Form 990
(Rev. January 2020)
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)

2019
Open to Public Inspection

U Do not enter social security numbers on this form as it may be made public.
 U Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the	2019 c	alendar year, or tax year beginning 07/01/19, and ending 06/30/20										
В	Check if ap	pplicable:	C Name of organization KEYSTONE COMMUNITY DEVELOPMENT	1	D Employer	identification number							
	Address c	hange	CORPORATION, INC.										
Ħ	Name cha	Doing business as 25-1676654											
Ħ		Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number											
$\overline{}$	Initial return		1514 DERRY STREET City or town, state or province, country, and ZIP or foreign postal code	$\overline{}$	117-	232-9757							
	Final return terminated					060 156							
	Amended	return	HARRISBURG PA 17104		Gross rece	eipts \$ 269,156							
Ħ	Application		F Name and address of principal officer:	Is this a group	p return for s	ubordinates? Yes X No							
ш	Application	pending	JENNIFER WINTERMYER		•	H., H.,							
				Are all subor		idea.							
			HARRISBURG PA 17104	II INO, a	illacri a iist.	(see instructions)							
<u>_</u>	Tax-exem		501(c)(3) X 501(c) (2) t (insert no.) 4947(a)(1) or 527										
<u>J</u>	Website:			Group exemp									
		organization:		mation: 19	92	M State of legal domicile: PA							
	Part I		ımmary										
	1 8	•	scribe the organization's mission or most significant activities:										
çe		SEE	SCHEDULE O										
nan													
Governance													
	1		s box \mathbf{u} if the organization discontinued its operations or disposed of more than 25% of its ne		ا م ا	5							
≪ర "	1		of voting members of the governing body (Part VI, line 1a)			5							
Activities	4 1	number d	of independent voting members of the governing body (Part VI, line 1b)		5	0							
Ξį			aber of individuals employed in calendar year 2019 (Part V, line 2a)		6	5							
ĕ			hber of volunteers (estimate if necessary)		· -	0							
			elated business revenue from Part VIII, column (C), line 12			0							
	l bı	vet unreia	ated business taxable income from Form 990-T, line 39	Prior Year	7b	Current Year							
	8 0	Contributi	ons and grants (Part VIII, line 1h)	11101 1001		0							
Revenue	9 F	Program	service revenue (Part VIII, line 2g)	176	,679	159,274							
š	10 lr	nvestmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)			98,534							
æ	11 0	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		880	2,383							
	1		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	177	,559	260,191							
			d similar amounts paid (Part IX, column (A), lines 1–3)		•	0							
	1		paid to or for members (Part IX, column (A), line 4)			0							
"	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)			0							
xpenses			nal fundraising fees (Part IX, column (A), line 11e)			0							
þer	b T	Total fund	draising expenses (Part IX, column (D), line 25) u 0										
ш	1		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	232	,986	209,255							
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	232	,986	209,255							
	1		less expenses. Subtract line 18 from line 12		,427	50,936							
Po				ing of Curre		End of Year							
sets	20 T	Total asse	ets (Part X, line 16)		, 837	377,817							
Net Assets or Find Balances	21 T	Total liabi	lities (Part X, line 26)	1,052		1,036,893							
			s or fund balances. Subtract line 21 from line 20	-710	,012	-659,076							
	art II		gnature Block										
			perjury, I declare that I have examined this return, including accompanying schedules and statements, and		of my kno	wledge and belief, it is							
	ue, corre	T N	emplete. Declaration of preparer (other than officer) is based on all information of which preparer has any ki	nowleage.									
٥.			ignature of officer		Date								
Sig		【 °		DIDI									
He	re	│ <mark>┣</mark> ╤	JENNIFER WINTERMYER EXECUTIVE	DIKE	ECTOR								
_			ype or print name and title preparer's name Preparer's signature	Date	Ta	if PTIN							
Paid	d				Check	□"							
	parer		Y P. HALL, CPA GREGORY P. HALL, CPA	·	20 self-emp								
	Only	Firm's na	,	Firr	n's EIN }	52-0783935							
J30	City		19 BROOKWOOD AVE, STE 101 dress } CARLISLE, PA 17015			717-243-9104							
N/a-	, the ID	Firm's ad			one no.								
ivia	, uie iKi	<u> </u>	s this return with the preparer shown above? (see instructions)			X Yes No							

