

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

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/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

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

C Name of organization
 GREATER HAZLETON COMMUNITY AREA NEW DEVELOPMENT ORGANIZATION INC
 Doing business as

D Employer identification number
 23-6296551

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 ONE SOUTH CHURCH ST

E Telephone number
 (570) 455-1508

City or town, state or province, country, and ZIP or foreign postal code
 HAZLETON, PA 18201

F Name and address of principal officer:
 JOSEPH F LETTIERE
 CAN DO INC
 1 SOUTH CHURCH STREET SUITE 200
 HAZLETON, PA 18201

G Gross receipts \$ 25,121,612

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)(6) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.HAZLETONCANDO.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1956 **M** State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO IMPROVE THE QUALITY OF LIFE IN THE GREATER HAZLETON AREA THROUGH THE CREATION OF EMPLOYMENT OPPORTUNITIES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	65
4 Number of independent voting members of the governing body (Part VI, line 1b)	65
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	22
6 Total number of volunteers (estimate if necessary)	114
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,441,888	2,782,941
9 Program service revenue (Part VIII, line 2g)	8,693,240	8,108,683
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,291,184	9,001,562
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,816	45,012
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,469,128	19,938,198
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,922,179	1,799,500
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,169,071	8,558,878
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,091,250	10,358,378
19 Revenue less expenses. Subtract line 18 from line 12	10,377,878	9,579,820
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	82,281,126	88,120,031
21 Total liabilities (Part X, line 26)	21,878,955	18,138,040
22 Net assets or fund balances. Subtract line 21 from line 20	60,402,171	69,981,991

Part II Signature Block

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: *****
 Date: 2023-01-11

JOSEPH F LETTIERE PRESIDENT & CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ERIC J BLEILER CPA & CO LLC
 Preparer's signature: _____
 Date: 2023-01-11
 Check if self-employed
 PTIN: P01298731
 Firm's EIN: 83-2173725
 Firm's address: 782 BUTLER DR W
 SUGARLOAF, PA 182493046
 Phone no. (570) 788-7000

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE GREATER HAZLETON COMMUNITY AREA NEW DEVELOPMENT ORGANIZATION, INC ("CAN DO") WAS ESTABLISHED IN 1956 TO SECURE NEW JOB OPPORTUNITIES AND TO PROMOTE AND ATTRACT THE ESTABLISHMENT OF NEW BUSINESSES FOR RESIDENTS OF THE GREATER HAZLETON AREA AND SURROUNDING COMMUNITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. 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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 17, with sub-questions and input fields for 'Yes', 'No', and numerical values.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (65), 1b (65), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: PATRICIA GENDLER 1 SOUTH CHURCH STREET SUITE 200 HAZLETON, PA 18201 (570) 455-1508

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,315,804	418,518	897,286	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	388,699	137,897	250,802	
10 Payroll taxes	94,997	31,547	63,450	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	204,805	129,258	75,547	
12 Advertising and promotion	81,570	4,192	77,378	
13 Office expenses	24,966	6,070	18,896	
14 Information technology				
15 Royalties				
16 Occupancy	731,818	344,458	387,360	
17 Travel	38,735	26,352	12,383	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	402,908	311,195	91,713	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	208,728	123,665	85,063	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT DEVELOPMENT	2,998,042		2,998,042	
b RENTAL DEPRECIATION	776,422	776,422		
c UTILITIES	619,458	619,458		
d UTILITIES: WATER DEPRECIA	484,711	484,711		
e All other expenses	1,986,715	1,740,535	246,180	
25 Total functional expenses. Add lines 1 through 24e	10,358,378	5,154,278	5,204,100	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	21,671,510	2	27,186,976
	3 Pledges and grants receivable, net	252,956	3	1,062,655
	4 Accounts receivable, net	846,126	4	899,212
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	208,227	9	152,934
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	55,274,816		
	b Less: accumulated depreciation	22,890,983		
	11 Investments—publicly traded securities	3,213,840	11	2,845,083
	12 Investments—other securities. See Part IV, line 11	1,857,491	12	1,871,864
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	19,000,100	15	21,717,474
16 Total assets. Add lines 1 through 15 (must equal line 33)	82,281,126	16	88,120,031	
Liabilities	17 Accounts payable and accrued expenses	1,246,507	17	3,263,651
	18 Grants payable		18	
	19 Deferred revenue	92,043	19	22,829
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	19,178,649	23	13,649,290
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,361,756	25	1,202,270
	26 Total liabilities. Add lines 17 through 25	21,878,955	26	18,138,040
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	60,402,171	27	69,981,991
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	60,402,171	32	69,981,991	
33 Total liabilities and net assets/fund balances	82,281,126	33	88,120,031	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,938,198
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,358,378
3	Revenue less expenses. Subtract line 2 from line 1	3	9,579,820
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60,402,171
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	69,981,991

