23,318	22 30,131
23 Land and buildings	239,488	23 228,274
24 Other assets (describe in Schedule O)	130,000	24 130,300
25 Total assets	392,806	25 388,705
26 Total liabilities (describe in Schedule O).	182,572	26 175,429
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	210,234	27 213,276

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

What is the organization's primary exempt purpose?
 SHIPPENSBURG AREA DEVELOPMENT CORPORATION WORKS CLOSELY WITH THE BOROUGH OF SHIPPENSBURG AND SURROUNDING TOWNSHIPS TO DEVELOP AND EXPAND INDUSTRIAL BUSINESS IN THE COMMUNITY

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)
28 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

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
MICKEY NYE PRESIDENT	3 00	0	0	0
PHILIP FAGUE VICE PRESIDENT	3 00	0	0	0
KATHY PUGH SECRETARY	3 00	0	0	0
STEVE OLDT TREASURER	3 00	0	0	0
MARVIN SNYDER DIRECTOR	1 00	0	0	0
TIM EBERSOLE DIRECTOR	1 00	0	0	0
CHRISTINE CIAVARDINI DIRECTOR	1 00	0	0	0
DUAINE COLLIER DIRECTOR	1 00	0	0	0
MATTHEW PERRY DIRECTOR	1 00	0	0	0
DONALD FRY DIRECTOR	1 00	0	0	0

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 columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

		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	2018-05-07 Date
STEPHEN C OLDT TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name EDWARD J STRALEY CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00235296
	Firm's name ▶ BOYER & RITTER LLC	Firm's EIN ▶ 23-1311005			
	Firm's address ▶ 1137 KENNEBEC DRIVE CHAMBERSBURG, PA 17201	Phone no (717) 264-7456			

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

Additional Data

Software ID:

Software Version:

EIN: 23-7177887

Name: SHIPPENSBURG AREA 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 SHIPPENSBURG AREA DEVELOPMENT CORPORATION WORKS CLOSELY WITH THE BOROUGH OF SHIPPENSBURG AND SURROUNDING TOWNSHIPS TO DEVELOP AND EXPAND INDUSTRIAL BUSINESS IN THE COMMUNITY (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

**TY 2017 Transfers Personal Benefits
Contracts Declaration**

Name: SHIPPENSBURG AREA DEVELOPMENT
CORPORATION

EIN: 23-7177887

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)Department of the Treasury
Internal Revenue ServiceName of the organization
SHIPPENSBURG AREA 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.

OMB No 1545-0047

2017**Open to Public
Inspection**

Employer identification number

23-7177887

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 2

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION RENTAL INCOME AMOUNT 31,937

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INTEREST AMOUNT 3,580 DESCRIPTION INSURANCE AMOUNT 2,589 DESCRIPTION TAXES AMOUNT 4,214 DESCRIPTION DEPRECIATION AMOUNT 11,214 DESCRIPTION MISCELLANEOUS AMOUNT 515 TOTAL TO FORM 990-EZ, LINE 16 22,112

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION JOINT VENTURE INVESTMENT BEG OF YEAR AMOUNT 130,000 END OF YEAR AMOUNT 130,000 DESCRIPTION SECURITY DEPOSIT RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 300

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION NOTE PAYABLE BEG OF YEAR AMOUNT 182,022 END OF YEAR AMOUNT 175,429 DESCRIPTION SECURITY DEPOSITS BEG OF YEAR AMOUNT 550 END OF YEAR AMOUNT 0