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1 S	Briefly describe the organization's mission: SEE SCHEDULE O	
	Public Inspection Copy	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	· —	es X 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	es X No
	services? Y	es A No
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.	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	HOLD TITLE TO PROPERTY FOR THE BENEFIT OF THE COMMUNITY ACTION COMMISS	ION
	AND TO SUPPORT ITS MISSION TO BUILD ON THE STRENGTHS AND RESOURCES	
	AVAILABLE, PROVIDE SOLUTIONS FOR COMPLEX ISSUES, AND EMPOWER INDIVIDUA	LS,
F	FAMILIES, AND COMMUNITIES TO MOVE OUT OF POVERTY.	
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	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
N	I/A	
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	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1/	N/A	
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<i>A</i> ~I	Other program conjuge (Describe on Schedule O.)	
40	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
	(Expenses \$ including grants of \$) (Revenue \$)	

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	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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	4		
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Voc." complete Schoolide D. Bort I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment historia land groce or historia structures? If "Vos." complete Schodula D. Bort II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schodule D. Part III	8		х
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	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	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	11b		X
С	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401	v	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	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	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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	16		х
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)	17		х
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	18		х
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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		X

Form 990 (2019) KEYSTONE COMMUNITY DEVELOPMENT 25-1676654 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Х employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a 35a If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and								
	19? Note: All Form 990 filers are required to complete Schedule O.		38	X					
P	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				L				
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1							
_			1		ı				

