

EXTENDED TO JULY 15, 2020

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 190b

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

C&F 336

Form 990-T

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section
[X] 501(c)(23)
[] 408(e) [] 220(e)
[] 408A [] 530(a)
[] 529(a)

Name of organization ([] Check box if name changed and see instructions.)
KEYSTONE HUMAN SERVICES
Number, street, and room or suite no. If a P.O. box, see instructions
4391 STURBRIDGE DRIVE
City or town, state or province, country, and ZIP or foreign postal code
HARRISBURG, PA 17110

D Employer identification number (Employees' trust, see instructions)
25-1847902
E Unrelated business activity code (See instructions)
812930

C Book value of all assets at end of year
F Group exemption number (See instructions.)
G Check organization type [X] 501(c) corporation [] 501(c) trust [] 401(a) trust [] Other trust 4

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

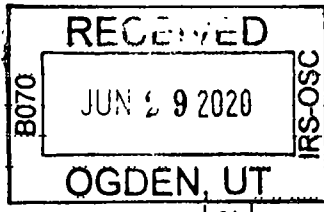
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [] Yes [] No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of CHARLES S. SWEEDER Telephone number 717-232-7509

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 2 columns: Deduction description, Amount. Rows 14-32.



SCANNED NOV 16 2020

30 Received in 30 Financing Condition SEP 15 2020

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38. Total amount on line 38 is 0.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44. Total amount on line 44 is 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55. Total amount on line 55 is 30,700.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, No. Includes questions 56, 57, and 58.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: Ruthann J. Woll

Date: 6-3-20

Title: VP OF FINANCE

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

SIGN HERE

Table with 4 columns: Field, Value, Field, Value. Includes fields for Preparer's name, signature, date, firm's name, address, and phone number.