

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

2023

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 Service

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning **07/01/23**, and ending **06/30/24**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KEYSTONE COMMUNITY DEVELOPMENT CORPORATION, INC.		D Employer identification number 25-1676654
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1514 DERRY STREET		E Telephone number 717-232-9757
	City or town, state or province, country, and ZIP or foreign postal code HARRISBURG PA 17104		F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990).

I Website: **N/A**

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 \$ **50,500**

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	50,500
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	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	50,500	
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	42,856
	14 Occupancy, rent, utilities, and maintenance	14	11,490
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	11,161
	17 Total expenses. Add lines 10 through 16	17	65,507
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-15,007
	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	-374,095
	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	-389,102

For Paperwork Reduction Act Notice, see the separate instructions.

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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 [X]

Table with 4 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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 [X]

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.)

Table for program service expenses with columns for line number, description, and amount. Includes lines 28-31 for individual services and line 32 for total program service expenses.

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 []

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Lists officers like JANIS CREASON, TARA DAVIS, etc.

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. []

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. 34 Were any significant changes made to the organizing or governing documents? 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities... 35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? 35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a Enter amount of political expenditures... 37b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee... 38b If "Yes," complete Schedule L, Part II, and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9. 39b Gross receipts, included on line 9, for public use of club facilities. 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955. 40b 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... 40c 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. 40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 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. 42b 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... 42c At any time during the calendar year, did the organization maintain an office outside the United States? 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43. 44a Did the organization maintain any donor advised funds during the year? 44b Did the organization operate one or more hospital facilities during the year? 44c Did the organization receive any payments for indoor tanning services during the year? 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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

Table with 3 columns: Question, Yes, No. Row 46: Yes (46), No (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

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?

Table with 3 columns: Question, Yes, No. Rows 47-49b with empty cells.

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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (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."

Table with 3 columns: (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, EXECUTIVE DIRECTOR. Date: [blank]

Paid Preparer Use Only Print/Type preparer's name: GREGORY P. HALL, CPA. Preparer's signature: GREGORY P. HALL, CPA. Date: 10/29/24. Firm's name: SMITH ELLIOTT KEARNS & COMPANY, LLC. Firm's address: 19 BROOKWOOD AVE, STE 101, CARLISLE, PA 17015. Firm's EIN: 52-0783935. Phone no.: 717-243-9104.

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

**SCHEDULE O
(Form 990)****Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue ServiceComplete 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 the latest information.**Open to Public
Inspection**

Name of the organization

**KEYSTONE COMMUNITY DEVELOPMENT
CORPORATION, INC.**

Employer identification number

25-1676654**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION****AMOUNT****EXPENSES****INSURANCE** \$ 6,843**FEES** \$ 16**NON-INVESTMENT DEPRECIATION** \$ 4,302**TOTAL** \$ 11,161**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS****DESCRIPTION****BEG. OF YEAR****END OF YEAR****PREPAID EXPENSES AND DEFERRED CHARGES** \$ 2,259 \$ 1,850**LEASEHOLD IMPROVEMENTS** \$ 214,848 \$ 214,848**LESS ACCUMULATED DEPRECIATION** \$ 175,977 \$ 180,280**TOTAL** \$ 41,130 \$ 36,418**FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES****DESCRIPTION****BEG. OF YEAR****END OF YEAR****ACCOUNTS PAYABLE AND ACCRUED EXPENSES** \$ 566,830 \$ 556,234**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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

KEYSTONE COMMUNITY DEVELOPMENT

25-1676654

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