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Selection the number of employees reported on Form W-3. Transmittal of Wage and Tax Satements, field for the claindary year ending with or within the year covered by this return Note: If the same in fine in 1 and 22 is greater than 25 (3 you may be required to 2-69 (see in inspiration). Note: If the same in fine in 1 and 22 is greater than 25 (3 you may be required to 2-69 (see in inspiration). Note: If the same in fine in 1 and 22 is greater than 25 (3 you may be required to 2-69 (see in inspiration). If the same in fine in 1 and 22 is greater than 25 (3 you may be required to 2-69 (see in inspiration). If the same in fine in 1 and 22 is greater than 25 (3 you may be required to 2-69 (see in inspiration). If the same in the same of the temperal displaces of the same in the same in the same of the same o	ra	nt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	-		
bit statements, filed for the calescriar year ending with or within the year convent by this return. Second February Second Secon				Yes	No
b If a least office is reported on time 22, did the organization file all required declaral enclormany file returns? Note: If he auth of times file and a file all grades than 250, or slags to required to a 40 (bed interdictions) Did the enginezation live-au mideal, these returns 250, or slags to required to a 40 (bed interdictions) Did the enginezation live-au mideal, these returns 250, or slags to required to a 40 (bed interdictions) Did the enginezation live-au mideal, these returns 250, or slags to required to the submitted of the share of the control of the submitted of the share of the control of the submitted of the share of the control of the submitted of the share of the control of the submitted of the share of the submitted of the submitted of the share of the sh	2a				
Note: It has sum of lime is a sed zell is greater than 250, cos may be recurred to eigh Gele imministrons 3					
38 DX https://www.news.unresides/ trapsprass gross income of \$1,000, or more, puring the year? 48 Any time during the calendary 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 50 In "As a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 51 In "as a financial account in a foreign country (such as a bank account, securities account or other accounts (such as a bank account, securities accounts). 51 In "as a financial account in a financial account in the security of the account in a financial account in the security of the account in a financial account accou	b		2b		
b If "Nes," has it filled a Form 990-T for this year? If "No" to lime 3b, previous an explanation on Schedule 0 At any time during the calendary 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)? 4a	_		V		37
4.4 All 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, ecutives account, or other financial accounts (FBAR). 5. If "res", either the name of the foreign country \(\) \\ \(\)	_				<u> </u>
a filamental account in a foreign country (such as a bank account, securities account, or other financial account)? b filamental account in a foreign country table filamental accounts (FBAR). constructions for filing requirements for FinCNF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). constructions of filing requirements for FinCNF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). constructions of filing requirements for FinCNF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). constructions of filing requirements for FinCNF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). constructions of filing requirements for FinCNF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). constructions of filing requirements for FinCNF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). constructions of filing requirements for FinCNF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). constructions of filing requirements for FinCNF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). constructions of filing requirements for FinCNF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). constructions of filing requirements for Finch 114, Report of Foreign Bank and Financial Accounts (FBAR). constructions of filing requirements for proprietion filing foreign table as the service of filing filing filing foreign table as the service of filing fi	_		3b		
by If "Yes," enter the name of the foreign country LI. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization apparty to a prohibited tax sheller transaction at any time during the tax year? 5b If any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5c If "Yes" to file to Sea or 5b, did the organization for foreign 8896-17? 5c Organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles and tax deductibles act handlable contributions? 6c A X 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 6c If yes, "If the organization set are deductible contributions under section 170(c). 7d If the organization set are deductible contributions under section 170(c). 8d If "Yes," and the organization notify the donn of the value of the goods or services provided? 7d If "Yes," and the organization notify the donn of the value of the goods or services provided? 7a and services provided to the paper? 7b If "Yes," and the organization notify the donn of the value of the goods or services provided? 7b If "Yes," and the organization set, excitance, or otherwise dispose of langible personal property for which it was 7c entirely the organization set, excitance, or otherwise dispose of langible personal personal benefit contract? 7c entirely the organization set, excitance, organization set, excitance, organization set, excitance, or otherwise dispose of langible personal personal benefit contract? 7d If the organization set, excitance, directly or indirectly, to pay premiume on a personal benefit contract? 7d If the organization set, excitance, directly or indirectly, to pay premiume on a personal benefit contract? 7d If the organization set, excitance, and the personal property if th	4a				v
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction? 5 b X 6 li "Fest to line 5 or 5b, did the organization file Form 8886-17 5 c Does the organization bank annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or contributions under section 170(c). 8 li "Fest" file the organization incolved with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 li "Fest" file the organization incolve a payment in oxoss of \$75 made party as a contribution and party for goods and services provided to the payor? 9 li "Fest" indicate the number of Forms 8822 filed during the year 10 li the organization and protection of the value of the goods or services provided? 10 lif the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 lif the organization neceived a contribution of qualified intellectual property, did the organization file Form 8829? 11 lif the organization received a contribution of qualified intellectual property, did the organization file Form 1088-07 12 lif the organization received a contribution of caps or other vehicles, of the organization file Form 8829 in the payment of the organization received a contribution of caps or other vehicles, of the organization file Form 1088-07 11 life the sponsoring organization make any taxable distributions under section 49667 12 life the sponsoring organization services are contribution of caps or other vehicles, of the organization file Form 1088-07 13 sponsoring organization services or contribution of caps or other vehicles or related p			4a		
5a Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or its a party to a prohibited tax ehelter transaction? 5c I**Sec	b	* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5	E o	Man the consciention of and to a published to a halfest transaction at any time distinct the tarrance.	Eo.		Y
c If "Yes" to line Sa or Sb, did the organization file Form 8888-F7	_				
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? by If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Did the organization stall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8292? d If "Yes," indicate the number of Forms 8282 filed during the year f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Till Did the organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required? 7 Till If the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 Till If the organization received an contribution of cares, boots, airplanes, or other vehicles, did the organization file Form 8899 as required? 7 Till If the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advised funds. 10 Did the sponsoring organization make a distribution to a donor, donor advised funds. 11 Dia Section 501(c)(72) organizations. Enter: 2 Sec		If Was a line to an Electrical the agreementation file forms 0000 TO			
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3 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Is the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	а	Initiation fees and capital contributions included on Part VIII, line 12			
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 If "Yes," see instructions and file Form 4720, Schedule N. 18 the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X	r	Enter the amount of reserves on hand			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X		Did the organization receive any payments for indoor tanning services during the tax year?	142		х
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	_				
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			1-765		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		and the second of the second of the second	15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
to the digatilization an establish mentals, subject to the section records the meaning meaning to	16		16		Х
	-	·			

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

Sec	tion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year	V	Yes	No
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct	<u> </u>		<u> </u>
Ů	cuponicion of officere directors tructors or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		
-	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	х	
b	Each committee with cuthority to get an habit of the governing had 2	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.5		
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed u NONE			
18	Section 6104 requires an organization to make its Forms 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.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on 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 ${f u}$			
JI	ENNIFER WINTERMYER 1514 DERRY STREET			
HZ	ARRISBURG PA 17104 717	-23	2-9	757

717-232-9757 PA 17104

DAA

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above.