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

		Yes	No
2a			No
2b	Yes		
2c	Yes		
3a			No
3b			

Additional Data

Software ID:

Software Version:

EIN: 23-6296551

Name: GREATER HAZLETON COMMUNITY AREA NEW
DEVELOPMENT ORGANIZATIONINC

Form 990 (2021)

Form 990, Part III, Line 4a:

THE GREATER HAZLETON COMMUNITY AREA NEW DEVELOPMENT ORGANIZATION, INC ("CAN DO") WAS ESTABLISHED IN 1956 TO SECURE NEW JOB OPPORTUNITIES AND TO PROMOTE AND ATTRACT THE ESTABLISHMENT OF NEW BUSINESSES FOR RESIDENTS OF THE GREATER HAZLETON AREA AND SURROUNDING COMMUNITIES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH F LETTIERE PRESIDENT &	40.00	X		X				199,587	0	56,570
PATRICIA GENDLER CPA ASSISTANT SE	40.00			X				159,331	0	41,311
GREG KURTZ ASSISTANT SE	40.00			X				123,517	0	9,970
DONNA BARNA DIRECTOR	2.00	X						0	0	0
PAUL BAYNUM DIRECTOR	2.00	X						0	0	0
DANIEL BOOTE DIRECTOR	2.00	X						0	0	0
CHARLES BURKHARDT CHAIRMAN	2.00	X		X				0	0	0
BARBARA CASSISE DIRECTOR	2.00	X						0	0	0
MICHAEL CHRISTINA DIRECTOR	2.00	X						0	0	0
TONI CHRISTMAN DIRECTOR	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN FLETCHER CPA DIRECTOR	2.00	X						0	0	0
JOHN PATTON CPA DIRECTOR	2.00	X						0	0	0
JOSEPH CLIFFORD VICE CHAIRMA	2.00	X						0	0	0
LEONARD J NORK DC DIRECTOR	2.00	X						0	0	0
TERRANCE M EYERLY DC PAST PRES./C	2.00	X						0	0	0
LINNEA C DELFINE DIRECTOR	2.00	X						0	0	0
JIM DINO DIRECTOR	2.00	X						0	0	0
JOHN DORNEMAN DIRECTOR	2.00	X						0	0	0
EUGENE M DOUGHERTY PAST PRES./C	2.00	X						0	0	0
LANI DROBNOCK DIRECTOR	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH M DEBIAS PAST PRES./C	2.00	X						0	0	0
RICK ELLIOT DIRECTOR	2.00	X						0	0	0
NINA M DECOSMO ESQ DIRECTOR	2.00	X						0	0	0
PETER J FAGAN ESQ DIRECTOR	2.00	X						0	0	0
ROBERT SENSKY ESQ DIRECTOR	2.00	X						0	0	0
GREG FOX DIRECTOR	2.00	X						0	0	0
TONI FRITZ DIRECTOR	2.00	X						0	0	0
ROSEANN GABOS DIRECTOR	2.00	X						0	0	0
TIM GENETTI DIRECTOR	2.00	X						0	0	0
LISA MARIE HALECKY DIRECTOR	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAL HERRING DIRECTOR	2.00	X						0	0	0
ROBERT L HOEGG DIRECTOR	2.00	X						0	0	0
SHERRI HOMANKO DIRECTOR	2.00	X						0	0	0
ADAM HOOVER DIRECTOR	2.00	X						0	0	0
LLEWELLYM F DRYFOOS III PAST PRES./C	2.00	X						0	0	0
NEAL DEANGELO III VICE CHAIRMA	2.00	X						0	0	0
CHRISTINE JENSEN DIRECTOR	2.00	X						0	0	0
JEFF MASON JR DIRECTOR	2.00	X						0	0	0
JOHN E SCHWEAR JR SECRETARY	2.00	X		X				0	0	0
PETER KESLICKA DIRECTOR	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NORBERT KOTZER DIRECTOR	2.00	X						0	0	0
LUCI KULISH DIRECTOR	2.00	X						0	0	0
DR GARY LAWLER DIRECTOR	2.00	X						0	0	0
GARY F LAMONT PAST PRES./C	2.00	X						0	0	0
TERRY MALLOY VICE CHAIRMA	2.00	X						0	0	0
PAUL MALONE DIRECTOR	2.00	X						0	0	0
DAVID M MCCARTHY DIRECTOR	2.00	X						0	0	0
ROBERT J MOISEY PAST PRES./C	2.00	X						0	0	0
KEN OKREPKIE TREASURER	2.00	X		X				0	0	0
VICKY PEREZ DIRECTOR	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN MADDEN PHD PAST PRES./C	2.00	X						0	0	0
BRAIN POVEROMO DIRECTOR	2.00	X						0	0	0
DONALD M PACHENCE PAST PRES./C	2.00	X						0	0	0
BRIAN REESE DIRECTOR	2.00	X						0	0	0
ROSANA REYES DIRECTOR	2.00	X						0	0	0
CHRIS ROBBINS DIRECTOR	2.00	X						0	0	0
KRISTA SCHNEIDER DIRECTOR	2.00	X						0	0	0
ALEXANDER SLOOT DIRECTOR	2.00	X						0	0	0
WILLIAM SPEAR DIRECTOR	2.00	X						0	0	0
E THOMAS SANDROCK PAST PRES./C	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN J SPEVAK PAST PRES./C	2.00	X						0	0	0
CARLA THALLER DIRECTOR	2.00	X						0	0	0
PATRICK J WARD DIRECTOR	2.00	X						0	0	0
ANGEL MAE WEBBY-ZOLA DIRECTOR	2.00	X						0	0	0
JOSEPH ZELLER DIRECTOR	2.00	X						0	0	0
DANA DELUCCA ASSISTANT SE	40.00			X				0	0	0

