•					TENDED TO J				_				
	Form	990-T	E	Exempt Orga						L	OMB No 1545-0687		
<b>(</b>	\	1/2	(and proxy tax under section 6033(e)) 1906								0040		
Ź	)		Forca	For calendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019						<u>9</u>	2018		
23	Depai Intern	rtment of the Treasury al Revenue Service	•	► Go to www Do not enter SSN numbe	r.irs.gov/Form990T for it ers on this form as it may				a 501(c)(3).	5	Open to Public Inspection for 01(c)(3) Organizations Only		
	A [	Check box if	Name of organization ( Check box if name changed and see instructions.)							D Employer identification number (Employees' trust, see			
		address changed		WHILE THE WALL GROUND AND WALL						instructions)			
		xempt under section	Print	KEYSTONE HUMAN SERVICES						25-1847902 E Unrelated business activity code			
	욛	] 501( <b>c)23</b> ) ] 408(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions 4391 STURBRIDGE DRIVE							structions)		
	-			City or town, state or province, country, and ZIP or foreign postal code									
					HARRISBURG, PA 17110								
	C Bo	ok value of ell assets end of year		F Group exemption number									
		·		G Check organization typ	trust	Other trust							
		H Enter the number of the organization's unrelated trades or businesses.   Describe the only (or first) unrelated trades or businesses.											
		de or business here							ete Parts I-V. I				
		scribe the first in the bi siness, then complete l		ace at the end of the previou	us sentence, complete Pa	arts i an	ia II, complete a Scr	nedule M for (	each additiona	ii trade (	or		
				poration a subsidiary in an :	affiliated group or a pare	nt-subs	idiary controlled are	?	▶ [	Yes	No No		
				tifying number of the paren		ne babo	raidity controlled gre	,up			, ,,,		
		e books are in care of		CHARLES S. SI			T	elephone nui	mber <b>&gt;</b> 7	17-2	232-7509		
	Pa	rt I Unrelated	Trac	de or Business Inc	ome		(A) Income		(B) Expenses		(C) Net		
	1 a	Gross receipts or sale	s										
PA		Less returns and allow			c Balance	1c							
Ö	2	Cost of goods sold (S		•		2							
$\geq$	3	Gross profit. Subtract				3				+	<del></del>		
Ź		Capital gain net incom	•	an Schedule D) Part II, line 17) (attach Form	a 4707\	4a 4b				$\dashv$			
SCANNED		Capital loss deduction			(4/3/)				<del></del>				
<b>∵</b>	5	•		ship or an S corporation (at	ttach statement)	4c 5							
VOV	6	Rent income (Schedul		. ,	,	6				İ			
	7	Unrelated debt-finance	ed incon	ne (Schedule E)		7							
, <u>-</u>	8	Interest, annuities, roy	alties, ai	and rents from a controlled o	organization (Schedule F)	8	, , <u>, , , , , , , , , , , , , , , , , </u>		·				
	9			on 501(c)(7), (9), or (17) or	rganization (Schedule G)						<del></del>		
2020		Exploited exempt activ				10					<del></del>		
<u>.                                    </u>	11 12	Advertising income (S Other income (See ins		•		11		-			-		
	13	Total. Combine lines		•		13		0.		<del>-  </del>			
				ot Taken Elsewher	e (See instructions for		ations on deduction	-					
				utions, deductions must					ie.)				
	14	Compensation of offi	cers, dıı	rectors, and trustees (Sche	dule K)					14			
	15	Salaries and wages			· Į	_R	ECENTER	2		15			
_	16	Repairs and maintena	ance	C			JUN & 9 2020 SO			16			
	17	Bad debts	41-1 /							17 18	<del>-</del>		
	18 19	Interest (attach sched Taxes and licenses	Jule) (Se	se instructions)	ļ <sup>a.</sup>	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>							
<b>■</b>	20		ons (See	e instructions for limitation	Ö	GDEN, U	T		19 20				
	21	Depreciation (attach l				21	لسبيت	j					
	22	•		n Schedule A and elsewher	e on return	22a			22b				
SER 7	23	Depletion								23			
n	24	Contributions to defe	Contributions to deferred compensation plans										
c	25	Employee benefit programs											
ining ( kraan	26	• •	ess exempt expenses (Schedule I)										
<u> </u>	27 28	·	xcess readership costs (Schedule J)										
Ē	28 29	•	leductions (attach schedule) eductions. Add lines 14 through 28								0.		
Ĺ	30		isiness taxable income before net operating loss deduction. Subtract line 29 from line 13								0.		