Check this box if neither the organ	nization nor any	relate	d or	ganiz	ation	n com	pen	sated any current officer, di	rector, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for	off	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an ee)	(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 below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			related organizations
(1) JENNIFER WINTERM										
EXECUTIVE DIRECTOR	5.00 40.00			х				0	75,007	11,933
(2) TERRY BARLEY										
mper diper	0.50	J.		-						•
TREASURER (3) RUMULUS BROWN	1.50	X		X				0	0	0
(3) 11021010 2110111	0.50									
DIRECTOR	1.00	x						0	0	0
(4) AMBER COLEMAN										
	0.50									_
DIRECTOR	1.00	X						0	0	0
(5) JANIS CREASON	0.50									
VICE PRESIDENT	1.50	x		x				0	0	0
(6) GEORGE FERNANDEZ		 		-						
(-)	0.50									
PRESIDENT	1.50	X		Х				0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
										Form 990 (2010)

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Page

Part VII	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
ı	(A) (B) Name and title Average hours per week (list any		bo off	x, unle	Pos check ess pe nd a	rson i directo	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and		r tion e
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	ectioi	(W-2/1099-WISC)		ed organ		
	alrom continuation shee							u		75,007		1	1,933
d Total (a	add lines 1b and 1c)	uding but not limi	ited t					u <u>u</u> ⁄e) v	who received more than \$100	75,007 0,000 of		1	1,933
				ruoto	o k	N/ OF	mplos	100	or highest compensated		Г	,	Yes No
employe 4 For any	ee on line 1a? If "Yes," o	complete Schedul	le J i	for su ortabl	<i>uch ii</i> le co	<i>ndivi</i> mpe	<i>dual</i> nsatio	 on a	nd other compensation from	the		3	X
individu	al								pplete Schedule J for such			4	х
5 Did any	person listed on line 1a	a receive or accru	e co	mper	nsatio	on fro	om a	ny u	Inrelated organization or indi	vidual		5	х
Section B. Ir	ndependent Contractor	's											
	nsation from the organiza	ation. Report com							ors that received more than year ending with or within th	e organization's tax year.			(0)
	Name and	(A) business address							Descrip	(B) tion of services	\longrightarrow	Com	(C) pensation
											-+		
											\longrightarrow		
	umber of independent co d more than \$100,000 o							se l	listed above) who	0			

Pa	rt V			i Revenue edule O cont	ains a	a respor	nse or note	to any line in th	is Part VIII		
						•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
		-						4			
nts		Federated campa			1a		GA				
Gra		Membership due			1b			COLI			Y Y
s, (Am		Fundraising ever			1c						
ar		Related organiza			1d						
s, imi	е	Government grants (co	ontributio	ns)	1e						
io i	f	All other contributions,									
ib E		and similar amounts no	ot include	d above	1f						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions	included	in lines 1a-1f	1g	\$					
<u>2 g</u>	h	Total. Add lines	1a-1f				u				
							Business Code				
e	2a	RENTAL INC	OME				532000	159,274	159,274		
Program Service Revenue	b										
ر enu	С										
Rev	d										
Proć	е										
		All other program									
	g	Total. Add lines					u	159,274			T
	3	Investment incom	`			•					
	_	other similar amo					I				
	A leave to force the end of the constant bank has a leave to						u				
	5	Royalties									
	_	_	_	(i) Real		(ii)	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	C .	Rental inc. or (loss)	6c								
	d Net rental income or (loss)				1	Other					
		sales of assets (i) Securities		(11)	107,499						
•	L	other than inventory	7a				107,433				
Revenue	D	Less: cost or other	7h				8,965				
eve	_	basis and sales exps. Gain or (loss)	7b 7c				98,534				
		Net gain or (loss)				1		98,534			98,534
Other		Gross income from				<u> </u>	u	307331			30,331
0	- Oa	(not including \$		J							
		of contributions rep									
		See Part IV, line 18			8a						
	h	Less: direct expe	nses		8b						
					$\overline{}$		u				
		Gross income from		_	Torno .		u				
	-	See Part IV, line 19	•	•	9a						
	b	Less: direct expe			9b						
		Net income or (lo					u				
		Gross sales of in									
		returns and allow			10a						
	b	Less: cost of goo			10b						
		Net income or (lo			ntory	<u> </u>	u				
(C							Business Code				
Miscellaneous Revenue	11a	OTHER REVE	NUE					2,383	2,383		
ane	b										
Sex Sex	С										
Mis	d	All other revenue									
_		Total. Add lines						2,383			
	12	Total revenue.	See in	structions			u	260,191	161,657	0	98,534