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2021 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization GREATER HAZLETON COMMUNITY AREA NEW DEVELOPMENT ORGANIZATIONINC

Employer identification number 23-6296551

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

Table for line 2: Held at the End of the Year. Rows 2a (Total number of conservation easements), 2b (Total acreage restricted by conservation easements), 2c (Number of conservation easements on a certified historic structure), 2d (Number of conservation easements included in (c) acquired after 7/25/06).

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,745,468			1,745,468
b Buildings	28,136,273		12,007,737	16,128,536
c Leasehold improvements				
d Equipment	25,393,075		10,883,246	14,509,829
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				32,383,833

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LAND AVAILABLE FOR RESALE	14,950,451
(2) PROJECTS IN PROGRESS	6,510,306
(3) OTHER LT ASSET	143,619
(4) LOAN ORIGINATION FEE, NET	113,098
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	21,717,474

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	576,565
(3) ACCRUED INT. ON LAND DEV.	324,030
(4) PARK MAINTENANCE RESERVE	301,675
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,202,270

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	25,102,290
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	5,164,092	
e	Add lines 2a through 2d		2e	5,164,092
3	Subtract line 2e from line 1		3	19,938,198
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	19,938,198

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	15,522,470
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	5,164,092	
e	Add lines 2a through 2d		2e	5,164,092
3	Subtract line 2e from line 1		3	10,358,378
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	10,358,378