3	31		duction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)										
	32 Unrelated business taxable income. Subtract line 31 from line 30										0.		
	82370	1 01-09-19 LHA Fo	r Paper	work Reduction Act Notice	, see instructions.						Form <b>990-T</b> (2018)		

Form 990-1	(2018) KEYSTONE HUMAN SERVICES		<u>25-184</u>	7902	Page 2						
Part I	II Total Unrelated Business Taxable Income	-									
33	Total of unrelated business taxable income computed from all unrelated trade	s or husinesses (see	instructions)	33	0.						
34	Amounts paid for disallowed fringes		,	34							
35	Deduction for net operating loss arising in tax years beginning before January	•									
		•	35	<del></del>							
36	Total of unrelated business taxable income before specific deduction. Subtract	it line 35 from the sui	m or								
	lines 33 and 34		20-	36	1 000						
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exception	ons)	<i>3</i> %	31	1,000.						
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37	is greater than line 3	6,								
	enter the smaller of zero or line 36		38	0.							
Part I	V Tax Computation										
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b>•</b>	39	0.						
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income	tax on the amount or	n line 38 from								
	Tax rate schedule or Schedule D (Form 1041)	40									
41	Proxy tax. See instructions										
	•	41	<del></del>								
42	Alternative minimum tax (trusts only)	42									
43		on Noncompliant Facility Income. See instructions									
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.							
Part \	Tax and Payments										
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	_	45a	] ]							
b	Other credits (see instructions)		45b	] ]							
C	General business credit. Attach Form 3800		45c								
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		45d	1							
e	Total credits. Add lines 45a through 45d	•		45e							
46	Subtract line 45e from line 44			46	0.						
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8	697 Form 886	C Other (mark asked to								
		09/   FUIII 000	6 Other (attach schedule)	47							
48	Total tax. Add lines 46 and 47 (see instructions)			48	0.						
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, colum	ın (k), line 2	. 1	49	0.						
50 a	Payments: A 2017 overpayment credited to 2018	× 100	50a	4							
b	2018 estimated tax payments	\(\sigma_{\bu}\)	50b 14,200.	1 1							
C	Tax deposited with Form 8868	2/ V	soc 16,500.								
d	Foreign organizations: Tax paid or withheld at source (see instructions)	[	50d								
е	Backup withholding (see instructions)		50e								
	Credit for small employer health insurance premiums (attach Form 8941)		50f	1							
	Other credits, adjustments, and payments: Form 2439	ľ		1							
я	Form 4136 Other		50g								
E 4	Total payments. Add lines 50a through 50g		309	<del> </del>	30,700.						
51	• •			51	30,700.						
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	<u> </u>		52	<del></del>						
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount		16.	58	20 500						
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter a	amount overpaid	<b>ک</b> رک	54	30,700.						
55	Enter the amount of line 54 you want Credited to 2019 estimated tax		Refunded	55	<u> 30,700.</u>						
Part \	Statements Regarding Certain Activities and Oth	er Information	(see instructions)								
56	At any time during the 2018 calendar year, did the organization have an interest	est in or a signature o	r other authority		Yes No						
	over a financial account (bank, securities, or other) in a foreign country? If "Y	es," the organization	may have to file								
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," en		•		<b>j</b>						
	here ▶		• •								
57	During the tax year, did the organization receive a distribution from, or was it	the grantor of or tra	nsferor to, a foreign trust?	-	— <del>                                    </del>						
•	If "Yes," see instructions for other forms the organization may have to file.	9 0., 0									
58	Enter the amount of tax-exempt interest received or accrued during the tax ye	oar 庵 🕏									
	Under penalties of perjury, I declare that I have examined this return, including accompar		ements, and to the best of my knowle	dae and helief	it is true						
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all inform	nation of which preparer I	has any knowledge								
Here	(hcs) de 16.3-20	<b>.</b> :		ay the IRS dis							
		VP OF F		_	own below (See						
	Signature of officer Date	r litte	in	structions)?	X Yes No						
	Print/Type preparer's name Preparer's signature	Date	e Check	f PTIN							
Paid	RUTHANN J. WOLL, RUTHANN J. 1	WOLL,	self- employed								
Prepa	rer CPA CPA	05	/28/20	P00	647342						
Use C	E L DUI IID		Firm's EIN ▶		2108173						
J36 C	1330 BROADCASTING ROAL		<del></del>								
	Firm's address WYOMISSING, PA 19610-6			10-37	6-1595						
823711 01			Traione no. C		orm <b>990-T</b> (2018)						
323111 01	VO-10			F-	om 330-1 (2018)						