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns A

Section	on 501(c)(3) and 501(c)(4) organizations must co. Check if Schedule O contains a respo			ete column (A).									
Do n	Do not include amounts reported on lines 4b. (A) (B) (C) (D)												
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses								
	Grants and other assistance to domestic organizations	Inch/	Otioi										
-	and domestic governments. See Part IV, line 21		さしんけつ										
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 colories and wegge												
8	Pension plan accruals and contributions (include												
	section 401(k) and 403(b) employer contributions)												
9	Other employee benefits												
10	Payroll taxes												
11	Fees for services (nonemployees):												
	Management												
b	Legal	5,878											
c	Accounting	780											
d	Lobbying												
е	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.)												
12	Advertising and promotion												
13	Office expenses												
14	Information technology												
15	Royalties												
16	Occupancy	91,485											
17	Travel												
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings												
20	Interest	17,150											
21	Payments to affiliates												
22	Depreciation, depletion, and amortization	83,440											
23	Insurance	10,295											
24	Other expenses. Itemize expenses not covered												
	above (List miscellaneous expenses on line 24e. If												
	line 24e amount exceeds 10% of line 25, column												
	(A) amount, list line 24e expenses on Schedule O.)	007											
a	MISCELLANEOUS	227											
b	•												
C	•												
d	All other armana												
	All other expenses	209,255	0	0	0								
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	409,433	0	0	<u> </u>								
-0	organization reported in column (B) joint costs												
	from a combined educational campaign and												
	fundraising solicitation. Check here u if following SOP 98-2 (ASC 958-720)												

Form 990 (2019) KEYSTONE
Part X Balance Sheet

Part)	K Balance Sheet Check if Schedule O contains a response or note to	any line	in this Part X			П
				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing Savings and temporary cash investments		4 "	13,277	1	160,294
2	Savings and temporary cash investments		ACTIO	n	2	MV/
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net		23,950	4	1,250	
5	Loans and other receivables from any current or former of					
	trustee, key employee, creator or founder, substantial conf	ributor, or	35%			
	controlled entity or family member of any of these persons				5	
6	Loans and other receivables from other disqualified person	ns (as de	fined			
ا ي	under section 4958(f)(1)), and persons described in section	c)(3)(B)		6		
7	Notes and loans receivable, net				7	
8 1	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			6,095	9	5 , 797
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	2,349,086			
b	Less: accumulated depreciation		2,138,610	299,515	10c	210,476
11	Investments—publicly traded securities				11	
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 33)			342,837	16	377 , 817
17	Accounts payable and accrued expenses			535,499	17	539,406
18	Grants payable			18		
19	Deferred revenue			19	831	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part IV of S		21			
, 22	Loans and other payables to any current or former officer,	director,				
	trustee, key employee, creator or founder, substantial conf	ributor, o	· 35%			
	controlled entity or family member of any of these persons				22	
23	Secured mortgages and notes payable to unrelated third p	arties		517,350	23	496,656
24	Unsecured notes and loans payable to unrelated third part	ies			24	
25	Other liabilities (including federal income tax, payables to	related thi	rd			
	parties, and other liabilities not included on lines 17-24). C	omplete F	Part X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			1,052,849	26	1,036,893
	Organizations that follow FASB ASC 958, check here	u X				
	and complete lines 27, 28, 32, and 33.					
27 28	Net assets without donor restrictions			-710,012	27	-659,076
28	Net assets with donor restrictions				28	
	Organizations that do not follow FASB ASC 958, chec	ck here ι	ւ 📙 📗			
	and complete lines 29 through 33.					
29					29	
30	Paid-in or capital surplus, or land, building, or equipment f				30	
29 30 31	Retained earnings, endowment, accumulated income, or o	other fund	s		31	
32				-710,012	32	-659,076
33	Total liabilities and net assets/fund balances			3 42, 837	33	377 , 817

Form **990** (2019)

FOIII	1990 (2019) REISIONE COMMONITI DEVELOPMENT 25-1070054			Pa	<u>ge 12</u>
Pa	rt 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		50,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	09,2	<u> 255</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		50,	
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-7:	LO,(012
5	Net unrealized gains (losses) on investments	5	JV.		
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 on 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	-6!	59,0	076
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?		2b	X	
	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 X Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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?		3a		X
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 on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization Employer identification number KEYSTONE COMMUNITY DEVELOPMENT CORPORATION, INC. 25-1676654 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year _____ 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? _______ Yes | No 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. b 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 u \$ (ii) Assets included in Form 990, Part X u \$ 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 Assets included in Form 990, Part X.....