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-6296551

Name: GREATER HAZLETON COMMUNITY AREA NEW
DEVELOPMENT ORGANIZATIONINC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	CAN DO IS A NOT-FOR-PROFIT CORPORATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. NO PROVISION FOR FEDERAL OR STATE INCOME TAX IS REQUIRED. IN ACCORDANCE WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT EVALUATED CAN DO'S TAX POSITION AND CONCLUDED THAT CAN DO HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, CAN DO IS NO LONGER SUBJECT TO INCOME EXAMINATION BY FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2019.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	COST OF REAL ESTATE SOLD 5,164,092

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	COST OF REAL ESTATE SOLD 5,164,092

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
GREATER HAZLETON COMMUNITY AREA NEW
DEVELOPMENT ORGANIZATIONINC

Employer identification number
23-6296551

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b										
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2										
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee										
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>											
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>											
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>											
<p>a The organization?</p>	5a										
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b										
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>											
<p>a The organization?</p>	6a										
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b										
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7										
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8										
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**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 for the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

GREATER HAZLETON COMMUNITY AREA NEW
DEVELOPMENT ORGANIZATIONINC

Employer identification number

23-6296551

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE GREATER HAZLETON COMMUNITY AREA NEW DEVELOPMENT ORGANIZATION, INC ("CAN DO") WAS ESTABLISHED IN 1956 TO SECURE NEW JOB OPPORTUNITIES AND TO PROMOTE AND ATTRACT THE ESTABLISHMENT OF NEW BUSINESSES FOR RESIDENTS OF THE GREATER HAZLETON AREA AND SURROUNDING COMMUNITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	A SUBCOMMITTEE REVIEWS THE PREPARED TAX RETURN IN DETAIL FOLLOWED BY A FINANCE AND EXECUTIVE COMMITTEE BEFORE MAKING AVAILABLE TO THE BOARD OF DIRECTORS TO REVIEW AND APPROVE THE FINAL RETURN PRIOR FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICT OF INTEREST FORM IS HANDED OUT AT THE FIRST MEETING OF FISCAL YEAR TO BOARD MEMBERS AND STAFF. A BOOK IS MAINTAINED IN THE CANDO OFFICE OF ALL CONFLICTS OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	USED OUTSIDE CONSULTANT TO ESTABLISH RANGES FOR EACH EMPLOYEE BASED ON PERFORMANCE REVIEW AND CPI; RANGES ARE ADJUSTED ANNUALLY, AND INCREASES IF WARRANTED, ARE MADE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	USED OUTSIDE CONSULTANT TO ESTABLISH RANGES FOR EACH EMPLOYEE BASED ON PERFORMANCE REVIEW AND CPI; RANGES ARE ADJUSTED ANNUALLY, AND INCREASES IF WARRANTED, ARE MADE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ALL ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS OFFICE AT ANY TIME DURING REGULAR BUSINESS HOURS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	WATER PURCHASED 446,171 0 0 REPAIRS AND MAINTENANCE 336,872 38,802 0 UTILITIES: SEWER DEPR ECIAITON 323,261 0 0 WASTE REMOVAL 186,321 0 0 SUPPLIES & CHEMICALS 163,507 0 0 COMMUNITY & INDUSTRY RELA 0 68,257 0 TESTING 56,051 0 0 GENERAL/ ADMINISTRATION DEPR 0 53,416 0 COMP UTER MAINTENANCE 19,431 28,468 0 METER CALIBRATION: UTIL 41,366 0 0 ALARM/ SPRINKLER 41,24 7 0 0 COMMUNICATION 17,781 20,704 0 PERMITS & ASSESSMENTS 37,509 0 0 PARKING EXPENSE 16,98 3 5,371 0 VEHICLE EXPENSE 16,385 2,977 0 CAN BE DEPRECIATION 16,785 0 0 MISCELLANEOUS 2,17 0 12,152 0 DUES AND PUBLICATIONS 401 12,981 0 ADMIN FEE 7,200 0 0 UNIFORMS 5,048 0 0 CONTI NUING EDUCATION 2,063 2,812 0 HEALTH & SAFETY 3,983 0 0 PROJECT FEASIBILITY 0 240 0 TOTAL 1,740,535 246,180 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	COST OF REAL ESTATE SOLD 5,164,092 COST OF REAL ESTATE SOLD -5,164,092