

Form **990-EZ**

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)

OMB No. 1545-0047

2024**Open to Public
Inspection**

Do not enter social security numbers on this form, as it may be made public.

Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990EZ for instructions and the latest information.**A** For the **2024** calendar year, or tax year beginning **07/01/24**, and ending **06/30/25****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**KEYSTONE COMMUNITY DEVELOPMENT
CORPORATION, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

1514 DERRY STREET

Room/suite

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

HARRISBURG PA 17104**D** Employer identification number**25-1676654****E** Telephone number**717-232-9757****F** Group Exemption

Number

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) _____**I** Website: **N/A****H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990).**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (**2**) (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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **80,464****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	49,082
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	31,382
	b	Less: cost or other basis and sales expenses	5b	80,430
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	-49,048
	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)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	34	
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	1,678
	14	Occupancy, rent, utilities, and maintenance	14	5,918
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	11,225
17	Total expenses. Add lines 10 through 16	17	18,821	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-18,787
	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	-389,103
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-407,890

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2024)

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	17,630	22	92,025
23 Land and buildings	113,084	23	32,654
24 Other assets (describe in Schedule O)	36,418	24	43,724
25 Total assets	167,132	25	168,403
26 Total liabilities (describe in Schedule O)	556,235	26	576,293
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-389,103	27	-407,890

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?

SEE SCHEDULE O

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 SCHEDULE O		
	(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/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TARA DAVIS PRESIDENT	0.50	0	0	0
JACQUELYN WISE SECRETARY	0.50	0	0	0
HAVEN EVANS TREASURER	0.50	0	0	0
TODD HOOPER VICE PRESIDENT	0.50	0	0	0
JANIS CREASON IMMEDIATE PAST PRES.	0.50	0	0	0
CHRIS VOGEL MEMBER	0.50	0	0	0
RUMULUS BROWN MEMBER	0.50	0	0	0
JENNIFER WINTERMYER EXECUTIVE DIRECTOR	5.00	104,488	7,676	9,285

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 ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____; section 4912: _____; section 4955: _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed: NONE		
42a The organization's books are in care of: JENNIFER WINTERMYER Telephone no. 717-232-9757 1514 DERRY STREET Located at HARRISBURG PA ZIP + 4 17104		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X

		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		X

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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
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/1099-NEC)	(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 JENNIFER WINTERMYER		Date EXECUTIVE DIRECTOR	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name GREGORY P. HALL, CPA	Preparer's signature GREGORY P. HALL, CPA	Date 12/04/25	Check <input type="checkbox"/> if self-employed PTIN P00156653
	Firm's name SMITH ELLIOTT KEARNS & COMPANY, LLC	Firm's EIN 52-0783935		
	Firm's address 19 BROOKWOOD AVE, STE 101 CARLISLE, PA 17015	Phone no. 717-243-9104		
May the IRS discuss this return with the preparer shown above? See instructions				

☒ Yes ☐ No

SCHEDULE O
(Form 990)

(Rev. December 2024)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	KEYSTONE COMMUNITY DEVELOPMENT CORPORATION, INC.	Employer identification number	25-1676654
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FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
INSURANCE	\$ 5,971
FEES	\$ 18
NON-INVESTMENT DEPRECIATION	\$ 5,236
TOTAL	\$ 11,225

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 1,850	\$ 1,967
LEASEHOLD IMPROVEMENTS	\$ 214,848	\$ 227,273
LESS ACCUMULATED DEPRECIATION	\$ 180,280	\$ 185,516
TOTAL	\$ 36,418	\$ 43,724

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 556,235	\$ 556,548
DEFERRED REVENUE	\$ 0	\$ 19,745

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THE CORPORATION IS ORGANIZED FOR THE EXCLUSIVE PURPOSE OF HOLDING TITLE TO PROPERTY FOR THE BENEFIT OF THE COMMUNITY ACTION COMMISSION AND TO SUPPORT ITS MISSION TO BUILD ON THE STRENGTHS AND RESOURCES AVAILABLE, PROVIDE SOLUTIONS FOR COMPLEX ISSUES, AND EMPOWER INDIVIDUALS, FAMILIES, AND COMMUNITIES TO MOVE OUT OF POVERTY.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

HOLD TITLE TO PROPERTY FOR THE BENEFIT OF THE COMMUNITY ACTION COMMISSION AND TO SUPPORT ITS MISSION TO BUILD ON THE STRENGTHS AND RESOURCES AVAILABLE, PROVIDE SOLUTIONS FOR COMPLEX ISSUES, AND EMPOWER INDIVIDUALS, FAMILIES, AND COMMUNITIES TO MOVE OUT OF POVERTY.

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

HOLD TITLE TO PROPERTY FOR THE BENEFIT OF THE COMMUNITY ACTION COMMISSION