Sche		COMMUNITY				Z3-10/00				age Z
Pa	rt III Organizations Maintainin	g Collections of	f Art, F	Historical T	Treasures,	or Other Sin	nilar Assets	s (cont	inuea	1)
3	Using the organization's acquisition, accessio collection items (check all that apply):	n, and other records, o	check an	y of the followi	ing that make	significant use of	its			
а	Public exhibition	d \square	Loan or	exchange prog	nram					
	Scholarly research	_	Other	exoriarige prog	giairi					
b		e	Other							
С	Preservation for future generations						_()[
4	Provide a description of the organization's col	lections and explain he	ow they f	further the orga	anization's exer	mpt purpose in Pa	art C	/ V		
	XIII.									
5	During the year, did the organization solicit or	receive donations of	art, histor	rical treasures,	or other simila	ır				
	assets to be sold to raise funds rather than to							Ye	s [No
Pa	art IV Escrow and Custodial A		. 01 1110 0	organization o	0			·		,
	Complete if the organization		" on F	orm 990, P	art IV, line	9, or reported	an amount	on Fo	m	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermediar	y for con	tributions or ot	her assets not				_	,
	included on Form 990, Part X?							Ye	es L	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follow	wing table	e:						
								Amoun	t	
С	Beginning balance						1c			
٠.							 			
a	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for esc	crow or custod	ial account liab	ility?		Y6	es L	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expl	anation h	as been provid	ded on Part XII	I				
Pa	rt V Endowment Funds.									
	Complete if the organization	n answered "Yes	on F	orm 990. P	art IV. line	10.				
		(a) Current year) Prior year	(c) Two yea		nree years back	(a) Fou	r years l	hack
	,	(a) Current year	(1)	riioi yeai	(c) Two yea	is back (u) ii	ilee years back	(6) 1 00	i years i	Jack
1а	Beginning of year balance		1		-					
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
_	Other expenditures for facilities and				1					
C	•									
	programs				-					
f	Administrative expenses		1					1		
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance (l	ine 1g, c	olumn (a)) held	d as:					
а	Board designated or quasi-endowment ${f u}$	%								
b	Permanent endowment u %									
	Term endowment u %									
·		uld agual 1000/								
_	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posses	ssion of the organization	n that ar	e held and adr	ministered for t	he		ı		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza									
1										
P.	Describe in Part XIII the intended uses of the irt VI Land, Buildings, and Eq		ment luff	us.						
Га	, , ,		,	000 D	(D./ P	44- 0 5	000 D	V P.	40	
	Complete if the organization	n answered "Yes	on Fo	orm 990, Pa	art IV, line	11a. See Fori	<u>n 990, Part</u>	X, line	10.	
	Description of property	(a) Cost or other	basis	(b) Cost or		(c) Accumulat	ed	(d) Book	value	
		(investment)		(oth	ner)	depreciation				
1a	Land			1	13,083			1	13,0	083
	Buildings				09,515	1,859	.781		49,	
~	Leasehold improvements	.			26,488		,829		47,	
					20, 100	2,0	, 525		<u> </u>	
	Equipment			-						
	Other			L						4 = -
Total	Add lines 1a through 1e (Column (d) must e	arual Form QQA Part \	(column	(R) line 10c)		1	つ'	1 N 4	476

Schedule D (Fo	orm 990) 2019 KE	YSTONE	COMMUNITY	DEV	ELOPMENT	25	-1676654		Page 3
Part VII	Investments -								
	Complete if the	organizatio	n answered "Yes	on F	orm 990, Part IV	, line 11b.	See Form 990	, Part X, line	12.
		of security or categ	gory		(b) Book value		. ,	of valuation:	
		name of security)					Cost or end-of-y	ear market value	
(1) Financial d					actic	3 10			
	d equity interests)		- 11 1) 	
(3) Other								, , , , , , , , , , , , , , , , , , , 	
(A)									
(B)									
(C)									
(D)				-					
(E)				-					
(F)									
(G) (H)									
	(b) must equal Form	000 Part Y co		L					
Part VIII	Investments –			u					
I dit VIII				on F	orm 990, Part IV	line 11c	See Form 990	Part X line	13
		tion of investment	Tanowerea 100	0111	(b) Book value	1110 110.		of valuation:	10.
	(,,				(,,		Cost or end-of-ye		
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	(b) must equal Form	990, Part X, co	ol. (B) line 13.)	u					
Part IX	Other Assets.								
	Complete if the	organizatioı	n answered "Yes	on F	orm 990, Part IV,	, line 11d.	See Form 990,	, Part X, line	15.
			(a) Description	n				(b) Book \	alue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(4) (5) (6) (7) (8)									
(8)									
(9)									
	(b) must equal Form		ol. (B) line 15.)	<u></u>			u		
Part X	Other Liabilitie				000 D(IV		441 O F	000 D()	,
		organizatioi	n answered "Yes	on F	orm 990, Part IV	, line 11e	or 11f. See For	m 990, Part 2	Χ,
	line 25.								
1.		iption of liability						(b) Book v	alue
` '	ncome taxes							1	
(2)								+	
(3)								1	
(4)									
(5)									
(6)								+	
(7)								+	
(8)								+	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

u

		20CO075KC
Sche	dule D (Form 990) 2019 KEYSTONE COMMUNITY DEVELOPMENT 25-167665	5 4 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1 260,191
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities 2b	
	Recoveries of prior year grants 2c	
	Other (Describe in Part XIII.)	
	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3 260,191
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 260,191
Pa	rt 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	1 209,255
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
	Donated services and use of facilities 2a	
b	Prior year adjustments 2b	
С	Other losses 2c	
	Other (Describe in Part XIII.)	-
	Add lines 2a through 2d	200 255
_	Subtract line 2e from line 1	3 209,255
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b	-
	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	4c 5 209,255
		5 209,255
	Int XIII Supplemental Information. de 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
	ue 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, lift XI, lines 2d and 4b. Also complete this part to provide any additional information.	., iii le
	ART X - FIN 48 FOOTNOTE	
A	CCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES	OF AMERICA
R	EQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORC	GANIZATION,
I	NCLUDING WHETHER THE ENTITY IS EXEMPT FROM INCOME TAXES. MA	ANAGEMENT
E	VALUATED THE TAX POSITIONS TAKEN AND CONCLUDES THAT THE ORGA	ANIZATION HAD
T	AKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR	DISCLOSURE IN
T	HE CONSOLIDATED FINANCIAL STATEMENTS. THEREFORE, NO PROVISI	ION OR

LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL

STATEMENTS. TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION FOR A PERIOD

OF THREE YEARS AFTER THEY ARE FILED.

Schedule D (Fo	orm 990) 2019 🛚 🛚	KEYSTONE	COMMUNITY	DEVELOPMENT	25-1676654	Page 5
Part XIII	Supplementa	I Information	n (continued)			
		1.5		4.5		
			Inc	DOCT	on Cop	
				UGUL	UII UUL	<i>/</i>

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.

2019

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

KEYSTONE COMMUNITY I CORPORATION, INC.

DEVELOPMENT

25-1676654

Employer identification number

FORM 990 - ORGANIZATION'S MISSION

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, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

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

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

CONTROLLER OF THE ORGANIZATION IS A CONTRACTED ACCOUNTANT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE ORGANIZATION'S FORM 990 IS REVIEWED AND APPROVED BY THE FULL BOARD.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONTRACTS OR TRANSACTIONS BETWEEN THE ORGANIZATION AND AN ENTITY OF WHICH A

DIRECTOR IS AN OFFICER, DIRECTOR, OR FINANCIALLY INTERESTED, SHALL NOT BE

VOID BUT SHALL BE VOIDABLE UNLESS THE CONTRACT OR TRANSACTION IS FAIR TO

THE ORGANIZATION AS OF THE TIME IT IS AUTHORIZED, APPROVED OR RATIFIED BY

THE BOARD OF DIRECTORS AND THEN MATERIAL FACTS AS TO THE RELATIONSHIP OF

INTEREST AND AS TO THE CONTRACT OR TRANSACTION ARE DISCLOSED TO THE

BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS, IN GOOD FAITH, AUTHORIZES

THE CONTRACT BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE DISINTERESTED

Page 2

Name of the organization	Employer identification number
KEYSTONE COMMUNITY DEVELOPMENT	25-1676654
MEMBERS. THE BOARD MEMBERS SIGN A CONFLICT OF INTEREST ST	
ANNUAL BASIS WHICH IS RETURNED TO AND REVIEWED BY THE EXE	CUTIVE DIRECTOR.
IN ADDITION, AS A ROUTINE PART OF ALL BOARD MEETINGS, THE	BOARD IS ASKED TO
ACKNOWLEDGE ANY CONFLICTS OF INTEREST AND TO RECUSE THEMS	ELVES IN THE
DISCUSSION OF VOTING ON ANY BUSINESS THAT MIGHT BE A CONF	LICT OF INTEREST.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSU	RE EXPLANATION
KEYSTONE COMMUNITY DEVELOPMENT CORPORATION MAKES THEIR GO	VERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVA	ILABLE TO THE
PUBLIC UPON REQUEST.	
	PAGE 1 OF 1

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization u Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

	CORPORATION, INC.	Ollo				25-1676	654	
Part I	Identification of Disregarded Entities. Complete if the	organization ans	swered "Yes" on	Form 990, Part	IV, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domici or foreign c	le (state Torountry)	(d) Eal income	(e) End-of-year assets	(f) Direct con entity	
(1)								
(2)								
(3)								
(4)								
(5)								
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the	Complete if the tax year.	organization ans	wered "Yes" on	Form 990, Part I	V, line 34, becar	use it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section scontrolle Yes	(g) 512(b)(13) ed entity?
1514	UNITY ACTION COMMISSION DERRY STREET 23-1665590 ISBURG PA 17104		PA	501C3	7	N/A		x
(2)	IA 1/101		TA .	30103	,	N/A		A
(3)								
(4)								
(5)								

KEYSTONE COMMUNITY DEVELOPMENT

Concadic it (1 0111 000/ 2010													ı u	.gc
Part III	Identification of Related Organization because it had one or more related or	ons Taxable	as a	Partnership d as a partner	Complete if the ship during the	ne organizat e tax vear.	ion ans	wered "Yes"	on F	orn	n 990, F	art IV, lir	ne 34,		
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	p	(g) Share of end-of- year assets	Di: port all	(h) spro- ionate loc.?	Code amoun of Sch	(i) V—UBI t in box 20 edule K-1 m 1065)	General of managing partner?	owners	
(1)															
(2)															
(3)															
(4)															
Part IV	Identification of Related Organization line 34, because it had one or more re	ons Taxable elated organiz	as a zation	Corporation s treated as a	or Trust. Cor a corporation o	nplete if the	organi: the ta	zation answe x year.	red '	Yes	l s" on Fc	rm 990,	 Part I\	<u> </u> ',	
	(a) Name, address, and EIN of related organization	(b) Primary activity	y	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		re of total		(g) Share f-year	of assets	(h) Percenta ownersi		(i) Section 512(b)(controll entity	on (13) lled /?
(1)														Yes	No
(2)															
· · · · · · · · · · · · · · · · · · ·															
(3)															
(4)															

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

rait	Transactions with Nelated Organizations. Complete if the organization at	iisweieu res oiri	onn 990, Fait IV, iiii	e 34, 33b, 01 30.			
Note: 0	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 Dur	ing the tax year, did the organization engage in any of the following transactions with one or more related or	organizations listed in Pa	rts II–IV?				
a Red	peipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b Gift	grant, or capital contribution to related organization(s)				1b		Х
c Gift	grant, or capital contribution from related organization(s)				1c		Х
d Loa	ns or loan guarantees to or for related organization(s)				1d		Х
e Loa	ns or loan guarantees by related organization(s)				1e	х	
f Divi	dends from related organization(s)				1f		Х
g Sale	e of assets to related organization(s)				1g		Х
h Pur	chase of assets from related organization(s)				1h		х
i Exc	hange of assets with related organization(s)				1i		х
j Lea	se of facilities, equipment, or other assets to related organization(s)				1j	х	
•					-		
k Lea	se of facilities, equipment, or other assets from related organization(s)				1k		Х
I Performance of services or membership or fundraising solicitations for related organization(s) 1 Performance of services or membership or fundraising solicitations for related organization(s)							Х
m Performance of services or membership or fundraising solicitations by related organization(s)							Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							Х
o Sharing of paid employees with related organization(s)						х	
	• • • • • • • • • • • • • • • • • • • •						
p Reimbursement paid to related organization(s) for expenses							х
a Rei	mbursement paid by related organization(s) for expenses				1g		х
•	3 3 3 3 3 3 3 3 3 3						
r Oth	er transfer of cash or property to related organization(s)				1r		х
s Oth	er transfer of cash or property from related organization(s)				1s	х	
	e answer to any of the above is "Yes," see the instructions for information on who must complete this line,						
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amou	ınt involv	ed	
		type (a-s)					
(1)	COMMUNITY ACTION COMMISSION	E	535,338	FAIR MARKET VALU	E		
(2)							
(3)							
(4)							
-							
(5)							
			1				

(6)

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (d) (g) (i) (k) (h) (j) Are all partners Name, address, and EIN of entity Legal Share of Disproportionate Code V-UBI Percentage Primary activity Share of General or managing total income end-of-year allocations? amount in box 20 ownership domicile income (related, of Schedule K-1 assets partner? (state or unrelated, excluded 501(c)(3) (Form 1065) foreign from tax under organizations? country) sections 512-514) Yes No Yes No Yes No (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)

Schedule R (Fo	orm 990) 2019	KEYSTONE	COMMUNITY	DEVELOPMENT	25-1676654	Page 5
Part VII	Supplemer	ntal Information	ո.			
Tait VII	Provide add	ditional information	on for responses	to questions on So	chedule R. See Instructions.	
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1						
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